

Opening Comments

Welcome to the 2012 Total Worker Health™ Symposium: Safe, Healthy and Cost-Effective Solutions. Thank you, Dr Merchant and everyone at the University of Iowa, for bringing us all together. I want to briefly talk to you about worker health and well-being—research, programs, laws and regulations. There are 311 million Americans in the United States and 155 million of those Americans are workers. Even though many of us who work have health insurance, there are some workers who have no health insurance and these are perhaps the most vulnerable of all workers. Many workers without health insurance work in the riskiest occupations, and they are assigned the riskiest work. Often their employment is very precarious. They suffer injury, illness, and death at a greater proportion than other workers—those more like the folks in this room—myself included, who are blessed with employer-sponsored health insurance. But whether you are in one group or the other, you are in a medical care system that is unsustainable. If you look at the percentage of the gross domestic product that the American health care system expends every year, and you project the current rate to 2030, such spending becomes economically unsustainable. It is impossible to run a country when 27% to 30% of the gross domestic product is tied up in health care.

So, there is a problem. We all know it. There are still differing opinions about how to solve it, even today, even after the Congress passed the Patient Protection and Affordable Care Act in 2010 (ACA), even after the Supreme Court reviewed and upheld it, and even after a presidential election occurred in which one candidate said he would repeal it and another candidate said he would go forward with it. It is a fact that the ACA is something that all of us, if we truly believe in Total Worker Health™, need to integrate into our thinking, our concepts, our programs, and our research.

The unsustainability of the medical care system is something that the ACA attempts to attack—head on. Critics say not enough, but it is a start. When you look at the cost-containment strategy within the Act, you can sum it up in one word: prevention. Prevention is the cost-containment strategy embedded in the ACA, and prevention is something that we in occupational safety and health do all the time. It is something that employers care very much about, workers care very much about, and workers' families care about. When a worker is not at work, whatever the reason—whether the cause is occupational or nonoccupational—that worker is losing money, the worker's family is adversely affected, the worker's employer is adversely affected, the productivity of the enterprise in which the worker is involved is adversely affected, the regional economic output is adversely affected, and the nation's economic output is adversely affected. Occupational health—Total Worker Health™—has a role to play in the cost-containment strategy that is at the heart of the ACA. After all, occupational health is economic health.

Just this past week, three regulations were published jointly by the Department of Health and Human Services, the Department of Treasury, and the Department of Labor. You need to read them, understand them, comment on them, and integrate them into your efforts to bring the concept of Total Worker Health™ to every worker and

employer in the United States. The first regulation prohibits insurers from discriminating against Americans with preexisting conditions. Premiums can only be based on age, family size, geography, and history of tobacco use (a prevention strategy embedded within premium pricing). The second regulation establishes requirements for essential health benefits. *All* health insurance has to provide 10 essential benefits. Regional spottiness in health benefits will be a thing of the past. The third regulation concerns two types of employee wellness programs—participatory wellness programs and health-contingent wellness programs. We all need to read that regulation and integrate it into our forward thinking about how we achieve Total Worker Health™—how we integrate occupational safety and health protection with disease prevention and health promotion.

We are in a new world now. On October 1, 2013, those who have no health insurance can start signing up for health insurance through their state's health insurance marketplaces, formerly called "state exchanges." For those states that decline to operate a health insurance marketplace, the Department of Health and Human Services will operate one for the state.

There is much to come. The world will change in 2014 and 2015 for all of us who care about the health of the worker and the economic health of the nation. You need to understand that to make prevention work as cost containment depends on what you do, the research that you generate, on the Total Worker Health™ programs and demonstration projects that you launch. We need to show, in the next few years, that prevention does work. We need to show that it works from the worker perspective, the employer perspective, and the national perspective. We need to show that occupational health is economic health.

People in Washington talk about "bending curves." For example, the First Lady's initiative to prevent obesity in children sets out to bend the curve of the childhood obesity epidemic. Health care costs are rising, and we all have to work to bend that curve. You have a role to play in bending that curve. We have to take our old twentieth-century idea of *work-related* injury and illness, and transform it into *worker* injury and illness. We have to move in a new direction because the past is unsustainable.

Your research, your demonstration projects, and your interventions—all have a great role to play. We need to know the answers to what works in Total Worker Health™ and what does not work. You need to inform all of us, both from the practice perspective and the economic perspective. You need to show the nation that Total Worker Health™ is a strategy that can help fulfill the ACA promise of disease prevention and health promotion.

Thank you very much for all the work you do and all the work you are going to do after getting new ideas from this Symposium. At NIOSH, we want to support this effort as much as we can in an austere budget era. Total Worker Health™ is vital to the health of working men and women, private enterprise, and the nation's economy.

Thank you very much and have a great Symposium!

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Director, NIOSH