

Advancing Workplace Health Protection and Promotion for an Aging Workforce

Ronald R. Loeppke, MD, MPH, Anita L. Schill, PhD, MPH, MA, L. Casey Chosewood, MD, James W. Grosch, PhD, Pamela Allweiss, MD, MPH, Wayne N. Burton, MD, Janet L. Barnes-Farrell, PhD, Ron Z. Goetzel, PhD, LuAnn Heinen, MPP, T. Warner Hudson, MD, Pamela Hymel, MD, MPH, James Merchant, MD, Dee W. Edington, PhD, Doris L. Konicki, MHS, and Paul W. Larson, MA

Objective: To explore issues related to the aging workforce, including barriers to integrating health protection and promotion programs, and provide recommendations for best practices to maximize contributions by aging workers. **Methods:** Workgroups reviewed literature and case studies to develop consensus statements and recommendations for a national approach to issues related to older workers. **Results:** Consensus statements and actions steps were identified for each of the Summit goals and call-to-action statements were developed. **Conclusions:** A national dialogue to build awareness of integrated health protection and promotion for the aging workforce is needed. Workers will benefit from improved health and performance; employers will realize a more engaged and productive workforce; and the nation will gain a vital, competitive workforce.

The workforce of the twenty-first century is aging, with increasingly larger proportions of the workforce 55 years of age and older. This development is the result of a convergence of demographic and societal trends. First, the global population is aging. By 2018, people aged 65 years and older are expected to outnumber

children younger than 5 years, and by 2040, they will account for 14% of the world population.¹ In the United States, the population aged 65 years and older is expected to increase more than double between 2012 and 2060, representing about one in five residents as compared with one in seven today.²

The second trend of note is the dramatic increase in life expectancy. In just over a century, life expectancy in the United States has increased from 48.3 years for males and 51.1 years for females in 1900 to 75.3 and 81.1 years, respectively, in 2008.¹ The third trend is the decline in fertility rates,¹ which has resulted in fewer young workers entering the workforce.

The fourth demographic trend driving the aging of the workforce is the impact of the baby boom generation. The baby boomers, who were born between 1946 and 1964, began turning 65 years old in 2011. As a group, they have impacted societal trends over the past six decades. For years, demographic experts and economists have predicted a “silver tsunami” of social ripple effects as the baby boom generation ages—one of the most significant of which will be its effects on our national workforce. Nevertheless, many older workers are staying in the workforce longer than they had anticipated because of personal preference or out of necessity. This has led to an older workforce with many chronic medical conditions. The global economic downturn and changing policies related to retirement and retirement benefits partly explain this trend.

According to the US Bureau of Labor Statistics, there are more workers aged 55 years and older in the workplace than ever before. The number of workers aged 65 years and older increased by 101% between 1977 and 2007,³ and in the 25 years between 2005 and 2030, the number of Americans aged 65 years and older, overall, will almost double—with a significant number of them continuing to work.⁴ The Bureau of Labor Statistics projects that between 2006 and 2016, the number of workers aged 55 to 64 years will increase by 36.5%, while workers aged between 65 and 74 years and older than 75 years will increase by 83.4% and 84.3%, respectively.⁵ By 2015, one in every five workers will be a baby boomer.⁶

Although there is no consensus on the age at which workers are considered “older workers,” the aging workforce phenomenon is real. Given these trends, older workers are becoming increasingly critical for national economic prosperity. Employers no longer have access to a steady pipeline of younger workers and will need to rely on older workers to remain competitive in the global marketplace. Thus, the new workforce model will be multigenerational. Employers will increasingly be challenged to maximize contributions from each generation, while simultaneously addressing the health, safety, and well-being needs of their workers.

Recognizing these trends, American College of Occupational and Environmental Medicine (ACOEM) and National Institute for Occupational Safety and Health (NIOSH) convened a 2-day, national Invitational Summit on *Advancing Workplace Health Protection and Promotion in the Context of an Aging Workforce* in Washington, DC, from April 3 to 4, 2012. The goal of this Summit was to address the following questions:

