

Perspectives on Work Disability Prevention

Is Your Workplace Health Programming Integrated?

by | **Tyler Amell, Ph.D.**

▶ By using an integrated approach to workplace health and work disability management, employers and plan sponsors can reduce the chances that workers will need to use disability programs. Such an approach incorporates health and wellness, paid-time-off and mental health benefits in addition to traditional disability benefits.



Work Disability Prevention in Context

Employers have become increasingly aware of the benefits of effective work disability management amid the dynamic economic realities of competing for talented employees, retaining them and ensuring that they are healthy, supported and engaged.

This awareness has caused employers to develop and adapt their work disability benefits strategy to incorporate creative solutions.

Work disability management is a set of policies and procedures that employers implement with a goal of either returning employees to work or helping them stay there. One of the challenges in work disability management is that workers who experience injuries and illnesses are frequently away from work longer than necessary or sometimes never return, even though they could be at work and productive with appropriate accommodations. This is similar to the concept of *iatrogenesis*, which can occur in health care. Just as a health

care practitioner can inadvertently induce a negative outcome for a patient during treatment, a work disability program may create needless or prolonged work disability.

Strong work disability management processes are integral to the success of modern organizations' human resources (HR) strategy. Unfortunately, poorly designed or implemented programs can negatively impact the outcomes. Negative workplaces—such as those that may be adversarial between employees and leadership or are accusatory, punitive or hostile—also can have a detrimental impact on disability outcomes, just as positive cultures and support can lead to improved outcomes.

Another key challenge is that the overall worker population is generally unhealthy. Therefore, part of mitigating and reducing the risk of work disability is incorporating wellness and prevention initiatives into benefits strategies to reduce the likelihood that employees will need disability benefits to begin with. Work disability management programs also must resonate with employers to generate quality outcomes.

By focusing on disability prevention, employers can optimize work disability management, reduce iatrogenic tendencies and reduce the likelihood of people needing the benefit to begin with.

To fully apply the concept, employers and plan sponsors may want to understand where it fits into modern employee benefits strategies. What follows are perspectives to incorporate into an integrated work disability strategy.

Takeaways

- Workplace disability management gives employers a set of policies and procedures that they can implement with a goal of either returning employees to work or helping them stay there. The benefits of ensuring employees are healthy, supported and engaged can be an effective tool in retaining talented employees amidst an ever-competitive job market.
- Adversarial relationships between employees and leadership can have a detrimental impact on the company culture as well as the success of disability management. A poorly designed program may create needless or prolonged absences. Incorporating wellness and prevention initiatives that resonate with employees can lead to a positive, supportive culture with improved outcomes for all.
- Finding accommodations to help fit the situation is crucial. Nobody joins an employer intending to become injured or ill, just as employers want to keep as many people healthy and engaged as possible through the term of their employment. Not all issues need medical management and may be non-health-related problems manifesting themselves as health issues.
- Chronic disease risk increases with age, as the impact of employees' decisions related to lifestyle behaviours throughout their lives either work toward a healthy state or that of ill health. Understanding the interconnectedness of all aspects of employee health will improve the relationship between health, productivity and engagement. Recent research demonstrates that organizations that promote a culture of health, safety and well-being outperform in the marketplace over a ten-year period by at least 2% per year.

