VITALITY ATLAS

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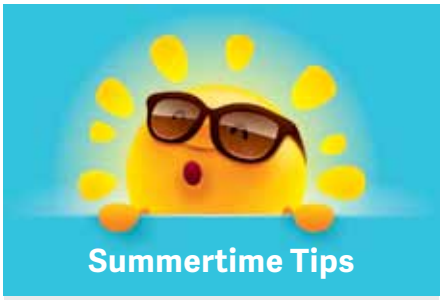
YOUR SOURCE FOR WORKING HEALTH SOLUTIONS



Summertime Tips

- Drink a lot of water to stay hydrated and help prevent illness
- Stay indoors during direct sunshine hours, 10 a.m. – 4 p.m.
- Wear sunscreen and sunglasses that block both UVA and UVB rays
- Sunscreens have a shelf life of three years; check the expiration date to see if it is still effective

To learn more, refer to WorkCare's Heat-related Illness: Response and Prevention Fact Sheet.

WorkCare™ MAKING HEALTH COUNT

Analysis of Injury Causes, Costs Gives Traction to Workplace Interventions

By Karen O'Hara

It's not a chicken-or-egg situation: To demonstrate the value of occupational health and safety interventions, an understanding of industry-specific injury causes and related costs comes first.

One of the challenges for employers is that injury causes are as varied as the industries in which they occur. The real and perceived value of a work day is not the same on a farm as it is in a school, restaurant, lab, call center, warehouse or power plant.

The differences make life interesting. They also make it difficult to perform benchmarking and draw meaningful inferences from comparative data. Table 1 provides an illustration (page 2).

Medical care, productivity loss, wage replacement and disability days are among costs that immediately come to mind. Companies that get a reputation for being unsafe may experience other costly consequences such as damage to brand and image, poor employee morale and inability to recruit well-qualified candidates.

Awareness of causation makes it easier to prevent incidents and respond immediately to work-related injuries or complaints of pain—before they become recordable injuries and workers' compensation claims.

First Aid

The Occupational Safety and Health Administration (OSHA) considers a workplace first-aid program to be part of a comprehensive safety and health management system: "Obtaining and evaluating information about the injuries, illnesses and fatalities at a worksite are essential first steps in planning a first-aid program," the agency says in a program guide in which it refers to sources such as the OSHA 300 log, related forms and records, and insurance data to track trends.

The comprehensive plan includes four elements:

Table 1: Recordable Injury Comparisons

2014*	Construction	Health Care/Social Assistance	Manufacturing	All Industries
Total recordable cases	3.6	4.5	4.0	3.4
Cases with days away from work	1.3	1.2	1.0	1.1
Cases with days of job transfer or restriction	0.6	0.9	1.2	0.7

*Data per 100 FTE workers for all except fatalities. Source: U.S. Bureau Labor Statistics, 2014 data extracted June 29, 2016

- Management leadership and employee involvement
- Worksite analysis
- Hazard prevention and control
- Safety and health training

Medical treatment and first aid are respectively defined in 29 CFR, Part 1904.7(b)(5)(i) and (ii), *Recording and Reporting Occupational Injuries and Illness*.

When occupational health professionals provide appropriate care guidance on first aid and other alternatives at injury onset, employees tend to respond favorably because they receive the reassurance they need to make an informed decision about their own care and work safely during their recovery.

For employers, the provision of first-aid level care reduces administrative burdens and overall costs, including premium rates that are tied to severity and filing frequency. First-aid cases require less paperwork and tracking than cases that become recordable incidents and workers' compensation claims. When a clinic visit is required, nurse case management can be used to help the injured employee navigate the system and get treatment in a timely manner.

WorkCare has found that employers experience significant savings when they have onsite providers and/or use telephonic nurse and physician triage to immediately evaluate an employee's condition and make recommendations based on best clinical practices.

For example, one client calculated potential savings of $1.2 million based on 738 WorkCare contacts in which first aid was available as an option. The calculation applied a "burden rate" of $200 for every two hours of time away from work. The savings estimate does not include potential additional treatment costs such as physical therapy, prescription medication and referrals to specialists.

Injury Trends

Of the nearly 3 million non-fatal occupational injuries and illnesses that occurred in 2014, the U.S. Bureau of Labor Statistics' most recent reporting year, 95 percent were injuries. Among all injuries, nearly 2.1 million (75 percent) occurred in service-providing industries, which employed 82 percent of the private industry workforce. The remainder occurred in goods-producing industries.