From US Preventive Medicine (Dr Loeppke), Brentwood, Tenn; National Institute for Occupational Safety and Health (Dr Schill), Washington, DC; Total Worker Health™ (Dr Chosewood), National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Atlanta, Ga; National Institute for Occupational Safety and Health (Dr Grosch), Centers for Disease Control and Prevention, Cincinnati, Ohio; Division of Diabetes Translation (Dr Allweiss), Centers for Disease Control and Prevention, Atlanta, Ga; American Express—Wellness Center (Dr Burton), New York, NY; Department of Psychology (Dr Barnes-Farrell), University of Connecticut, Storrs; Institute for Health and Productivity Studies (Dr Goetzel), Rollins School of Public Health, Emory University, Washington, DC; Consulting and Applied Research (Dr Goetzel), Analytic Consulting and Research Services, Truven Health Analytics, Bethesda, Md; Institute on Innovation in Workforce Well-being (Ms Heinen) and Institute on Health, Productivity and Human Capital (Ms Heinen), National Business Group on Health, Washington, DC; Occupational Health Facility (Dr Hudson), University of California, Los Angeles, Medical Center, Los Angeles; Walt Disney Parks and Resorts (Dr Hymel), Burbank, Calif; Department of Preventive Medicine and Environmental Health (Dr Merchant), University of Iowa, Iowa City; Health Management Research Center (Dr Edington), University of Michigan, Ann Arbor; KDK Solutions, Ltd (Ms Konicki), Chicago, Ill; and Paul Larson Communications (Mr Larson), Evanston, Ill.

A call to action: highlights from the first Invitational Summit on *Advancing Workplace Health Protection and Promotion in the Context of an Aging Workforce*, hosted by American College of Occupational and Environmental Medicine and National Institute for Occupational Safety and Health.

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Address correspondence to: Ronald R. Loeppke, MD, MPH, US Preventive Medicine, 5166 Remington Dr, Brentwood, TN 37027 (Rloeppke.md@uspm.com).

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1. Why should employers care about aging in the workplace and how can we begin to establish best practices to maximize the health and productivity of aging workers?
2. How can organizational structures—ranging from health benefit plans and disease management programs to initiatives such as Accountable Care Organizations (ACOs) and the Patient Centered Medical Home (PCMH)—be better aligned, utilized, and measured to improve our approach to aging in the workplace and address the special needs of older workers?
3. What are the barriers to integrating health protection and promotion programs to benefit the aging workforce, and what tools, programs, and resources exist now that could help overcome these barriers?

To answer these questions, Summit participants were organized into three workgroups, each of which focused on answering one of the specific questions. After the workgroup discussions, the full Summit group reconvened and developed consensus statements and action steps on the basis of the workgroup reports. Participants at the Summit focused their discussions on the potential impact of applying the integrated workplace health protection and promotion model, advocated by Hymel et al⁷ and the NIOSH Total Worker HealthTM⁸ program, specifically to issues related to aging workers. This model is based on the concept that integration of occupational safety and health protection activities with those aimed at health promotion is a more effective approach to worker health and well-being. Simultaneously, Summit participants considered how to extend their deliberations beyond the aging workforce to encompass healthy aging across the entire multigenerational workforce.

The purpose of this article was to provide a broad overview of issues related to the aging workforce as background for the consensus statements and action steps developed by the Summit participants. The article was intended to stimulate and encourage a national dialogue on the aging workforce and actions that both protect and promote the health, safety, and well-being of workers as they age.

BACKGROUND: THE IMPACT OF AGING ON OUR WORKFORCE

The health, safety, and well-being of workers are influenced by the aging process, which creates both advantages and disadvantages for older workers and their employers. For example, employers report that older workers often possess a stronger work ethic than their younger colleagues. Advancing age may also be associated with greater levels of experience, autonomy, and efficiency, which often bring more control over the nature of work and the conditions under which it is performed. Generally, older workers report lower levels of work-related stress and less conflict with their coworkers. They may also experience more flexibility in balancing work and non-work demands than younger workers, because they are more likely to be self-employed, work part-time, work in small enterprises, or function as independent contractors.⁹ In addition, older workers may have less interest in career advancement as they come closer to retirement; many are “empty nesters” with minimal responsibilities of raising children. Interestingly, older workers tend to experience lower rates of work-related injuries and illnesses than younger workers. This advantage is likely the result of greater adaptability with age, the compensating benefits of experience and knowledge, and employment in generally less hazardous settings.

