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# Creating Shared Perspectives for Worker Well-being

## *A Community Health-Focused Certificate in Total Worker Health®*

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**Objectives:** This study aimed to highlight the utility of a new certificate program in *Total Worker Health®* (TWH) designed for health professionals in other community health settings (OCHS). **Methods:** Stakeholder needs assessment, priority setting, and comparison with existing core competencies in TWH approaches were performed to identify learning objectives and curricular threads in alignment with adult learning principles. Faculty-student pairings were conducted for content and assessment development. **Results:** A free six-module training course that prepares OCHS professionals to collaborate with occupational safety and health (OSH) professionals. **Conclusions:** TWH can be advanced through collaboration between OSH and OCHS professionals. In service of shared ground, OCHS professionals should articulate the influence of work on health, TWH principles, and OSH vocabulary and concepts. Such training is a necessary step toward facilitating groups for the benefit of all work and workers.

**Keywords:** education, certificate, community health, health promotion, Total Worker Health, training

Occupational injury, illness, and fatality are serious public health issues in the United States. In 2021, more than two and a half million workers in US private-sector industries were injured or sickened by their work, with just under half of those so serious they required time away from work and 5190 fatalities.<sup>1</sup> Although significant progress has been made to protect workers from injury and illness at work, there are other ways in which work and employment impacts peoples' health.<sup>2,3</sup> Recognizing this, the National Institute for Occupational Safety and Health (NIOSH) built upon existing initiatives to propose the Total Worker Health (TWH) framework, which combines health

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### CME Learning Objectives

After completing this enduring educational activity, the learner will be better able to:

- Explain the purpose of the U-POWER certificate in TWH
- Describe why the U-Power certificate in TWH supports the work of professionals in OSH.
- Identify professionals from other community health settings invested in worker well-being.

protection and health promotion in workplaces. In recognizing work as an influence on health beyond recognized hazards for which enforceable standards have been set, TWH initiatives question whether there is true separation between protecting workers from hazards and promoting their health and well-being. Thus, TWH workplace initiatives must integrate leaders across areas of a company, such as occupational safety and health (OSH) professionals and human resources professionals; consider workers' lives in and outside the workplace in their scope; address changes to the workplace itself; and engage workers in the process.<sup>4</sup> These approaches have been substantiated by research at a growing number of Centers of Excellence for TWH,<sup>5</sup> and proposed educational competencies have been developed to outline the core skills and knowledge needed to engage in TWH research and practice.<sup>6</sup> The competencies include but transcend material traditionally taught to OSH professionals such as occupational nurses, physicians, ergonomists, or industrial hygienists. In addition to resources made available by the NIOSH TWH program, several Centers of Excellence have developed graduate or professional-level certificates to teach core ideas and practices of TWH.

The Utah Center for Promotion of Work Equity Research (U-POWER) is a newly established (2021) NIOSH Center for Excellence in TWH that examines the whole worker in context in thinking about health and well-being influences. U-POWER mirrors the centrality of equity principles in public health<sup>7</sup> by aiming to facilitate and support a community of practice (CoP). A CoP is a group of people who share a concern and deepen their knowledge through ongoing interaction and who can actively engage with other interested parties who each have their own areas of expertise.<sup>8,9</sup> In U-POWER's initial call for engagement, professionals from other community health settings (OCHS) responded with considerable interest and enthusiasm. Such engagement is, at least in part, a recognition of how work is deeply enmeshed with other determinants of health,<sup>10</sup> manifesting economic instability, material scarcity, and lack of access to needed resources such as health care and education. Furthermore, work in itself is a social determinant of health that shapes how workers experience structural and social forces.<sup>11</sup> Although work has historically been a central concern of public health,<sup>12</sup> disciplinary structures in the United States have instituted unofficial distinctions between OSH and OCHS professionals. Other community health settings professionals currently engaged in U-POWER's CoP include local health department employees, health equity consultants, and community health workers (CHWs) who work to address the social determinants of health among their communities.<sup>13,14</sup> Following the illumination of

the role that work plays as a social determinant of health in the ways it created and maintained health disparities during COVID-19, these professionals saw a need to incorporate worker well-being into their own research and practice. Such engagement echoes calls from researchers to engage OCHS professionals in advocating for their clients and communities as well as collaborating to improve health and safety in their workplaces.<sup>12,15</sup>