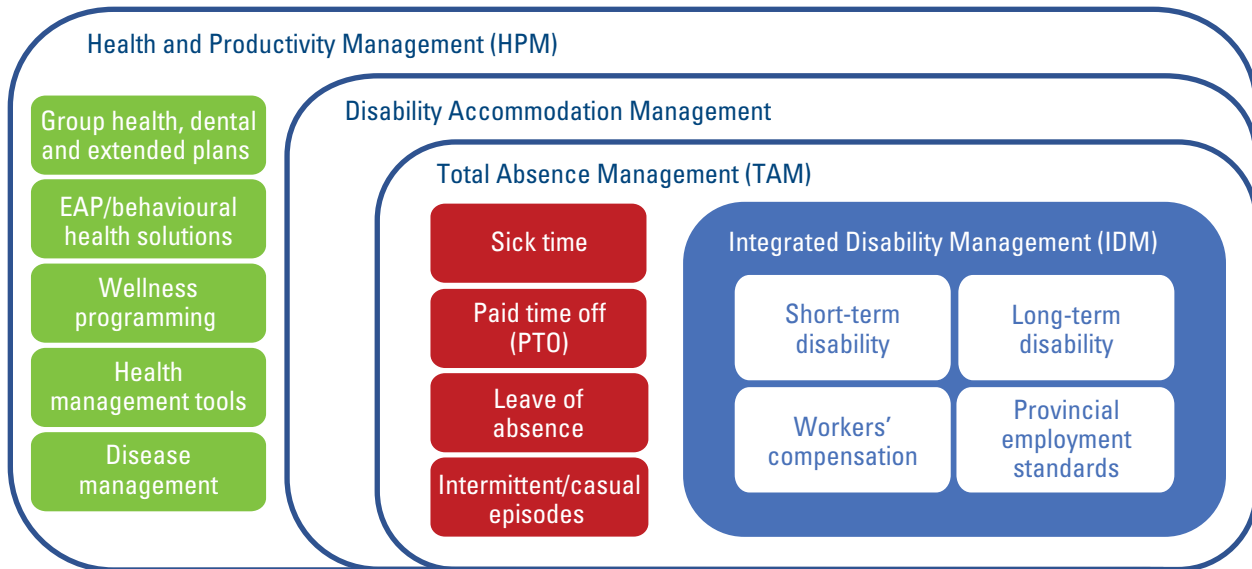
Impairment Without Work Disability

Not all injuries and illnesses necessarily result in the need for work disability management. Some issues do not need medical management and may be non-health-related problems manifesting themselves as health issues. For example, a personality conflict between an employee and supervisor may lead to an employee convincing themselves that time away from work is the only solution to their problem. There are health plans that can support deescalating this scenario in some circumstances.

Conversely, overmedicalization is a significant problem for all disability program stakeholders. *Overmedicalization* occurs when a worker is placed on a short-term disability (STD) or long-term disability (LTD) program when they could remain at work with minor accommodations. Although many injuries or health conditions can result in temporary or permanent functional impairment, not all result in work disability. For example, some permanently disabled people may not respond to

FIGURE 1

An Integrated Overview of Selected Workplace Health Strategies



Source: Tyler Amell, Ph.D., spring 2022

the label, noting they can function very well with sometimes minor accommodations, while a worker with a recently acquired, temporary functional limitation may internalize a significant level of work disability and perhaps secondary gain. *Secondary gain* is an external motivation, perhaps related to compensation and time away from work.

Integrated Workplace Health Programming—Through the Benefit Lens

Employers use a number of programs and policies to support the health of their people in the workplace. Some are obviously directly related to health, such as medical and pharmacy programming under group health, dental and extended benefit plans. Others, such as paid time off (PTO) and leaves, may not be traditionally viewed as health benefits, but most certainly are since they help

decrease the risk of rust-out and burn-out, thereby enhancing productivity and allowing employees to recharge. Further, they are a foundational pillar in the efforts to promote a healthy balance of work time and personal time. This has become even more important in today's always-on, blended work-home life as people work from home during the pandemic and look to continue to do so in the next pandemic phases.

In addition, anxiety, stress and depression can lead to comorbidities (co-occurring health conditions) that can create complex issues beyond the true physical nature of an injury or an illness that may occur in the workplace. Given the relationship between health, productivity and engagement, an integrated, seamless approach to both mental and physical health is a foundational requirement for today's successful leading-edge employers.

Figure 1 summarizes some of the most common programs that can be considered part of an integrated work disability management program. They include the following.