Nevertheless, older workers may also face a number of job-associated challenges, including diminished physical capacity, slowing cognition and decreased working memory, more difficulty with hearing and vision, and higher rates of musculoskeletal conditions. It is important to note that most occupations (with certain exceptions, like public safety or heavy construction) do not require individuals to perform at full physical capacity. Therefore, many demonstrable limitations will not affect the necessary level of work performance or

function to any significant degree.¹⁰ Despite this, older workers tend to fare more poorly with certain organizational demands of work, such as long hours and shiftwork. In addition, they may find greater difficulty with reemployment after an involuntary job loss.¹¹

Although older workers may have a lower overall rate of job-related injuries, their rate for fatal injuries on the job is much higher. They also experience relatively greater levels of higher injury severity.¹⁰ Figure 1 illustrates these findings by age categories for both fatal and nonfatal work-associated injuries and illnesses. Note that workers aged 65 years and older have approximately four times the rate of fatal events than workers aged 18 to 19 or 20 24 years.¹¹

Older workers also have slower recovery after a nonfatal job-related injury or illness and, therefore, have greater delays in return to work.^{12,13} The interaction of age, injury, and recovery after work-associated injury is complex and may be highly job-specific and worker-dependent. Older workers (55 years of age and older) accounted for 12.1% of all workplace injuries or illnesses resulting in time away from work in 2003.¹⁴ Although the mean length of time away from work for occupational injury or illness was 8 days for all workers, it was 11 days for workers aged 55 to 64 years and 18 days for workers aged 65 years and older.¹⁵ Nearly 40% of those aged 65 years and older were away from work 31 days or more because of occupational injury or illness, compared with 33% for workers aged 55 to 64 years and 26% for workers overall.¹⁴

The number of health-related risk factors for chronic diseases increases with age and this has significant implications for work, disability, and health care costs. Older workers have higher overall rates of chronic-disease risks, greater medical care costs, and a higher likelihood of disability than younger workers.¹¹ But it is important to note that it is the number of health risks and evidence of chronic diseases—not advancing age itself—that is more highly associated with increased health care costs.¹⁶ A 2001 article by Edington¹² indicated that workers aged 19 to 34 years at high risk (5 or more risk factors) had higher medical expenses than workers aged 65 to

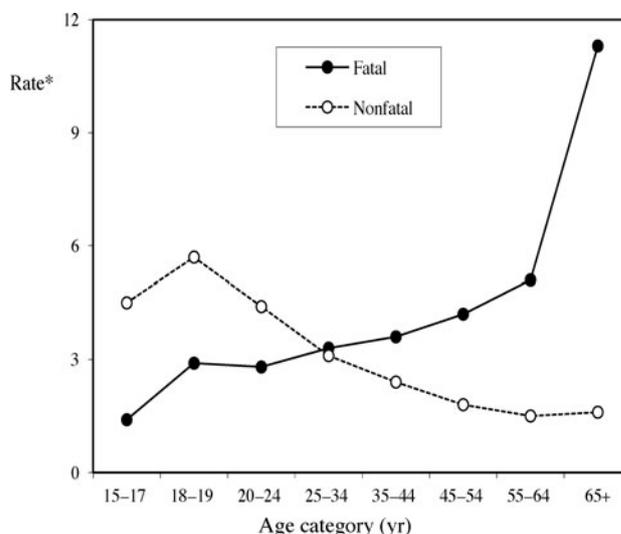


FIGURE 1. Rate of fatal and nonfatal occupational injuries and illnesses as a function of age. *Fatal injuries: rate per 100,000 full-time equivalent workers; Nonfatal injuries: rate per 1000 full-time equivalent workers. Fatal data: National Electronic Injury Surveillance System (NEISS-Work), United States, 2004. Nonfatal data: Bureau of Labor Statistics Census of Fatal Occupational Injuries, United States, 2005. Reprinted with permission from Grosch and Pransky.¹¹

74 years at low risk (0 to 2 risk factors). Another study in 2001 found that annual medical claims costs for people with five or more health risks were double the costs of individuals with two or fewer health risks.¹²