### A New Certificate for OCHS Professionals

A TWH approach within the workplace requires that key occupational health and safety principles are widely communicated and integrated with broader concerns that extend beyond individual hazards.<sup>16</sup> OCHS professionals who approach work (a term used in these spheres as inclusive of both the conditions of employment and of work) from the angles of health promotion and community betterment have deep perspective on those in their communities and access to lived experience that can help OSH professionals bridge the work/nonwork aspects of risk to well-being that a TWH approach prioritizes.<sup>4</sup> When multiple parties interested in improving work take a perspective on it that is similar in scope, progress is more likely. However, limited organizational resources, including high-pressure work and accumulating demands, may prohibit communication of key principles that make such collaboration possible. Although NIOSH and NIOSH-supported initiatives have sought to make resources freely available through venues like Wikipedia,<sup>17</sup> OCHS professionals have encountered barriers that arise from differing terminology (eg, sources that alternately use “worker well-being” or “occupational health”), unfamiliar technical vocabulary, existing paywalls, and the sheer volume of noncurated information available online.<sup>18</sup> Anecdotaly, conversations within U-POWER’s CoP revealed that, although community stakeholders had deep interest and, in many senses, intuitive expertise in occupational health matters, their discussions were informed chiefly by individual work experiences and environments, suggesting the value of structured training to develop their knowledge base in a more general sense. To that end, U-POWER sought to create an accessible resource intended to support collaboration and dialogue between different stakeholders in worker health.

### METHODS

U-POWER identified and abstracted information about existing TWH certificate programs to assess alignment with OCHS professionals’ work and priorities (Table 1). The currently available

certificates are focused on graduate student training, targeted toward OSH professionals interested in developing a TWH perspective, and/or designed to train the next generation of TWH professionals. These intended audiences are likely to take OSH professional roles within government, industry, or consulting organizations to develop, implement, and administer workplace health policies and programs, which is not the domain of OCHS professional practice.

To assess the needs and priorities of OCHS professionals within U-POWER’s CoP, U-POWER engaged a group of CHWs who regularly attended U-POWER events. CHWs, whose lived experience offers them to have considerable knowledge of the social determinants of health, were chosen for this purpose to ensure that the certificate would be useful to an individual working in public health who had not necessarily completed postsecondary public health education. A total of 13 seasoned CHWs completed an online needs assessment that asked them to rank their interest in various elements of a TWH certificate, including training in TWH fundamentals, how to advocate in the workplace, and practices to work with organizations. The CHWs were also asked to add any other topics of interest. Overall, the CHWs indicated near-unanimous agreement on which topics would be most useful, and these overlapped with several TWH core competencies previously identified: subject matter expertise, advocacy and engagement, and partnership building and coordination.<sup>6</sup> Additional priorities for the certificate were identified through engagement with U-POWER’s CoP, including an idea-generating exercise at a community open house conference (attended by 111 individuals who were primarily CHWs, local health department employees, and graduate students from the University of Utah). During this activity, participants suggested that a certificate should include foundational knowledge of occupational health, both in current practice and history, as well as worker rights. In recognition of the future of work as an ever-shifting dynamic possibility, members of U-POWER’s internal advisory committee proposed that certificate also include cultural narratives of work and how they might change in the future.

During these needs assessment activities, most OCHS professionals indicated that the accessibility of the certificate, both in terms of time commitment and affordability, would be paramount to achieving widespread adoption. U-POWER chose to develop a certificate that would be free of charge and continually available to reflect the ever-changing nature of the CoP and in service of sustainability. Certificate content was developed through a faculty mentoring program that partnered graduate students from different disciplines that could

**TABLE 1.** Certificates Offered as of July 2023 by NIOSH-Funded Education and Research Centers and TWH Centers<sup>19–22</sup>