Among all private industry sectors, the rate of reported injuries and illnesses declined in just three sectors compared to 2013: retail trade, health care and social assistance, and accommodation and food services.

More than half of injury and illness cases reported in 2014 involved days away from work, job transfer or restriction (DART rate). Manufacturing continued a 17-year trend as the only private industry sector in which the rate of job transfers or restriction cases exceeded the rate of cases involving days away from work.

The rate of cases requiring days away from work to recuperate was 107 per 10,000 full-time employees. The lost-day median—a key measure of severity—was nine days. The incidence rate per 10,000 full-time workers was greater than 300 and the number of cases with days away from work was greater than 10,000 in six occupational categories: police and sheriff's patrol officers, correctional officers and jailers, firefighters, nursing assistants, construction laborers, and heavy and tractor-trailer truck drivers. The drivers had the highest number of days away.

Other data show that slips, trips and falls are responsible for the majority of general industry accidents and a leading cause of workers' compensation claims. The rate of falls on the same level in private industry increased to 16.6 in 2014, up from 15.4 in 2013. In transportation and warehousing, the rate of falls on the same level increased from 28.3 in 2013 to 30.4 in 2014.

Chart C, below, which is part of a series, illustrates DART rate variability among occupations with high case counts.

Musculoskeletal disorders (MSDs) accounted for 32 percent of all injury and illness cases in 2014 across all industries. Nursing assistants, laborers and freight, stock and material movers incurred the highest number of musculoskeletal disorder cases in 2014.

Claims Reveal Trends

The 2016 *Travelers Injury Impact Report* features findings from an analysis of more than 1.5 million claims submitted 2010-2014. Travelers, a leading insurer, found material handling was the most common cause of injury. Among all claims studied, lifting, lowering, filling, emptying or carrying an item caused 32 percent of injuries, with manufacturing and retail sectors taking the biggest hit.

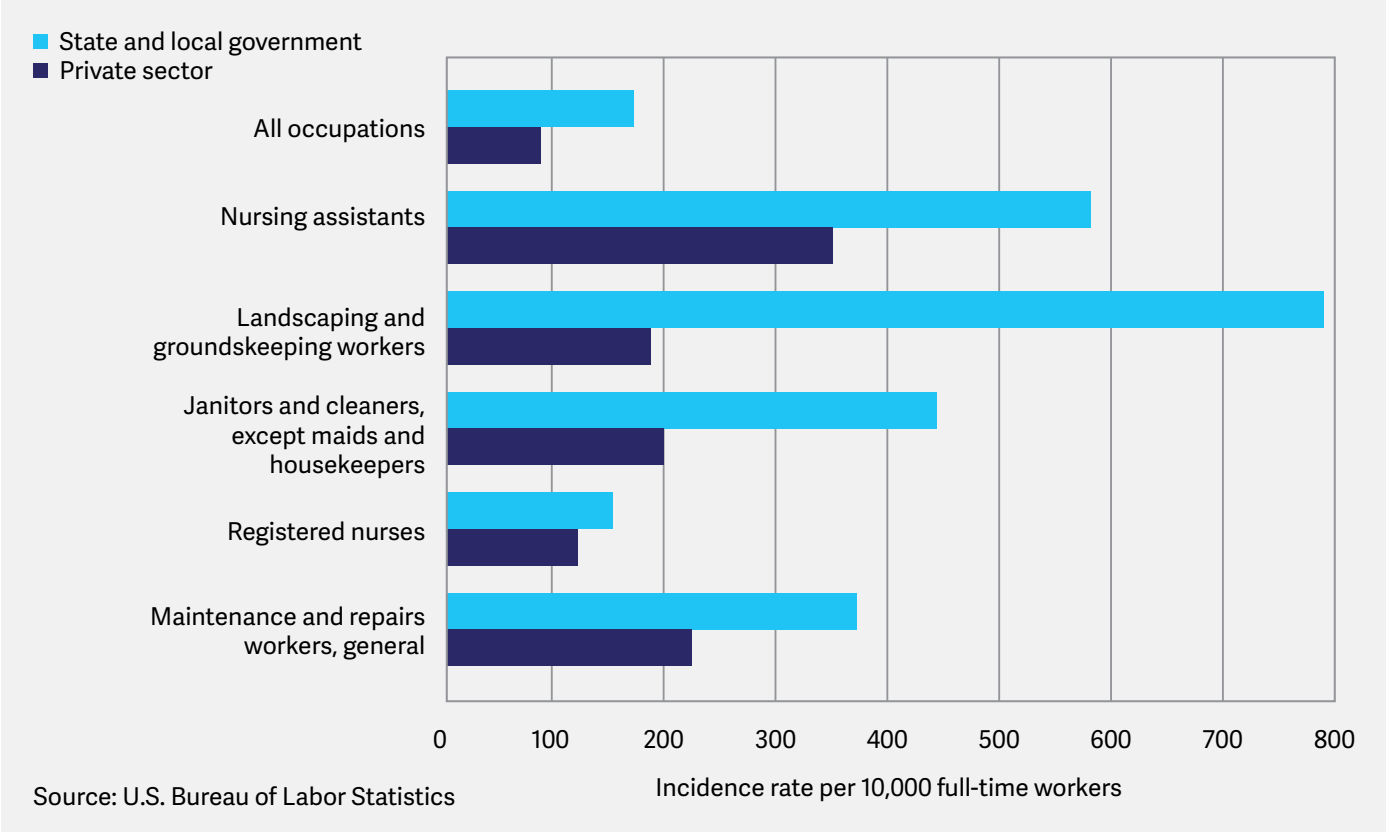
Slips, trips and falls were responsible for 16 percent of claims, followed by being struck by or colliding with an object (10 percent); accidents involving tools (7 percent overall, 13 percent in smaller companies); cumulative trauma (4 percent); and all other types (31 percent). Falls from heights were a leading cause of injury in construction and retail. Oil and gas was the only industry to have motor vehicle accidents as one of its top five causes of injury.