Nonetheless, older workers do have higher levels of overt chronic diseases. Almost four in five adults older than 50 years in the United States have at least one chronic health condition requiring regular management.^{4,17} It is estimated that 20% of Medicare beneficiaries have five or more chronic health conditions.⁴ This trend led Tinetti et al¹⁸ to report that the most common chronic medical condition in adults today is “multimorbidity.” Seventy-five percent of all health care spending in the United States is for the 133 million Americans with at least one chronic condition.¹⁹ For every \$3 spent by Medicare, \$1 is for the management of diabetes.²⁰ Older age groups facing chronic conditions often require more care, and their chronic conditions are more likely to be disabling and more difficult and costly to treat than those that are commonly seen in younger age groups.²¹ Workers aged 55 years and older report their most prevalent types of chronic health conditions to be arthritis (47%) and hypertension (44%).²² Heart conditions, diabetes, psychiatric or emotional problems, and cancer are reported by 10% or more workers aged 55 years and older.²²

Higher rates of chronic diseases and associated disability directly affect the ability of American workers to remain on the job and may diminish economic security. Both workers and employers will be impacted by these trends because they face the shared burden of medical care costs and other losses associated with absenteeism and short- and long-term disability.²³ One study reports that five common chronic conditions—hypertension, mood disorders, diabetes, heart disease, and asthma—account for \$36 billion in lost wages to workers each year.²⁴

Job characteristics and personal health may substantially affect work opportunities for older workers, but these issues do not act in isolation. A number of federal and state laws, policies, and protections influence work as we age. Age-related antidiscrimination laws, occupational safety and health regulations, reasonable accommodations mandates, entitlement eligibility (such as Social Security and Medicare), workers’ compensation, and other social support systems all influence both the necessity and opportunity for work and may strongly influence the decision of when older Americans exit the workforce.¹⁰

It may be most important to acknowledge that older workers are diverse and should not be viewed as a homogeneous population. Desire to continue working, ability to work, health risks and conditions, and many other factors vary greatly. In addition, disparities related to socioeconomic status, race or ethnicity, occupation, and gender that are faced by workers alter opportunities for health on and off the job.¹⁰

By better coordinating distinct environmental, health, and safety policies and programs in the workplace into a continuum of activities, employers could substantially enhance the overall health and well-being of the workforce, while better preventing work-related injuries and illnesses. Recent analysis by workplace health experts suggests that employers who place workplace health promotion (wellness programs) and workplace health protection (safety programs) in separate organizational structures are missing opportunities to increase the overall positive impact of these programs. A 2011 article by Hymel et al,⁷ for example, demonstrated the disadvantages of poorly integrated health protection and promotion programs, while proposing conceptual models for change that employers could adopt.

In summary, aging confers both benefits and risks to the health and well-being of workers. Given the complexity of the aging process, an individualized approach to addressing the needs of workers in the context of their own unique skills, abilities, limitations, and risks is necessary. At the same time, the risks associated with aging (eg, higher rate of fatal injuries, slower recovery after illness

or injury) suggest that a primary prevention perspective is particularly important and that a more holistic approach to improving worker health—focusing on both health protection and promotion—is needed as the workforce continues to age.

THE ACOEM and NIOSH SUMMIT

In choosing Summit participants, ACOEM and NIOSH considered a diverse pool of leaders in business, safety, and health—including corporations, labor, academia, medicine, government, health insurers, business coalitions, industry, and health benefits groups. The goal was to include individuals with combined expertise in aging, generally, and in the health and productivity of aging workers. Organizers also sought participation from “aging-friendly” employers and key stakeholders in health and productivity management. A total of 15 individuals were identified and participated in the Summit and were included as authors of this article.

An opening general session provided Summit participants current research findings and information on the aging workforce and concerns regarding the safety and productivity of older workers. To address the ACOEM and NIOSH Summit’s goals, participants were then organized into small workgroups with each assigned to consider a specific question. Workgroups were composed of four to five members each, and discussions were held in an interactive workshop format to explore in more depth particular aspects of the health and safety of the aging workforce. Each workgroup met for approximately 4 hours over 2 days to discuss and develop consensus statements and recommendations on targeted topics. After the workgroup discussions, the entire Summit group gathered to review and discuss each workgroup’s recommendations until consensus was reached among all participants. The questions and discussion summaries are presented below.

Question 1: Why should employers care about aging in the workplace, and how can we begin to establish best practices to maximize the health and productivity of aging workers?