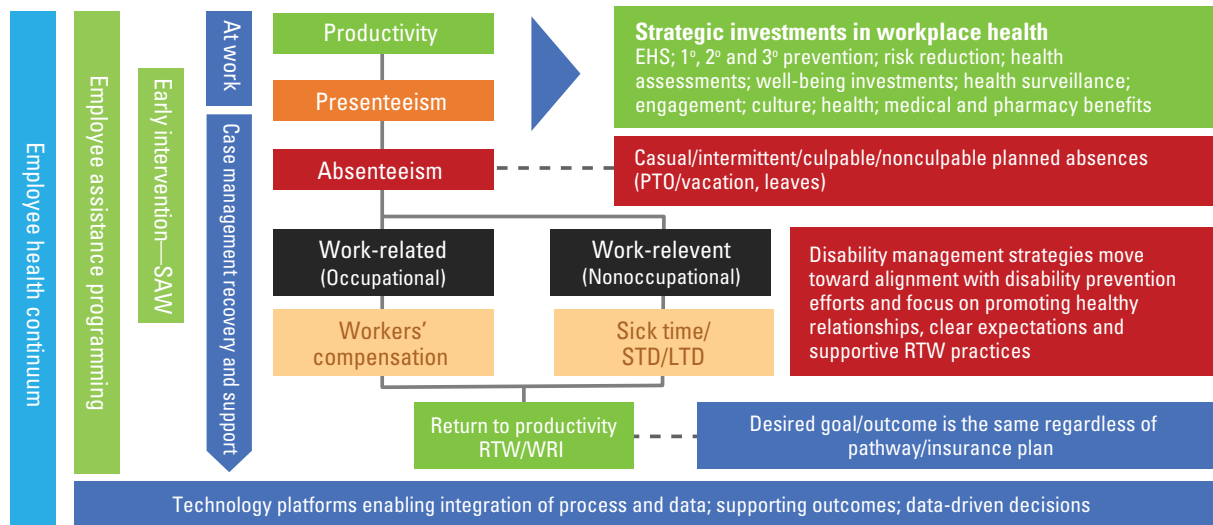
Health and Productivity Management (HPM) Programs

These include the dental and extended health benefit plans as well as employee assistance programs (EAPs), work-life and behavioural health solutions. These programs are aimed at helping to prevent disease and address chronic conditions. They are designed to engage participants early with the hope of helping them make changes before a compounding risk takes a toll on their health.

Wellness programming, health management tools and disease management programming are all included in this broader toolbox of HPM tools. To

FIGURE 2

An Integrated Schematic of Workplace Health and Productivity



EHS = environment, health and safety; PTO = paid time off; RTW = return to work; SAW = stay at work; STD = short-term disability; LTD = long-term disability; WRI = work reintegration

Source: Tyler Amell, Ph.D. spring 2022

be effective, they must be included in an integrated strategy that is driven by technology and appropriate data supportive of sustainable behaviour change.

Although historically, EAP solutions have been underutilized, the pandemic fueled by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and associated COVID-19 disease has changed that for the better as employers respond to employee needs related to their health—particularly mental health solutions.

Understanding the interconnectedness of all aspects of employee health will improve outcomes, from health risk assessment-based approaches (HRAs) to prevention prior to disease manifestation, through disease management, accommodation and supportive stay-at-work (SAW) and return-to-work (RTW) practices.

Having these types of program elements interlinked—or at least observed through an aligned, strategic lens—will improve your understanding of the current health of the workforce and the associated productivity elements. It will ultimately inform how employers can control and prevent some of these exposures to reduce the likelihood of workers moving into an absence episode or state of temporary work disability.

Disability Accommodation Management

Canadian employers are bound by various employment standards acts across the country, unless they are covered under Canadian Federal legislation. The employment standards, combined with other legislation, such as human rights, workers' compensation, occupational health and safety,

and privacy—are all critical to not only the accommodation process but other relevant areas as well.

Total Absence Management

These programs include sick time and PTO, perhaps labeled as vacation or otherwise. There are also employer-sponsored leaves of absence not covered by various provincial and federal statutes such as Employment Standards in Canada. A recent trend in this area is the offering of unlimited PTO, as well as sabbatical leaves, during which employers support their people on various personally enriching journeys and trust them to balance or blend work and home life while delivering a defined work product or outcome.

A potentially problematic sub-area of absence management to administer is intermittent casual absenteeism, which may require some rather sophis-

ticated and technological approaches to help manage risk for both the worker and the employer. This has become particularly problematic for employers during the COVID-19 pandemic since a large portion of the workforce works remotely and there are new statutory requirements for leaves.

Integrated Work Disability Management

This area includes short-term disability (STD), long-term disability (LTD), workers' compensation and leave mandated under various provincial and federal employment standards. These programs can be managed internally, self-insured and/or self-administered by the employer or outsourced to third-party providers, including insurance carriers.

