



# The WorkLife Initiative

*Protecting and Promoting Worker Health and Well-Being*

Preserving and improving the health and well-being of people who work is a goal shared by workers, their families, and their employers. Illness and injury, whether resulting from work or off-work activities, reduces income, quality of life, and opportunity for both the affected workers and those dependent on them.

The WorkLife Initiative, a program developed by the National Institute for Occupational Safety and Health (NIOSH) and partners, seeks to better understand and promote the kinds of work environments, programs, and policies that result in healthier, more productive workers with reduced disease and injury and lower health care needs and costs. It is based on a foundational commitment to workplaces free of recognized hazards and the idea that better work-based health policies and programs can help to sustain and improve the health and well-being of workers.

## THE CASE FOR CHANGE

As the nature of work in the US changes, the limitations of a focus on occupational risks alone have become increasingly apparent. Clearly, the overall health of workers is influenced by factors both inside and outside the workplace: stress at work and home; unhealthful diet and limited exercise; smoking; chronic conditions such as hypertension, asthma, and diabetes, to name a few. The effects of these various factors cannot be artificially divided between “at work” and “non-work.” Just as workplace conditions can affect health and well-being at home and in the community, exposures and activities outside of working hours can substantially determine health, productivity, and well-being during work.

## The Need for WorkLife: Quick Facts

### Burden of Occupational Illness and Injury in US

5,840 fatalities from work-related injuries<sup>1</sup>

4,000,000 occupational illnesses and injuries<sup>1</sup>

\$87.6 billion in employers' workers' compensation costs<sup>2</sup>

### Burden of Chronic Disease in the US<sup>3</sup>

**Cancer:** 553,000 deaths and 1.3 million new cases each year. Economic burden: \$217 billion a year including \$89 billion in medical costs and \$130 billion for lost work days and productivity.

**Diabetes:** Over 23.6 million cases and over 200,000 deaths from complications from the disease each year. Economic burden: \$174 billion a year including \$116 billion in medical costs and \$58 billion for lost work days and productivity.

**Cardiovascular Disease:** Over 80 million cases and over 870,000 people who die of heart disease and stroke each year. Economic burden: \$448 billion a year including direct and indirect costs.

**Tobacco Use:** Approximately 438,000 deaths each year. Economic burden: Over \$96 billion in medical costs and \$97 billion in indirect costs.

1. BLS [2006]

2. National Academy of Social Insurance [2006]

3. National Center for Chronic Disease Prevention and Control [2008]



There has been a longstanding separation in the public health and employment communities between those interested in control of health risks and hazards from work and those focused on individual and community health risk reduction outside the workplace. Advancing knowledge and practice in this area requires that we promote collaboration among practitioners and scientists alike to bridge the divide between these disciplines.

## A NEW APPROACH

A new approach, reflecting the complexity of influences on worker health and the interactions between work-based and non-work factors, is needed. A growing body of evidence indicates that coordinated or integrated approaches that address both health risk from work (both physical and organizational factors) and individual risk factors (such as smoking and diet) are more effective in protecting and improving worker health and well-being than traditional isolated programs.

The need for this new approach is further underscored by several important trends:

- Health care costs are rising faster than wages or profits; many employers are cutting back on health benefits; and families are paying more out-of-pocket costs for health care.
- Corporate mergers, restructuring, and job insecurity are leading to increased work hours, greater job responsibilities, and added risks to employee health.
- Chronic disease rates are high and treatment is costly, highlighting the importance of effective prevention and disease management programs.
- The distinction between illness and injury from work and off-work risks is eroding.
- Work is one of the most important determinants of peoples' health. Up to 70% of health determinants can be addressed in workplace programs.

The US workforce is aging, and many employers are seeking ways to increase work longevity and continue to benefit from the experience, wisdom, and commitment of older workers.

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For more information on the WorkLife Initiative go to [www.cdc.gov/niosh/worklife](http://www.cdc.gov/niosh/worklife)

## THE WORKLIFE INITIATIVE

The NIOSH WorkLife Initiative (WLI) seeks to improve worker health through better work-based programs, policies, practices, and benefits. The premise of the WLI is that it makes sense to address worker health and well-being in a more comprehensive way, taking into account the physical and organizational work environment while at the same time addressing the personal health-related decisions of individuals. The worksite provides an opportunity to implement programs and policies to prevent both work-related risks and chronic illnesses and injuries that are linked to behavior-related choices.

The aims of the WLI are to:

- Encourage and support rigorous evaluation of integrative approaches to work and health.
- Promote adoption of policies and practices proven to protect and improve worker health.
- Motivate trans-disciplinary collaboration among investigators focused on preserving and improving the health of people who work.
- Overcome the traditional separation of the occupational health and health promotion professional communities.

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### Next Steps

NIOSH WLI is addressing worker health more comprehensively by:

Supporting and expanding multi-disciplinary research, training, and education beginning with three WorkLife Centers of Excellence established at the University of Iowa; the University of Massachusetts-Lowell/University of Connecticut; and Harvard University.

Building on new and established partnerships to disseminate information about proven and promising programs, policies, and practices.

Disseminating information to help employers implement the *Essential Elements of Effective Worksite Programs*—practical, evidence-based guidance for improving workplace health and wellness programs.