"Knowing what causes the most common accidents—and the costliest in terms of claim costs and time away from work—can help employers develop processes and training programs to avoid injuries and keep employees and their businesses healthy and thriving," the report states.

The Travelers analysis also revealed the following:

- **Injury Types:** The three most common injury types were strains and sprains (30 percent), cuts or puncture

Chart C. Incidence rates of injuries and illnesses with days away from work for selected occupations with high case counts by ownership, 2014



Source: U.S. Bureau of Labor Statistics

Note: These occupations had at least 1 percent of the days-away-from-work cases in the respective ownerships.

wounds (19 percent) and contusions (12 percent), followed by inflammation (e.g., tendinitis) and fractures at 5 percent each. An "all other" category accounted for 29 percent of injuries.

- **Cost:** The average cost for the most frequently occurring injuries ranged from $8,000-$42,400 per claim. The costliest injuries per claim were amputation ($102,500), dislocation ($97,100), electric shock ($55,200), crushing ($54,600) and multiple trauma ($50,000).
- **Lost Time:** Strain and sprain injuries were associated with an average of 57 days away from work. Inflammation occurred in only 5 percent of claims but resulted in an average of 91 lost work days.

Most-Disabling Injuries

The Liberty Mutual Research Institute for Safety publishes an annual *Workplace Safety Index* of the nation's top-10 most costly non-fatal disabling injuries. According to the 2016 index, claim data from 2013 show the most disabling injuries accounted for nearly $62 billion in direct U.S. workers' compensation costs.

"The index informs the national agenda on workplace safety. It also provides a key tool for individual companies to benchmark safety performance, and focus improvement efforts and resources on the most pressing areas," said Ian Noy, Ph.D., director of the Liberty Mutual Research Institute for Safety.

Liberty Mutual's findings have been notably consistent over the past 12 years, suggesting there are still lessons to be gleaned from the annual index.

Deborah Michel, Liberty Mutual

In the 2016 index, overexertion involving outside sources is the leading cause of disabling injuries, with $15.08 billion in direct costs—nearly a quarter of the overall national burden. Same-level falls with direct costs of $10.17 billion accounted for 16.4 of the total injury burden, and falls to a lower level ranked third at $5.4 billion, 8.7 percent of the burden.