Integration of these various programs is achievable, although it does take some effort. The various aspects of workplace health are indeed a rich tapestry, particularly for employers located in multiple provinces.

Prevention and Workplace Health Programming

The investment in LTD plans is fueling interest in chronic disease prevention and well-being initiatives among employers and benefit plan sponsors. By focusing on HPM solutions, employers may be able to reduce—if not entirely avoid—the costs of assessment, treatment and drugs as well as duration and wage losses associated with temporary episodes of work disability.

The time period between when employees might begin experiencing casual and incidental absenteeism, or between when a health risk assessment is conducted and programming is initiated, to when they might qualify for LTD benefits is lengthy. Therefore, early intervention—even before the employee qualifies for STD—makes sense for all stakeholders from a work disability prevention perspective. Employers' and, indeed, employees' needs would likely be far better served through investment in HPM solutions rather than in LTD premiums and management.

How Does Program Integration Work in Real Life?

Figure 2 on page 12 depicts the various programming approaches and where they fit in the overall workplace health program elements and associated processes. Related segments are colour-coded for ease of comprehension:

- Green: Healthy and at work. This is where employers want the majority of their workers to be the majority of the time.

Practical Solutions for Benefit Plans—Programming

From a high-level perspective, the following practical solutions should be considered as best practices in an integrated disability management approach.

- Intervene early. Don't wait for the situation to resolve itself.
- Link real-time absence surveillance to upstream and downstream approaches. Don't wait to act until someone is absent, since casual and intermittent episodic absences or leaves are linked to longer term leaves and work disability.
- Avoid random acts of wellness for prevention by targeting chronic and episodic health conditions with appropriate surveillance data.
- Be patient. Chronic and episodic conditions do not typically develop overnight; therefore, solutions will not provide results overnight.
- Address programming bottlenecks to improve stay-at-work and return-to-work trends.
- Avoid iatrogenic program design.
- Use people-centered approaches to streamline the process, improve engagement and yield sustainable outcomes. This includes looking at fitness for duty from a new perspective.
- Focus on mental fitness (resiliency) and physical fitness.
- Adopt the Total Worker Health approach as a best practice.
- Coordinate and communicate regularly with stakeholders.
- Integration of prevention efforts and health-related benefits for healthy, injured and ill workers is recommended.

- Blue: At work and perhaps struggling and in need of support
- Orange: People experiencing presenteeism, or at work but not functioning as well as they could be due to a health issue
- Red: Absence from work episode
- Black: Prolonged work absence.

Consider the example of workers who are experiencing a prolonged work-related disability that is covered by workers' compensation insurance (either self- or fully insured) or a nonoccupational but work-relevant disability that is covered by sick time, STD or LTD benefits (again, self- or fully insured). Historically, if the injury or illness resulted from work, it was deemed "occupational" and managed accordingly. If the condition arose outside of work causation, it was deemed "nonoccupational." However, in most instances,

chronic diseases that contribute to STD and LTD cases and are targeted by well-being programming create a fitness-for-duty issue and are related to overall health but are not work-related.

The preferred modern approach is to use the term *work-related* for conditions arising from work and *work-relevant* for those arising outside of work. Work is still pertinent and a primary focus for both, and meaning is not lost by a reference of “nonoccupational.” This change in reference is semantic but powerful when one considers all the stakeholders involved in workplace health programming and work disability management. Some refer to this categorization approach as *total worker health*, whereby all aspects of health, not just those that are work-related, are included in workplace health programming.

A practical example of the applicability of this approach is when a young employee is at work in their first role. Perhaps the worker is not used to more rigorous evaluation and performance management (i.e., if they do not perform, their job may be at risk). The stress and anxiety associated with trying to establish a career—under overt pressure that they may not have been used to in the past—to save for a home of their own and establish further independence is perhaps too overwhelming. They are impacted by presenteeism at work, spending time finding help or accessing EAP solutions. The stress and anxiety make it difficult for them to concentrate on their role, and they perhaps begin to miss work. It may not take much more for the worker to move into an absence episode or episodes of increasing duration until they are on work disability programming and receiving disability management services.

From a work disability prevention perspective, identifying those at risk and supporting them early on—at the first sign of struggle—would have potentially altered the course. Providing coping skills, resiliency training, mentoring and numerous other support mechanisms from a health perspective may have put the young employee on another pathway that allowed them to remain at work and productive.