Title, NIOSH Center, and Partner Affiliates	Audience and Certificate Description
“Total Worker Health® Certificate” from the Oregon Healthy Workforce Center, Portland State University Occupational Health Psychology, and the University of Washington Occupational Safety and Health Continuing Education	This certificate, intended for OSH professionals and students, “provides information on the key determinants of physical and psychological health encountered at work, and how to be better equipped to act on these determinants as part of an interdisciplinary workplace team.”
“Certificate in Total Worker Health” from the Center for Health, Work, and Environment at the University of Colorado	This certificate, intended for students who have received a bachelor’s degree from an accredited institution, may be, but is not required to be, completed with MPH degree. This program is designed to teach students to “learn how to develop and manage Total Worker Health (TWH) initiatives—workplace safety, wellness, and health promotion programs. [They will] learn how to assess organizational culture, plan and evaluate health and safety programs, and become a better leader.”
“Graduate Certificate in Total Worker Health” from the North Carolina Occupational Safety and Health Education and Research Center, Department of Health Behavior at the Gillings School of Global Public Health	A 3-course, 9-credit certificate for degree-seeking, matriculated graduate, professional, and continuing education students that seeks “to train students from diverse disciplines to work effectively together to protect and promote workers’ health... graduates emerge with a common language to discuss the key determinants of health encountered at work. As Total Worker Health (TWH) practitioners, they will be equipped to act on these determinants by planning, implementing and evaluating comprehensive workplace interventions as part of an interdisciplinary team.”
“Total Worker Health for Occupational Safety and Health (OSH) Professionals: A Continuing Education Course for Occupational Health Professionals” from Center for Promotion of Health in New England Workplace	Intended for OSH professionals working in a variety of industrial settings, this certificate offers “a self-paced online course that provides a foundational introduction to TWH concepts and how they apply to OSH professional practice.”

provide insight into TWH principles (eg, occupational health but also public health and social work) with U-POWER faculty members and interested faculty in occupational health. Faculty mentors acted as subject matter experts who guided the students in developing approachable and engaging content. After completion, the material was reviewed by U-POWER personnel for relevance to the identified priorities and edited to ensure coherence. To translate the certificate into an engaging online asynchronous course, U-POWER chose to partner with the Genetic Science Learning Center at the University of Utah, a center dedicated to the development of approachable, engaging learning material. In acknowledgement of learner time and dedication, U-POWER partnered with Professional Education at the University of Utah to offer a digital badge to those who completed the certificate.

## RESULTS

Our needs assessment, along with priority setting, objective development, and faculty-mentored content development, resulted in six modules (Table 2).

### What Learners Will Learn and Why It Matters

The opening module explores work as a social determinant of health, which was chosen to establish a common way of thinking and to elicit reflection from learners from different disciplines on how they could bring their own experience and expertise to a TWH project. Proposed competencies for TWH professionals posit that they must have content area expertise<sup>6</sup> as a framework on which to build TWH capacity. Much of the training completed by OSH professionals (eg, those employed in hygiene, safety, ergonomics, nursing, medicine) will have focused on limiting exposure to and ameliorating effects of the various hazards in work environments. A TWH approach combining health protection and health promotion is rooted in public health principles<sup>6</sup> and is consistent with viewing work as a social determinant of health.<sup>2</sup> Approaching work as a social determinant of health provides structure and logic to something OSH professionals know from experience already—that the safety, health, and well-being of the workforce for which they care are not determined entirely by what happens on their work shifts. This approach also aligns with the ways in which other stakeholders tend to think about work, building a starting point from which to collaborate.

From a complementary angle, in the fundamentals of OSH module, OCHS professionals will grow to understand more clearly what OSH professionals aim to do and the historical basis in law and regulations that govern that activity. Key organizations involved in occupational health and safety practice and research, such as the Occupational Safety and Health Administration and NIOSH, are discussed in this module along with key vocabulary regarding hazard exposure limits, federal regulations, and OSH-specific occupations and their

roles. Key conceptual frameworks such as the exposure-disease framework, the hazard assessment framework, and the NIOSH hierarchy of controls are also outlined to provide OCHS professionals with a clearer understanding of how OSH professionals approach occupational illness and injury prevention.

Ethical principles may be viewed as touchstones we return to when choosing a course of action in any given situation, but different perspectives may be applied to worker health, safety, and well-being by different individuals and groups. Many OSH professionals will be informed by bioethical principles,<sup>23</sup> and these are the basis for ethical principles proposed as they relate to TWH concepts.<sup>24</sup> As more types of professionals and lay experts contribute to occupational health, safety, and well-being initiatives, additional ethical perspectives may be brought to bear on OSH decision making.<sup>23,25</sup> Even among OSH professionals and public health professionals focused elsewhere, a long-standing tension between a focus on an individual worker or patient and general welfare or collective good (eg, workers as a group, communities from which they come) may come into play.<sup>26</sup> Moreover, abstract principles have been critiqued because they do not necessarily provide guidance or a process for resolving tensions in any given situation.<sup>23</sup> Given these and other potential difficulties, such as the balance between OSH and political or economic priorities<sup>27</sup> that have been so evident during the coronavirus disease 2019 pandemic, arguments have been made to develop specific ethical principles that might accommodate multidisciplinary teams or efforts.<sup>28</sup> In dialogue with these limitations and complexities, we suggest that complicated situations are resolved better with fuller dialogue and deliberation, which is most possible when people involved are all familiar with the same set of (imperfect) touchstones that might evolve over time.<sup>23</sup>