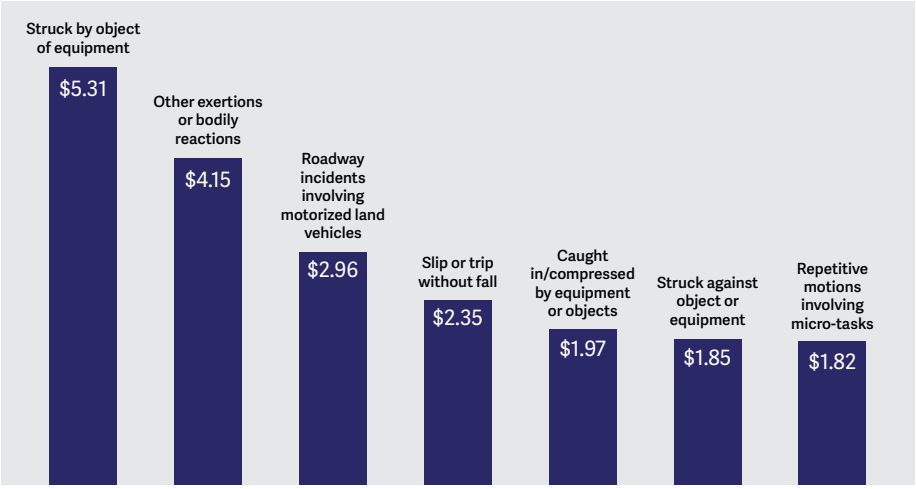
The remaining seven most-disabling injuries in billions of dollars appear in the chart below.

"We rank the top 10 causes of the most serious, non-fatal workplace injuries by their direct costs each year to help companies improve safety, which better protects both employees and the bottom-line," said Deborah Michel, general manager of Liberty Mutual's National Insurance Casualty operation. "Workplace accidents impact employees' physical, emotional and financial well-being. They also financially burden employers, who pay all of the medical costs related to a workplace injury, together with some portion of an injured employee's pay.

"Beside these direct costs, workplace injuries also produce such indirect costs for employers as hiring temporary employees, lost productivity, quality disruptions, and damage to a company's employee engagement and external reputation."

Additional Resources

1. The Occupational Safety and Health Administration's (OSHA) $afety Pays Program applies claim cost estimates provided by the National Council on Compensation Insurance and estimated indirect costs from a business roundtable group. According to OSHA, the less serious an injury, the higher the ratio of indirect to direct costs. For example, if the direct cost of an injury is under $3,000, the indirect cost ratio is 4.5, while the ratio is 1.2 if the direct cost falls within the $5,000-$10,000 range.



Source: Liberty Mutual Workplace Safety Index, 2016

The online $afety Pays Estimator uses a company's profit margin, the average costs of an injury or illness, and an indirect cost multiplier to project the amount of sales a company would need to generate to cover those costs.

2. The National Safety Council (NSC) publishes a method to estimate the cost of fatal and non-fatal injuries. Based on 2014 data, the average economic cost of a disabling work-related injury is estimated at $34,000 without employer costs and $39,000 with employer costs, not including property damage and non-disabling conditions.

   In addition, the NSC publication *Injury Facts 2016* features a procedure to benchmark against national average incidence rates. The Injury Facts Technical Appendix has a description of the NSC's cost-estimating procedures. Major revisions made to the NSC cost model take advantage of data sources not previously available but eliminate opportunities for comparisons to estimates published before 2014.

3. WorkSafe BC in Canada offers employers access to a Workplace Incident Cost Calculator that uses sample accident and injury scenarios to show "why a safe workplace is good business." The calculator features the following time (hours), rate ($/hour) and cost categories: incident, investigation, damage, replacement and productivity. To obtain an estimate of how long it will take to recover total costs, employers are instructed to enter their company's average profit margin and average sales or revenue per day. Recovery costs are determined based on gross sales required to recover incident cost and the number of working days required to recover incident cost, and a summary of how long will it take to recover the total estimated cost.

4. The *Integrated Health and Safety Index* (IH&S Index) is a replicable, scalable tool developed by occupational medicine physicians and UL's Integrated Health and Safety Institute. Based on the Dow Jones Sustainability Index, it is designed to translate the impact of occupational health and safety initiatives into business value for investors by applying Dow Jones performance categories of economic, social and environmental sustainability.

   Workers' compensation metrics used in the IH&S index include annual number of claims filed, total incurred annual costs, percentage of senior management reviews and employee turnover rate. The cost of absence and presenteeism (being at work but not fully productive) is calculated using a formula for minimum and maximum costs. For example:

   Minimum Absence =
   1.35 days x number of employees with a given condition x average daily wage

   Maximum Absence =
   10 days x number of employees with a given condition x average daily wage

The institute also recently introduced a series of reports that rank the prevalence of health conditions and workplace safety rates by state in comparison to national averages. The reports estimate the financial impact of employee absence, increased health care costs and lost productivity, and show trends in the cost of employer-provided insurance by state. The state reports show the cost to employers for providing insurance benefits to their employees as a percent of total compensation.

"The insights gleaned from these reports provide companies with knowledge to help identify and understand potential issues that, if managed through an integrated health and safety framework, could reduce injuries and illnesses in the workplace," said Todd Hohn, global director of the institute.