Why Employers Should Care About Aging Workers

Employers should care about aging in the workplace because it is vital to the viability of their corporate interests. By maximizing the health, safety, and well-being of workers as they age, employers make a strategic decision to invest in future business success and maintain productivity as the mean age of the workforce increases. Employers can no longer rely on a steady influx of younger workers or set retirement dates for older workers. A 2005 study estimated that by 2010, workers in the 35- to 44-year age range would decrease by 19%, while workers aged 55 to 64 years will increase by 52%.²⁵ Older workers can provide significant cost savings, compared to the cost of recruitment and training of younger workers, at a period of time when global competition will be high.²⁵

A new “continuum-based” approach to aging in the workplace could have a major impact on health care costs in the long run—for both employers and programs such as Medicare and Medicaid—because costs per employee will generally rise in the absence of prevention-based health protection and promotion programs.¹⁶ Multiple studies confirm that both direct (medical and pharmacy costs) and indirect costs (absenteeism and presenteeism) for employers can be lowered with effective implementation of such programs.^{26–29} Strategies aimed at bolstering health at a younger age will ensure that workers reaching the eligibility age for Medicare will have less cost impact on the system. One study showed that Medicare beneficiaries who participated in various workplace health programs in addition to completing a Health Risk Assessment (HRA) had lower health care cost trends than those who did not participate in any health program or completed a HRA only.³⁰ Another study demonstrated that by preventing 10% of the upward risk transitions that would normally occur once an individual became Medicare eligible,

costs would be reduced by \$4361 (the average lifetime costs per beneficiary in 2008 dollars).³¹ Investing in the workforce beginning at a young age will save money in the long term through reduction of chronic health conditions.

How to Establish Best Practices

We can begin to establish best practices to maximize the health and productivity of aging workers by placing a greater emphasis on incorporating health care strategies across homes, communities, and the workplace to create a 24/7 “culture of health,” similar to the culture of safety that many companies already embody and promote to their workers. This is particularly important for aging workers, who increasingly will be managing multiple chronic diseases. Maximizing worker health will improve overall quality of life on and off the job.

Nevertheless, a one-size-fits-all approach to healthy aging in the workplace will not work. Employers will be challenged to customize and tailor programs on the basis of the needs of their workforce, which will include workers of all ages. Thus, successful workplaces of the future will focus on being “age-friendly,” helping individuals adapt, learn, and grow together, across demographic divides. The focus will be on keeping employees healthy by beginning interventional efforts early in their careers aimed at helping them manage their health risks to stay productive over time. One of the most important organizational principles for employers in this new environment will be flexibility and adaptation. At the same time, by better coordinating distinct environmental, health, and safety policies and programs in the workplace into a continuum of activities, it is theorized that employers could substantially enhance the overall health and well-being of the workforce while better preventing work-related injuries and illnesses. In short, a healthier workforce could be a safer workforce; a safer workforce could be a healthier workforce.⁷

Tools to assist employers in building “culture of health” and “age-friendly” workplaces are available. For example, the Center for Work, Health, and Well-being at the Harvard School of Public Health published the *SafeWell Practice Guidelines: An Integrated approach to Worker Health*.³² These guidelines include practical tools as well as links to other resources to aid employers in implementing and evaluating worksite health protection and promotion programs. Another tool available now is the NIOSH document titled, “Essential elements of effective workplace programs and policies for improving worker health and wellbeing.”³³ This publication identifies 20 essential elements for integrating health protection and promotion programs to benefit all workers. A more recently published tool to assist employers with promoting employee well-being is the CDC Worksite Health ScoreCard.³⁴ The newly released Health ScoreCard is a tool designed to help employers assess the extent to which they have implemented evidence-based health promotion interventions in their worksites at the organizational level. Another on-line tool developed by ACOEM, the *HPM Toolkit*, provides an understanding of the concepts of health and productivity management and access to practical tools for implementing workplace wellness programs.³⁵

Consensus Statements and Action Steps

Employers, occupational health professionals, health promotion professionals, and others have a shared interest in raising awareness and understanding of the opportunities and challenges specific to the aging workforce. The following consensus statements and action steps will move us toward our shared goal of establishing best practices and policies for aging workers.

- *Integrate health protection with health promotion to create a “culture of health” throughout the workplace.* A “culture of health” maximizes the social, intellectual, and emotional dimensions of good health, as well as the physical dimension. As a part of this ef-

fort, greater emphasis must be placed on preventive care throughout the health care system.

