TWH in Small Business: Preliminary Results from Two Community-based Models

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Small Businesses

- 35% of the U.S. workforce is in a firm with < 100 employees
- 89% of U.S. businesses have < 20 employees
- 79% of U.S. businesses have < 10 employees
- Smaller firms need more external assistance with TWH, and deliver fewer workplace health promotion (WHP) and occupational safety and health (OSH) activities (Linnan et al., 2004; Sims, 2008).

- Firm size was the best predictor of involvement with WHP (National WHP Survey, 2004).

- Smaller businesses endure a higher burden of occupational injuries and illnesses (Mendeloff, Nelson, Ko, & Haviland, 2006).
Smallest Businesses have the Highest Rates of Occupational Fatalities

Number of employees

Proportion of fatalities

CFOI, 2007
Other Considerations when Targeting Small Businesses

• Need for ecological approach and *multiple levels* of intervention to support WHP efforts, including the community level (Faghri et al., 2010; Baker et al., 1996; DeJoy & Southern, 1993).

• Better approach: work with a local business council in a more limited geographic area (O'Donnell, 2012).

• “Business case” for TWH adoption must include financial cost/benefits, AND...
  – personal effort required, time commitment, compatibility with existing systems and behaviors, and expected outcomes (Rogers, 2003; Maddux, 1999).
Current Project: TWH for Small Businesses in Two Communities
Goals of the Project

• Understand perceptions of the cost/benefits of TWH approaches among small business owner/operators and employees

• Explore methods for encouraging use of TWH approaches by small businesses

• Understand the perceptions of TWH among community organizations that serve small businesses
Completed Project Activities

✓ Partnered with community organizations that serve small businesses.

<table>
<thead>
<tr>
<th>Community A</th>
<th>Community B</th>
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<tbody>
<tr>
<td>Health Department A</td>
<td>Health Department B</td>
</tr>
<tr>
<td>Healthcare Provider A (Hospital Wellness Services)</td>
<td>Healthcare Provider B (Hospital Healthcare/Business Health Service; includes ergonomist)</td>
</tr>
<tr>
<td>Retired Workers’ Compensation Safety Consultant</td>
<td>Workers’ Compensation Provider</td>
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<td>Construction Trade Association</td>
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Completed Project Activities

✓ Collected data – intermediary organizations’ perceptions about TWH.

• Reaction to TWH: Does it make sense?
  • Thinks about it in terms of preventive health maintenance and post-injury care. *(Healthcare Provider B)*
  
  • Focused on wellness. *(Health Depts)*
Collected data – intermediary organizations’ perceptions about TWH. (continued)

• How compatible is the “TWH for small businesses idea” with the past experiences, existing range of program products, and strategic directions of this organization?

  – Fairly compatible since already doing similar activities in both domains of WHP and OSH. (Healthcare Provider B)

  – Currently, no programs that include OSH. Some specific work-life programs geared towards employees for the city. (Health Dept A)
Collected data – intermediary organizations’ perceptions about TWH. (continued)

• How difficult would it be for your organization to try delivering TWH ideas and services to small businesses?

  – Barrier: if something is not in job responsibility, you can't get people to do it. *(Health Dept B)*

  – Already activities in both domains. Main difficulty is low number of employees per business – business may not be able to afford services. *(Healthcare Provider B)*
Collected data – intermediary organizations’ perceptions about TWH. (continued)

• Compared to other business improvement ideas that your organization offers to small businesses, how difficult is the TWH idea to understand for people in your organization?

  – Some might think of at work vs. outside of work while others might think of preventive health maintenance vs. post-injury care. (Healthcare Provider B)
Collected data – intermediary organizations’ perceptions about TWH. (continued)

• Would a subsidy from NIOSH make a difference in the willingness of your organization to offer TWH information and/or services to small businesses?
  
  – $17,000 seems like enough to contact, recruit, and interview about 20-25 businesses over a year. *(Health Dept B)*
  
  – Offering each business something small about 4 times per year seems doable for the roughly $20,000. *(Healthcare Provider B)*
  
  – For small businesses, the option for financial incentives becomes the benefit most preferred, even over actual safety improvements. *(Health Dept A)*
Completed Project Activities

✓ Planned small business outreach efforts.

<table>
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<th>Community A</th>
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<tbody>
<tr>
<td>Target small businesses in 4 neighborhoods</td>
<td>Target small businesses by sector: Manufacturing, construction, daycare, municipalities</td>
</tr>
<tr>
<td>5 &lt; Eligible &lt; 50 employees</td>
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</tr>
<tr>
<td>Outreach via phone calls or walking the neighborhood and dropping in to distribute information</td>
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</table>
Continuing Project Activities

- Plan to contact 50-60 small businesses (25-30 from each community), offering some level of TWH assistance in return for data regarding perceptions about TWH concepts and activities.

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<tbody>
<tr>
<td>1. In-person interview with owner, manager, or safety person ($50 compensation)</td>
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</tr>
<tr>
<td>2. Neighborhood meeting/focus group ($50 compensation)</td>
<td>2. Individual business consultations ($50 compensation)</td>
</tr>
<tr>
<td>3. Healthcare Provider A &amp; Retired Workers’ Comp Consultant will offer TWH services based on neighborhood needs for 1 year.</td>
<td>3. Healthcare Provider B w/ ergonomist and Trade Assoc. will offer TWH services based on sector and individual business needs for 1 year.</td>
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EXAMPLE
We will partner with you to:

• Develop mission and vision for your wellness and safety program.
• Develop goals and objectives for a customized wellness and safety plan.
• Implement the wellness and safety plan.
• Provide aggregate data report for screening if over 20 participants at your company.
• Support you in applying for safety and wellness grants.
Example of Included Services

• Access to consultant expertise for wellness and safety
  – 2-3 hours over 2-3 visits, as well as communication via phone or email.

• Wellness/safety assessment

• Wellness/safety strategic plan

• Creative suggestions for enhancing your wellness and safety programs and culture

• Participation in wellness days for your employees to include:
  – Blood Pressure screening day with Health risk assessment
  – Education day: topic to be determined (know your numbers or taking care of your Heart)
Future Project Activities

• Collect data regarding perceptions about TWH activities and their value to the business after providing 1 year of services.

• Collect final data at the intermediary organization level regarding changes in perceptions about TWH.
Future Project Activities

• Using multiple channels, communicate with intermediary organizations to encourage them to help their networks learn about and use TWH activities as value-added to their relationships with small businesses.
Lessons Learned (so far)

• $50 recruitment incentives are a little weak for some businesses.

• Use “workplace safety and wellness” instead of “health promotion and occupational safety and health”.

• Safety consultant partners are more likely to be lost if:
  – No top level support for providing wellness/health promotion assistance.

• Partners must have top level support, individual interest that adds to their motivation, and a desire to work with small businesses.
Contact Information

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NIOSH Small Business Resource Guide
www.cdc.gov/niosh/topics/smbus/guide/