The state comparisons show a decrease in the cost of insurance compared to employee compensation.


Andrew Kapp, UL

"The decrease was a pleasant surprise, but it would be wishful thinking to believe this trend will continue indefinitely," said E. Andrew Kapp, Ph.D., the institute's research manager. "Furthermore, individual employers experience varies greatly depending on the employees' actual use of these benefits."

Karen O'Hara is Director of Marketing & Communications at WorkCare, Inc.

Vacation Takes a Vacation

DOES 'INDISPENSABILITY SYNDROME' PREVENT YOU FROM TAKING TIME OFF?

If you feel anxious about taking time off from work and getting off the grid while on vacation, you may be suffering from indispensability syndrome.

In a recent Los Angeles Times article, James R. Bailey, Ph.D., a professor at the George Washington University School of Business, describes indispensability syndrome as a "fallacious emotional urge rooted deep in our desire to be wanted and needed."

"Not only do many of us inflate our view of our own significance, we also worry that our talent isn't as crucial as we have presented it to our colleagues or ourselves," he said. "The effects of this behavior are bad for us and our colleagues. If we distort our own importance, then we reduce the value of others. In doing so we smother the people who work for and with us, rather than helping them stand on their own."

Heavy work demands, conscientiousness and lack of support from bosses and co-workers create situations in which employees feel they cannot spare the time to take a break: it just seems easier to stick around rather than face a pile of work after a hiatus. Meanwhile, access to information technology makes it hard to resist the temptation to check email, texts and phone messages, even in relatively remote locales.

It's a Trend

Overall, fewer take vacations are being taken. From 1976 to 2000, full-time workers in the U.S. took an average of 20.3 annual vacation days. Since 2000, the rate has declined to an average of 16 days a year while the number of vacation days accrued has increased, according to *The State of American Vacation 2016*, a June 2016 report by Project: Time Off, an initiative of the U.S. Travel Association.

Last year U.S. workers earned an average of 21.9 annual vacation days, a full day more than in 2014. More than half of workers in the U.S. (55 percent) left vacation days unused in 2015, up from 42 percent in 2013. The findings are based on a survey of 5,641 full-time workers who received paid time off.

"Americans are effectively volunteering hundreds of millions of days of free work," forfeiting $61.4 billion in benefits. In addition, if more paid time off had been taken, an estimated 1.6 million jobs would have been created to serve vacationers' needs, the study said.

Health Effects

Health effects of not taking vacation, documented in research, include fatigue, poor morale, depression and heart problems—all conditions that contribute to lower productivity.

A survey conducted by Nielsen on behalf of Diamond Resorts found:

- People who take vacations are two times more likely to feel satisfied in life.
- 71 percent of yearly vacationers report feeling satisfied or very satisfied with their jobs, compared to 46 percent who never take a vacation.
- Of those who take a vacation at least once a year, 86 percent feel they have a strong bond with their families.

While the decision to take a vacation ultimately is an individual one, a growing number of employers are taking steps to encourage time off. Examples include mandatory vacations, get-away bonuses and other incentives, and policies that support a non-punitive culture.

References:

1. Company Policy: Should You Require Employees to Take Vacations? American Express Open Forum
2. Four Ways Companies Kill Employee Vacation, Inc.
3. The State of American Vacation: How Vacation Became a Casualty of Our Work Culture, Project: Time Off
4. The Evolution of Work, ADP Research Institute
5. Wasted Vacation Takes Toll on Workers, Society for Human Resource Management

What is a Workplace Wellness Program?

Federal Agency Clarifies Workplace Wellness Program Rules

The U.S. Equal Employment Opportunity Commission (EEOC) has issued two final rules that clarify how the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA) apply to wellness programs offered by employers who request health information from employees and their spouses.

The ADA and GINA generally prohibit employers from obtaining and using information about employees' own health conditions or about the health conditions of their family members. However, both laws allow employers to ask health-related questions and conduct medical examinations, such as biometric screening, if the employer is providing health or genetic services as part of a voluntary wellness program.

ADA: The ADA-related rule clarifies that employers with wellness programs that ask questions about employees' health or include medical examinations may offer participation incentives equal to up to 30 percent of the cost of self-only health care coverage.

GINA: The GINA-related rule provides that the value of the maximum incentive attributable to a spouse's participation may not exceed 30 percent of the cost of self-only coverage. No incentives are allowed in exchange for genetic information such as family medical history or the results of genetic tests of an employee, an employee's spouse or an employee's children.