- *Create and implement “age-friendly” programs and policies.* Age-friendly programs and policies include those that:
 - Prioritize workplace flexibility, and give additional control over work schedules, work conditions, and work location, which benefit workers of all ages
 - Use adaptive technology and design work tasks to meet older workers’ physical needs
 - Manage noise hazards, slip and trip hazards, physical hazards, and conditions that are more challenging to older workers
 - Provide ergo-friendly work environments, such as workstations, tools, floor surfaces, adjustable seating, better illumination where needed, screens and surfaces with less glare
 - Provide health promotion and lifestyle interventions
 - Accommodate medical self-care in the workplace and time away for health visits
 - Invest in training and skills-building at all age levels
 - Proactively manage reasonable accommodations and the return-to-work process after illness or injury absence
 - Require aging workforce management skills training for supervisors that addresses the specific needs of older workers in addition to the needs of all generations of workers
- *Broaden the dialogue about workforce aging through stronger collaboration in the workplace.* Developing and sharing best practices for aging workers can be accelerated if it includes a spirit of collaboration between employers and workers. This requires honestly discussing issues related to aging and engaging employees, employers, and key stakeholder groups, such as labor representatives, occupational safety and health professionals, health promotion professionals, community health care providers, academics, advocacy organizations (such as the American Association of Retired Persons), and governmental agencies in discussions of policies and strategies, and then broadly disseminating these policies and strategies so others can benefit from them.
- *Raise awareness of the workforce aging issues among employers and policymakers.* A greater understanding and awareness of aging and its impact on the workforce is needed, especially among employers. Although more research is always needed, a wider dissemination of published studies demonstrating the importance of integrating health protection and promotion programs would help focus national efforts on addressing age-related challenges and opportunities.

Question 2: How can organizational structures—ranging from health benefit plans and disease management programs to initiatives such as ACOs and the PCMH—be better aligned, utilized, and measured to improve our approach to aging in the workplace and address the special needs of older workers?

New approaches to the organizational structures of our workplaces can help maximize opportunities for older workers. Traditional concepts of career development, progression, and retirement are outdated. Individuals are more likely to have multiple “careers” throughout their work lives. Because companies have downsized and “right-sized” to meet the challenges of the new economy, increasing numbers of contingent workers are used in the workplace. These individuals may have numerous employers, which in total, make up their annual income, and as a consequence, in many cases, may not have access to health benefits. Twenty percent of waged and salaried employees now work a shift that comprises a time other than regular daytime hours and many are working extended hours or in more than one job.³⁶ In this environment, existing organizational tools such as benefit program design will provide opportunities to meet the workers’ needs during each career stage as physical capacity changes. Employers in industrial sectors where workers “age out”

of their jobs—various construction jobs, for example—will be especially well-served by designing new programs and benefits to extend aging workers' health and productivity. Changes in workplace culture to reflect and embrace the advantages of older workers—such as enhanced institutional memory—provide additional opportunities to improve our approach to the aging workforce.

Regarding health and well-being, organizational structures that shift the focus from treatment to prevention of disease will provide opportunities and incentives for participation in health protection and promotion programs. Although important for all workers, older workers will especially benefit because many are faced with management of chronic diseases and changing levels of workability. Incentivizing age- and gender-appropriate disease prevention behaviors and moving toward an integrated culture of health will be key to success in extending healthy and productive careers for older workers.

In keeping with the growing shift away from transactional health care toward value-based and outcomes-based care, new and more effective ways of measuring the impact of workplace programs on population and individual health are needed. Examples of this trend are ACOs and the PCMH. In aligning with the principles of ACOs and the PCMH, workplace health and wellness programs will become more value-based, developing measures for assessing health risk, outcomes, and the cost performance of health plans. Employers may also need to be more willing to collaborate with others within the health system, integrate interventions in their programs that arise outside the workplace, and rigorously evaluate effectiveness and other outcomes.

Consensus Statements and Action Steps

Opportunities are available to better align and utilize private and public sector organizational structures and incentives to create workplace environments that address the needs of older workers. The following consensus statements and action steps will move us toward that goal.

- *Increase the use of incentives to impact change in the workplace.* Benefit programs provided by employers will be more effective when designed with various innovative incentives tailored to the needs of workers in each of the stages of life. For example, flexible work that helps balance work and life demands is especially important for older workers.
- *Integrate workforce health as a standard business measure.* The development of an overall index that measures workforce health, safety, and well-being as part of the Financial Accounting Standards Board would advance the integration of this metric into common practice. Such an index would allow companies to better assess the tangible value of health programs that impact aging workers and assist in the identification of companies that promote a healthy and safe workforce.
- *Create new models that facilitate age-related job transitioning.* Special incentives are needed to encourage employers in physically demanding industrial sectors, in which workers “age out” of their jobs, to extend opportunities for meaningful employment. Development of these incentives will benefit from input by labor unions, the public and private sectors, and other interested stakeholders. Programs that provide early-career anticipatory guidance for later career transition are an example of such incentives.