Disability Prevention Programs

Rather than keeping disability programs in silos, employers should consider an integrated approach that focuses on prevention. Programs can include strategic investments in health, such as environmental health and safety programs or occupational health and safety programs. Prevention initiatives also can be grouped into the following categories:

Practical Solutions for Benefit Plans—Technology

Technology is critical to today’s workplaces and to integrated workplace health, productivity and engagement initiatives. Getting people engaged in their own health, using a mobile-first strategy and moving toward a complete digital experience should be an objective. Technology solutions for the following applications should be considered as best practices.

- Health risk assessments
- Biometric screening
- Sustainable behaviour change programming
- Digital coaching
- Live virtual coaching
- Condition management and internet-delivered cognitive behavioural therapy (ICBT)

- **Primary (removing risk):** Programs that reduce risk factors through engineering controls or other types of controls that eliminate health hazards
- **Secondary (managing risk):** Programs that can detect health conditions in asymptomatic people and prevent symptomatic illness; for example, hearing or lung function tests that detect minor health issues before they become major issues
- **Tertiary (minimizing consequences):** The disability management and accommodation process in place used to prevent further deterioration and facilitate RTW and SAW processes
- **Well-being programs:** These can encompass prevention programs, including health risk assessments, and associated well-being programs targeted and personalized to maximize employee engagement and outcomes.
- **Health surveillance programs:** Employers should consider collecting and analyzing employee health data for use in monitoring program success and directing appropriate programming. Also, given the recent HR focus on engagement, diversity and inclusion approaches, health programming can be observed through this lens as well.

The sidebar “Practical Solutions for Benefit Plans—Programming” provides suggested integrated approaches.

The Role of Engagement in an Integrated Approach

Ensuring that employees are engaged is particularly important currently due to the large portion of the workforce working remotely. Engagement is directly tied to employees' discretionary effort and productivity. There are indications that most people do not want to return to prepandemic office life and are looking for either a permanent change or a hybrid approach, both of which need to be addressed with consideration toward integrated health and productivity.

How do employers ensure that workers are engaged in the culture and organization outside of the health space? This requires a multifaceted, integrated approach. There is a strong linkage with the concept of *presenteeism*, the lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury or other condition. Recent research demonstrates that organizations that promote a culture of health, safety and well-being outperform in the marketplace over a ten-year period by at least 2% per year.¹

The Health Continuum

Nobody joins an employer and intends to become injured or ill during their employment agreement. Ideally, employers want to help keep as many people in a healthy state as possible as they age and work their way through the life cycle of being an employee.

Chronic disease risk increases with age, as the impact of employees' decisions related to lifestyle behaviours throughout their lives either work toward a healthy state or toward a state of ill health. Since the choices people

BIO

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make about diet, exercise, smoking, sleep and other controllable factors are the single largest contributor to health state, employers are encouraged to offer well-being programs, and employees are increasingly looking for solutions from their employers that support sustainable promotion of healthy behaviours.²

The Role of Technology

Efforts to integrate workplace health solutions would benefit from secure technology platforms that are mobile-enabled and drive engagement among users. The ability to gather data and report meaningful information to stakeholders is an absolute necessity for leading-edge employers in this day and age. These data and associated outcomes drive evidence-informed strategies and help evaluate the effectiveness of integrated workplace health programming from various perspectives.

The ability to leverage technology at all points on the health continuum is critical from those with an interest in reducing to risk to those exhibiting the first sign of struggle to those engaged in disease management activities. One could make an argument that truly integrated workplace programming is not possible without modern technology. These solutions must be purposeful and planful, with a clear strategy since *random acts of wellness* are not successful! The sidebar "Practical Solutions for Benefit Plans—Technology" provides specific examples of how benefit plans can use technology. 🌐

Endnotes

1. Raymond Fabius, M.D., and Sharon Phares, Ph.D. "Companies That Promote a Culture of Health, Safety, and Wellbeing Outperform in the Marketplace," *Journal of Occupational and Environmental Medicine*: June 2021, Volume 63, Issue 6, pp. 456-461 doi: 10.1097/JOM.0000000000002153.

2. World Health Organization, *Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks*, Geneva: WHO, 2009.