A similar logic prevails in presenting defining elements of a TWH approach and its conceptual underpinnings. Understanding of good practice of a process such as that supplied by the TWH approach combined with ethical awareness is more likely to lead to circumstances that benefit workers and other stakeholders. This module also recognizes how the social-ecological model informs TWH conceptual frameworks, which offers a key bridging concept with which OCHS professionals will likely be familiar. Because many OCHS professionals are most familiar with the demands and stressors of their own and related professions, nine factors of TWH are discussed to examine the range and breadth of potentially work-related issues. Defining elements of the TWH approach create a framework from which OCHS professionals may approach future collaborations in service of healthy work. This module also discusses the interworking of occupational and community health to create a shared ground for such initiatives.

Dominant narratives about work and workers in any given historical moment may or may not be helpful to promoting work that

**TABLE 2.** Module Titles and Learning Objectives, U-POWER Community Certificate in TWH

Module Title	Module Content (or Learning Objectives)
Work as a social determinant of health	<ul style="list-style-type: none"> <li>• The role of work in the social determinants of health framework</li> <li>• How work conditions that threaten health and well-being are created and sustained by systemic inequity</li> </ul>
Fundamentals of occupational health	<ul style="list-style-type: none"> <li>• History and evolution of occupational health</li> <li>• Fundamental approaches and frameworks for occupational health</li> </ul>
Ethical issues and worker health	<ul style="list-style-type: none"> <li>• Ethical issues that arise in occupational health and the pursuit of work equity</li> <li>• How to approach stakeholders and advocate for change</li> </ul>
Conceptual models of TWH	<ul style="list-style-type: none"> <li>• Definitions and explorations of TWH concepts: the whole worker and all work</li> <li>• Why/how TWH approaches evolved from traditional occupational health</li> </ul>
How we think and talk about work	<ul style="list-style-type: none"> <li>• Cultural narratives about what work is, the importance of work, and who performs what kind of work</li> <li>• Comparisons across place in healthy work design, laws and regulations, and social safety nets</li> </ul>
Work in the future	<ul style="list-style-type: none"> <li>• How cultural narratives about what work is shape the conditions of employment and work</li> <li>• How narrative shifts might shape a better future for workers</li> </ul>

Learning outcomes from the certificate include the following: common language and perspective; understanding of TWH; comfort in discussing work as a larger cultural force shaped by policy and employers; and the ability to come together in workplaces or community teams with the end goal of achieving better, safer, and healthier work.

supports worker health and well-being. When unhelpful narratives gain a foothold, the task of OSH professionals becomes more difficult. Being able to identify problematic narratives, including those that may be being put forth by other OSH professionals, is the first step toward thinking more likely to advance programs and practices that support worker well-being. This section also helps identify how rhetoric that positions worker rights and organizational profit as a zero-sum game conceals sites of agreement and mutual interest.<sup>29</sup>

Finally, changes to work, whether pursued within a specific workplace (eg, making the case for resources and attention for health, safety, well-being) or those efforts that would facilitate the work of OSH professionals (eg, new standards and regulations being prioritized, increased funding for Occupational Safety and Health Administration and NIOSH), necessitate a collective conversation about what things could be like. An envisioned future allows us to get to work on taking steps toward that future. This module also intends to help learners think about ways to be part of the collective conversation and help others to get involved.

### Collaboration Toward TWH

Recent research has suggested that the idea of considering work and life as diametrically opposed areas that need to be equally balanced may in itself contribute to increased rates of burnout.<sup>30</sup> Scholars have instead proposed the idea of work-life integration, which is a more dynamic concept that asks workers to actively weigh how conditions, such as leave policies, educational support, organizational commitment to social responsibility, and flexibility in work, may challenge or support their life goals.<sup>30</sup> Work-life integration does not benefit workers alone, as a lack of such integration has been observed to weaken the cultures necessary to maintaining a healthy productive organization.<sup>31</sup> Work-life integration aligns with the aim of a TWH approach, which seeks to protect and promote the health of the whole worker in recognition that well-being is a complex concept that is influenced by work, home, and broader social spheres.