HIPAA: Under the Health Insurance Portability and Accountability Act, as amended by the Affordable Care Act, wellness programs may offer incentives of up to 30 percent of the cost of an individual's annual health premiums, and for tobacco-cessation programs, up to 50 percent of the cost of health premiums.

HIPAA requires employers to make participatory wellness programs available to all similarly situated individuals regardless of their health status. The Affordable Care Act requires wellness programs to provide a reasonable alternative or waiver for achieving a wellness incentive if an individual can't participate or achieve program goals due to a health condition or disability.

Workplace wellness refers to health promotion, disease prevention programs and other activities offered to employees as part of an employer-sponsored group health plan or separately as a benefit of employment. Many wellness programs ask employees to answer questions on a health risk assessment (HRA) and/or undergo biometric screening for certain health risk factors. Wellness programs typically provide health-related information and classes on nutrition, weight loss, stress reduction and smoking cessation; access to exercise facilities; and/or coaching to help employees reduce risk and meet health goals.

Workplace wellness programs with incentives are prevalent. Among employers surveyed:

- 78 percent offer biometric screenings
- 76 percent offer a health risk assessment program
- 72 percent use incentives to engage employees in these programs

Source: National Business Group on Health and Fidelity Investments employer survey, 2016

Additional Clarifications

1. The ADA and GINA rules clarify important privacy protections: information from wellness programs may be disclosed to employers only in aggregate terms.
2. Workplace wellness programs that ask employees about their medical conditions or require medical examinations or tests to detect conditions such as high blood pressure, high cholesterol or diabetes must be reasonably designed to promote health and prevent disease.
3. The rules do not apply to a program that simply encourages employees to engage in a specific activity, such as attending a nutrition class or walking a certain distance each week, in order to earn an incentive.
4. Employees must receive a notice describing what information will be collected as part of the wellness program, who will receive it, how it will be used and how confidentiality will be maintained.
5. Employers may not deny or limit their health coverage for non-participation; retaliate against or interfere with any employee who does not want to participate; or coerce, threaten, intimidate or harass anyone into participating.
6. Employers are required to notify employees of incentives on the first day of the health plan year, beginning on or after Jan. 1, 2017.

"The EEOC received comments on both rules from a broad array of stakeholders and considered them carefully in developing this final rule," said EEOC Chair Jenny R. Yang. "The commission worked to harmonize HIPAA's goal of allowing incentives to encourage participation in wellness programs with ADA and GINA provisions that require that participation in certain types of wellness programs is voluntary. These rules make clear that the ADA and GINA provide important safeguards to employees to protect against discrimination."

Reference: Article with links to rules published in the Federal Register: EEOC Issues Final Rules on Employer Wellness.

TRENDS IN WORKERS' COMPENSATION

NATIONAL CONVERSATION PROMOTES CHANGE

A "national conversation for positive change" was initiated in May at a Workers' Compensation Summit in Dallas, Texas. The goal of the meeting was to kick off stakeholder discussions on ways to make the workers' compensation system more efficient, affordable, and fair for employers and workers.

The 2016 Dallas Summit Final Report outlines 29 main friction points, or "imperative issues," placed into three priority groups: benefit adequacy, regulatory complexity and delays in treatment, even if compensable. Leading issues include:

- Differences between workers' compensation and group health incentives
- Systems that are persistently adversarial

- Staffing and training of the workers' compensation professions
- Permanent partial compensation
- Opt-out movement
- Injured workers' beliefs—not informed or misinformed assumptions
- Treatment protocols—benefit or a burden?

The next meeting in the series was scheduled for Aug. 21, 2016, in Orlando, FL.

NEW BILLING AND CODING RULES PROPOSED

An American College of Occupational and Environmental Medicine (ACOEM) committee has proposed alternative workers' compensation coding and billing ground rules to address "unrealized opportunities to achieve substantial savings in the treatment of injured workers, as well as better health outcomes."

As envisioned, the proposed rules could be applied by state workers' compensation systems and/or insurance carriers to certain evaluation and management (E&M) codes, which are a subset of Current Procedural Terminology (CPT® American Medical Association) codes. The recommended changes primarily involve documentation and coding of E&M encounters, case management and consultation services.

"We think that by paying for the right kind of attention early in a case and avoiding harmful or excessive care, employers and insurers will pay less medical costs in the end," said Marianne Cloeren, M.D., M.P.H., chief medical officer, Managed Care Advisors, an ACOEM member who has been instrumental in developing the proposed reforms.