Question 3: What are the barriers to integrating health protection and promotion programs to benefit the aging workforce, and what tools, programs, and resources exist now that could help overcome these barriers?

Barriers to Integration

Several barriers to integrating health protection and promotion programs to benefit the aging workforce, including knowledge gaps, limited metrics, and lack of coordinated effort, were identified and discussed by Summit participants. Knowledge gaps are due to limited research in the area and insufficient dissemination and adoption of existing information. A growing body of research findings demonstrates a close relationship between effective health protection and promotion programs and worker health and productivity.^{4,7} Nevertheless, these findings are based primarily on research done at large companies, which are not widely distributed in the employer community. Although large employers are more likely to adopt integrated programs, reaching small- and mid-size employers is more challenging. In addition, efforts to translate best practices of large companies into models that can be adopted by smaller employers have been generally lacking.

Although the body of research on health and productivity in the United States is on the rise, return-on-investment studies of integrated programs and the aging workforce are needed to help establish the positive impact of health protection and promotion programs beyond medical and pharmacy costs. Implementation of these programs will be expedited once research is conducted by using better metrics. Improved analysis of factors such as disability and productivity costs, caregiver productivity loss, and long-term benefit to Medicare gained by a healthier older population will stimulate program adoption. Research needs to go beyond the return on investment and look at the value of investment, which includes looking beyond the financial indicators and assessing participation indicators, health risk indicators, clinical indicators, and utilization and productivity indicators.

Even with more complete knowledge and better metrics, development and implementation of integrated programs will require a coordinated effort between stakeholders. Program success will require a shared responsibility between employers, employees, labor representatives, occupational safety and health professionals, health promotion professionals, community health care providers, and governmental agencies. A common understanding among these partners on the health, safety, and well-being needs of older workers will facilitate a more unified effort.

Furthermore, a coordinated national campaign is needed to better leverage and coalesce the work of disparate programs and stakeholders. Existing programs that could advance this effort, such as the NIOSH Total Worker HealthTM⁸ program, provide an opportunity for extended partnership with all stakeholders concerned about the aging workforce.

Tools, Programs, and Resources to Overcome Barriers

The HRA is a potential tool to overcome barriers related to integrated programs for an aging workforce. Although the HRA model has been widely and successfully implemented for worker populations in general, modifications are needed to make HRA modules specific for older workers. A recent guidance document developed recommendations on what a standardized HRA should include for the Medicare population.³⁷ Standardized approaches for record-keeping and better linkages between workplace-based HRAs, primary care physicians, and community health care services are all needed to better address the needs and challenges of older workers. Within the workplace, integrated data warehouses—encompassing not only medical and pharmacy data but also lost time, workers' compensation, and business data as well as productivity metrics and human resources or payroll information—are critical for the true assessment of the impact of health on the workplace.

Existing innovative programs provide instructive guidance on how to advance a culture of health protection and promotion in

the workforce. Such programs include those at the Veterans Health Administration and studies and research conducted by the National Business Group on Health and ACOEM. In addition, a pilot program has been launched by the Centers for Disease Control and Prevention (National Healthy Worksites Program).³⁸

Additional resources to overcome barriers include nontraditional partners from both the private and public sectors. These partners include business-oriented organizations such as the US Chamber of Commerce, America's Health Insurance Plans, and the National Federation of Independent Businesses and labor coalitions. Private sector thought leaders may also provide valuable resources.

Consensus Statements and Action Steps

To help break through the barriers to integrating health protection and promotion programs to benefit the aging workforce, the following consensus statements and action steps take advantage of existing tools.