To achieve this integration, workers must be aware of and empowered to make decisions about how to best protect their occupational well-being. Equipping workers with knowledge of this kind is potentially analogous to patient education in medical care, which disavows benevolent paternalism in favor of increased patient self-efficacy and motivation.<sup>32</sup> Other community health settings organizations such as public health departments can play a role in this education, particularly among workers who work in settings where worker exploitation is unfortunately commonplace (eg, agriculture, day labor, nail salons).<sup>33</sup> Other community health settings organizations have established mechanisms to fund and collaborate with community-based organizations<sup>33</sup> to provide care for workers not typically targeted in occupational health promotion<sup>34</sup> and smaller worksites that provide limited access to health and well-being programs.<sup>35</sup> Partnerships that include OCHS professionals (eg, health departments) have been successful in widely communicating fundamental occupational health and safety knowledge to workers.<sup>36</sup>

On the OSH side, collaboration between OSH and OCHS professionals may also prove valuable in identifying shared areas of interest and innovative approaches, and also as a means to increase general buy-in and engagement of workers in TWH programs. Participatory worker engagement is a central tenet of TWH programs that has been successfully implemented in diverse occupational settings.<sup>37,38</sup> Workers engaged in TWH program design and implementation can provide key information on processes, risks, and realities of the work environment. Programs developed without worker input may lead to low levels of acceptance; without clear rationale, employees may view such programs as well-meaning but unrelated to work<sup>39</sup> or a distraction. Other community health settings professionals, particularly those employed by governmental or nonprofit organizations, may be perceived as neutral third parties and provide an additional degree of legitimacy to

such programs. Because of their engagement with populations beyond a single workplace, OCHS professionals may also be able to offer key perspectives representative of larger working populations. Other community health settings professionals can provide context to illnesses that are only partially linked to occupational stressors and exposure,<sup>40,41</sup> or, conversely, offer information on community health status that may affect worker performance.<sup>42</sup> Finally, a shared knowledge of TWH concepts and practices can also allow employers and community health organizations to synergize efforts to simultaneously promote public health and business success.<sup>43</sup>

Although other certificates with OSH professionals as the intended learners exist, ours might nonetheless be meaningfully employed by OSH professionals. For instance, OSH professionals in an organization might work through it as part of a collaborative process with workers in the organization or work through it with leaders not charged with health, safety, or well-being in retreats or other continuing education settings. Such uses may build common vocabulary and understanding that aid identification of priorities that facilitate OSH progress. Occupational health clinicians might alert non-OSH clinicians to its presence, thus promoting greater understanding of occupational health concerns in a broader range of caregivers. Finally, if non-governmental organizations or other social actors might be engaged to support worker well-being along with OSH professionals, this certificate might prompt ways to think about that collaborative engagement. These uses by OSH professionals would complement our primary purpose of creating the conditions under which OCHS professionals and workers themselves might participate with OSH professionals, propose, and lead efforts to shift work in directions that more clearly support worker well-being. A broader coalition is required to create change that may start with specific workplaces but moves beyond any individual one toward a state in which all work can support human well-being.

### CONCLUSIONS

The TWH initiative represents the culmination of decades of OSH research and practice but also speaks to what many OSH professionals, particularly clinicians, have long observed at work: first, that disciplinary silos hinder advancements and, second, that it is prevention rather than reactive intervention that is central to promoting the health of workers and organizations. Other community health settings professionals can be valuable allies and collaborators in widely implementing these TWH principles among various worker populations. Total Worker Health policies, programs, and practices are additionally a recognition that the boundaries between work and life are porous, which invites other stakeholders in worker health, including workers themselves, to become more overtly involved. Understanding what TWH approaches represent can provide workers and other stakeholders with the needed tools to more clearly articulate their needs, better understand what they can reasonably expect from their workplaces, and create a shared ground for improved collaboration in service of health. Training in TWH principles and concepts is the first necessary step toward facilitating such groups for the benefit of all work and all workers.

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