States may legally redefine and/or create billing codes that differ from CPT codes and adopt a corresponding workers' compensation medical fee schedule. Many states have already done this for specific purposes, such as the preparation of specialized reports.

When evaluating work-related conditions, occupational physicians recommend a focus on work-related factors, return to function and disability risk mitigation. As proposed, treating clinicians would be paid for being attentive to a worker's functional status, projected recovery and other contributors to successful return to work and case resolution. Other types of inquiries, such as a physical examination unrelated to the work-related injury or illness or investigation into a worker's genetic predisposition for disease, would be discouraged.

STATE OF THE LINE REPORT

In its annual market analysis, the National Council on Compensation Insurance (NCCI), describes the state of the workers' compensation insurance industry as "transforming."

In 2015, the combined ratio for private carriers was 94 percent, a six-point decline compared to the 2014 combined ratio. (The combined ratio is calculated by taking the sum of incurred losses and expenses and dividing them by earned premium. A ratio below 100 percent indicates that a company is making an underwriting profit.)

Meanwhile, total market net written premium increased by nearly 3 percent to $45.5 billion, driven primarily by an increase in payroll.

"In addition to the positive financial results, we see a significant transformation under way," said NCCI President and CEO Bill Donnell. "New monitoring technology, expanded automation and innovation in how employees work are key indicators. The regulatory environment is transforming with new participants and shifting agendas. In addition, the frequency and potential severity of system challenges are creating levels of uncertainty as we move forward."

"While the 2015 results are encouraging, we hope for continued diligence of workers' compensation system stakeholders to ensure a strong and competitive system," said NCCI Chief Actuary Kathy Antonello. "For example, even though overall medical severity has lessened in recent years, prescription drug costs have continued to increase. Unchecked, this alone may contribute to an increase in future medical costs."

Clinical Conversations

OCCUPATIONAL COMPLEXITY IMPROVES COGNITIVE FUNCTION

Working in an intellectually stimulating job improves memory and other aspects of cognitive functioning, according to a study published in the June 2016 *Journal of Occupational and Environmental Medicine.*

Joseph G. Grzywacz, Ph.D., of Florida State University and colleagues analyzed data on work characteristics and cognitive function tests in nearly 2,000 U.S. workers. Each participant's job was assessed in terms of "occupational complexity," or daily intellectual challenges. Both psychosocial and physical workplace factors were evaluated.

The researchers found:

- Higher occupational complexity was related to better self-perceived memory for both women and men.
- For women only, occupational complexity was linked to higher scores on tests for episodic memory and executive functioning skills such as planning and executing tasks.
- In both sexes, those with more physically hazardous jobs had lower episodic memory and executive functioning.

The study adds to a growing body of evidence linking higher occupational complexity to improved cognitive functioning. The association reinforces the concept of "cognitive reserve"—that jobs requiring frequent problem-solving enhance brain structures and connections that protect against cognitive decline.

"Collectively these results highlight the importance of ongoing attention directed toward occupational exposures, both physical and psychosocial, in understanding cognition among adults and potentially cognitive trajectories across adulthood," the study's authors said.

Citation: Workplace exposures and cognitive function during adulthood: evidence from a survey of midlife development and the O*NET; JG Grzywacz, et al.; *J Occup Environ Med*. 2016;58(6):535-41.

MENTAL HEALTH ON NATIONAL AGENDA

In a 422-2 vote, the House passed a long-delayed mental health bill (HR 2646) that aims to improve the effectiveness of federal mental health programs and authorize grants for treatment. The measure would create a new assistant secretary/medical role in the Department of Health and Human Services (HHS) to oversee mental health and substance abuse programs.

The Senate is considering a parallel, bipartisan bill, but the timing is uncertain given the election year calendar and differences in approaches to mental health issues.

Mental illness annually costs employers billions of dollars. Literature on mental health problems in the workplace suggests that the personal toll on employees—and the financial cost to companies—could be eased if a greater proportion of workers who need treatment were able to receive it, according to a *Harvard Health* article.

Symptoms of mental health conditions such as depression, bipolar disorder, attention deficit hyperactivity disorder and anxiety tend to manifest differently at work than they do at home or in other settings. Mental health symptoms are often overlooked or under-treated.

In one study examining the financial impact of 25 chronic physical and mental health problems, researchers polled 34,622 employees at 10 companies. The researchers tabulated the amount of money the companies spent on

medical and pharmacy costs for employees, as well as employees' self-reported absenteeism and lost productivity. A World Health Organization Health and Work Performance questionnaire was used to rank the most costly health conditions: depression ranked first and anxiety ranked fifth. Obesity, arthritis, and back and neck pain fell in between.