- *Develop new research design models for better collection of worker health data.* New standardized research design models will assist with data collection and analysis for older workers, including age-adjusted HRAs. As a part of the data collection effort, electronic health records will be critical to create a better linkage between employers, health care providers, and the payers as the worker population ages.
- *Conduct new research studies on the investment value of health protection and promotion.* A stronger evidence base is needed to support the positive long-term impacts of integrated health protection and promotion programs for employers, demonstrating the value of investing in such activities.
- *Create a new culture of "shared accountability."* An effective national effort to change our approach to aging in the workplace will require active input from all stakeholders. This culture of shared accountability will rely on integrating and coordinating efforts between primary care providers, occupational and environmental health professionals, employers, labor organizations, health insurers, ACOs, and others, including workers.

CALL-TO-ACTION STATEMENTS ON THE AGING WORKFORCE

Summit participants agreed that a change in our national approach to aging in the workplace can be accelerated with a shared vision and common language. The summit participants adopted the statements in Table 1 as calls to action for advancing workplace health protection and promotion for an aging workforce.

CONCLUSION

The Invitational Summit on *Advancing Workplace Health Protection and Promotion in the Context of an Aging Workforce* represents the first in what ACOEM and NIOSH hope will be continued collaborative efforts to build awareness of aging in the workforce. Assembling experts to begin to define the specific role for occupational health professionals in addressing the challenges and opportunities related to workplace aging is an important first step.

Who will ultimately benefit from this effort?

- *Workers* will benefit because the interests of workers and their families are always best served when they are healthy, able, and productive at work and at home. Good health is a gateway to improved performance and greater satisfaction on the job, and an especially important component for those who wish to extend their working years beyond what has been the traditional norm.
- *Employers and their stakeholders* will benefit because the interests of employers are best served in the context of a maximally engaged and productive workforce, which in significant measure derives from physical and psychosocial health, feelings of contri-

TABLE 1. Summit Participant Call-to-Action Statements on an Aging Workforce

- We should not fear the term "aging workforce." Aging workers are a valuable resource that can be engaged for the nation's benefit—if we go about it in the right way. A new national consciousness and approach by employers to aging workers could actually *strengthen* our workforce and may, in fact, be essential for continued economic growth.
- Much needs to be done to make this vision a reality. Currently, our workplaces—and our national perspectives on "work"—are not geared to respond and adapt to the impact of an aging workforce.
- We must stress prevention in all phases of workplace health. We must intervene earlier to prevent illness and injury, rather than managing illness and injury when it occurs, keep the healthy well and assist those with acute and chronic conditions to manage and/or reduce future health problems.
- We must integrate workplace health with the other two key sites in which individuals' health are impacted: the community and the home. Employers must link more closely with primary care and public health efforts to ensure we create a true 24/7 "culture of health" that extends from home to work to community. The workplace should be closely linked with trends such as Accountable Care Organizations and the Patient Centered Medical Home, as a part of this effort.
- We need to understand our aging workforce much better than we do now. There are many myths and misperceptions.
- We need to shift our paradigm from an overemphasis on the words "aging" and "illness." This is really all about creating a new multigenerational perspective on worker health, safety, well-being, and productivity.
- The key is creating a workplace in which worker health and satisfaction is maximized as people age, period. It's not about simply paying attention when people turn 55.
- We should be thinking of "worker health" from the first day a young person enters the workforce—and anticipating how we can maximize that person's health over the rest of his or her career.
- We should be thinking of new ways to talk about aging in the workplace—ways in which no one is stigmatized, and in which we can discuss age and the prevention and management of chronic disease openly and productively.

bution, and overall quality of life. The health of any organization is inseparably linked to the health of its employees.

- *The nation* will benefit because there is an inextricable link between workforce health, productivity, and our national prosperity. America's future economic growth is dependent on the creativity, innovation, and productivity of the workforce. A vital workforce is necessary for the United States to remain competitive in the global economy.

Continued collaborative efforts to advance our understanding of protecting and promoting the health of the aging workforce will benefit from a collective focus and further discussion and research in two key areas:

- The relationship between health promotion and wellness programs and work-related illness and injury rates among older workers
- The benefits, impacts, and value of integrated health protection and promotion programs

To achieve this collective focus, we must engage not only employers but also employees and many other stakeholders—ranging from primary care providers to health insurers—to create a shared responsibility for results.

It is the intention of the authors and Summit participants that this article serve as a call to action for a new national effort aimed at maximizing the contributions of our aging workforce to national

economic prosperity while simultaneously enhancing quality of life for working adults. This effort will undoubtedly be challenging. Fortunately, occupational health and safety professionals have years of collective knowledge and wisdom to move the conversation forward.

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