To learn more about programs that contribute to a mentally healthy workplace, refer to the Partnership for Workplace Mental Health.

FLU VACCINE SPRAY NOT RECOMMENDED

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) has advised against using nasal spray flu vaccine (live attenuated influenza vaccine-LAIV) during the 2016-2017 flu season. The recommendation is based on data showing poor or relatively lower effectiveness of LAIV during the 2013 to 2016 flu seasons.

ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine or recombinant influenza vaccine for everyone 6 months and older, except in cases where the vaccine is contraindicated.

Preliminary data on the effectiveness of LAIV among children 2 to 17 years old during 2015-2016 season found no protective benefit could be measured. Other (non-CDC) studies support the conclusion that LAIV worked less well than inactivated influenza vaccine this season. The data from 2015-2016 follow two previous seasons showing poor and/or lower than expected vaccine effectiveness for LAIV.

How well the flu vaccine works can vary widely from season to season and can be affected by factors such as characteristics of the person being vaccinated and similarities between vaccine viruses and circulating viruses. LAIV contains live, weakened influenza viruses. Vaccines containing live viruses can cause a stronger immune response than vaccines with inactivated virus. Health officials said the reason for the recent poor performance of LAIV is undetermined.

OSHA RECORDKEEPING RULE SUBJECT OF LAWSUIT

A coalition comprised of industry associations, employers and an insurance company has filed a legal challenge against the Occupational Safety and Health Administration (OSHA) regarding enforcement of its new electronic recordkeeping rule.

The rule, which takes effect Jan. 1, 2017, requires certain employers to electronically submit injury and illness data that they are already required to record on their onsite OSHA logs. The agency said it will use the information to improve its enforcement and compliance assistance resources.

The agency will post some of the data on its website. OSHA believes public disclosure will encourage employers to improve workplace safety.

The coalition has asked the U.S. District Court for the Northern District of Texas to declare the rule unlawful on the grounds that it prohibits or otherwise limits incident-based employer safety incentive programs and/or routine mandatory post-accident drug testing programs. The coalition includes the National Association of Manufacturers, Great American Insurance Co. and several other organizations.

The rule's provisions on post-accident drug testing have been particularly controversial because federal state workers' compensation laws encourage and sometimes require such programs. "There is no reliable evidence to support OSHA's assertion that any category of safety incentive programs or post-accident drug testing programs lead to materially inaccurate reporting or under-reporing of workplace injuries and illnesses," the lawsuit states.

OSHA does not comment on current litigation.

WORKER WELL-BEING

A healthy workplace is one where individuals feel valued and supported, provides a positive workspace, and shows respect for other aspects of a person's life.

Here are 10 tips from Mental Health America, a community-based non-profit organization with more than 200 affiliates in 41 states:

1. **Productive Atmosphere.** Clean, functional and well-lit space. Good working relationship with all staff. Employees feel respected, appreciated, incentivized and rewarded. Signs of intimidation, bullying, sexual harassment and fear are absent.
2. **Livable wage.** Providing a livable wage encourages a committed and sustained workforce.
3. **Reasonable accommodation.** Employers and employees have to work collaboratively to identify reasonable accommodations (not special treatment) in the workplace for physical and mental disabilities. Examples include changing physical work space, flexible scheduling, and the use of interpreters or technologically adapted equipment.
4. **Health, Wellness, & Environment.** Provide a comprehensive health insurance plan and offer wellness programs such as smoking cessation, nutrition and weight loss, stress reduction and behavioral health counseling.
5. **Fitness.** Offer a gym membership, fitness class or even just an exercise space that encourages employees to become physically active and stay fit. If possible, incentivize employees to access such services.
6. **Open Communication.** Keep the communication process transparent. Creating an environment of open communication contributes to a more energetic and productive workforce where all employees can feel invested in the company.
7. **Employee Accountability.** It takes two to make a healthy workplace. Employees have to come with a "can-do" attitude and be willing to support each other as well as management.
8. **Management Accountability.** Allow employees to provide work-related feedback to their supervisors. It can be anonymous to avoid the possibility of negative repercussions.
9. **Work/Life Balance.** We now live in a world where technology is available to keep us connected to work around the clock. Flexible scheduling, telecommuting and day care support for children are among options.
10. **Clear and Positive Values.** Be definitive about your organization's mission, vision and values.

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