

VITALITY ATLAS

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While the Nation Tinkers with Marijuana Laws, Employers Left Holding the Bag

By Karen O'Hara

Editor's Note: The [winter edition](#) of *Vitality Atlas* featured a cover story on opioid pain medications and their impact on employees, employers and society, in general. In this issue we examine marijuana decriminalization trends and drug-free workplace policies.

As the nation drifts toward medical and recreational marijuana decriminalization, employers' minds are reeling.

"Employers operating in states where marijuana is legal are struggling to reconcile zero-tolerance drug policies with a worker's right to get high," said Peter P. Greaney, M.D., medical director and CEO of WorkCare. "They are asking, 'How do we draw the line between a drug-free workplace and approved use?'"

Medical marijuana is legal in 23 states and the District of Columbia (D.C.). In Alaska, Colorado, Oregon, Washington and D.C., private recreational use is allowed. A number of states are considering similar legislation.

Meanwhile, marijuana sales and use are illegal under federal law, and the U.S. Department of Transportation (DOT) requires employees in safety-sensitive positions who test positive for marijuana to meet certain requirements before they are allowed to return to duty. Employers who fail to comply with DOT rules face the risk of fines and loss of federal funding.

Business owners continue to have a legal right to enforce policies that prohibit drug- or alcohol-related use and impairment on the job. However, experts advise employers to:

- be familiar with new and proposed laws in states and other jurisdictions where they operate
- confer with legal counsel
- review their policies to be sure they adequately address potential liability, safety rules and health risks associated with marijuana use while also recognizing employee rights and responsibilities.



Signs of the Times

Since 1970, marijuana has been classified as a Schedule I substance, defined by the U.S. Drug Enforcement Administration (DEA) as having “no currently accepted medical use and a high potential for abuse.” Other substances sharing the Schedule I classification include heroin, LSD and ecstasy.

Physicians cannot write a prescription for medical marijuana. With a doctor’s recommendation, medical marijuana users are issued identification cards by jurisdictions that allow them to grow marijuana or obtain small quantities from dispensaries.

While states have become more receptive to allowing distribution as a taxable business enterprise, changing voter attitudes and marijuana’s classification as an illegal substance have elicited a variety of responses at the federal level. For example:

- Key provisions contained in the Compassionate Access, Research Expansion and Respect States Act introduced March 10, 2015, by Sens. Cory Booker (D-N.J.), Rand Paul (R-Ky.) and Kirsten Gillibrand (D-N.Y.) include reclassifying marijuana under the Controlled Substances Act, moving it from Schedule I to Schedule II, which would allow practitioners to sign prescriptions. (Certain products approved for medical use would be exempt from Schedule II.) The act would also facilitate



interstate transport, access to cannabis for research and related business/financial transactions.

- A provision contained in a budget measure passed by Congress in December prohibits the federal government from using resources to impede state medical marijuana laws.
- In February 2015, U.S. Surgeon General Vivek Murthy stated: “We have some preliminary data showing that for certain medical conditions and symptoms, marijuana can be helpful. I think that we have to use that data to drive policymaking.”
- The U.S. Department of Justice’s policy, while upholding the DEA’s position, also notes the federal government has traditionally relied on state and local authorities to address marijuana activity “through enforcement of their own narcotics laws.”

What’s Up with Marijuana?

The high obtained from smoking or ingesting marijuana is caused by the chemical tetrahydrocannabinol (THC). According to the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), when cannabinoids are smoked, THC is quickly absorbed in the bloodstream, triggering an immediate psychoactive response in the brain. Gastro-intestinal absorption occurs more slowly.

Marijuana stimulates appetite, causes sleepiness and enhances sensations such as smell, taste and temperature. Physiological effects include impairment of cognitive functions such as memory, judgment and attention span as well as impaired coordination and reaction times. Long-term use is linked to increased risk of chronic cough and bronchitis, anxiety and depression, and in vulnerable populations, schizophrenia.

The [Drug and Alcohol Testing Industry Association \(DATIA\)](#) reports that pot is the second

most common reason for drug treatment after alcohol; one in 10 adult users have been shown to develop dependence syndrome.

The marijuana sold in dispensaries as medicine is similar to recreational marijuana and has the same health effects, according to the [National Institute on Drug Abuse](#). THC levels in marijuana have dramatically increased since the 1960s and '70s. However, some medicinal varieties containing small amounts of THC and high concentrations of the chemical, cannabidiol (CBD) have been developed to treat certain mental health conditions and seizures.

The [Food and Drug Administration](#) has approved two marijuana-based drugs to treat nausea caused by chemotherapy and extreme weight loss caused by AIDS. A third drug, Sativex®, which contains approximately equal parts THC and CBD, is in clinical trials in the U.S. to establish its effectiveness and safety in treating cancer pain.

Detection Challenges

Marijuana is the most commonly detected illicit drug, according to an analysis of 8.5 million urine, oral fluid and hair workplace drug test results compiled by Quest Diagnostics. Its 2013 Drug Testing Index shows:

- the positivity rate for marijuana in the safety-sensitive workforce increased 5.6 percent—from 0.67% to 0.63%—between 2012 and 2013.
- the positivity rate in the general U.S. workforce increased 5 percent—from 2 percent in 2012 to 2.1 percent—in 2013.

- increased positivity rates are consistent with findings from the [National Survey on Drug Use and Health](#), which revealed a steady increase in self-reported past-month marijuana use between 2007 and 2012.

In the workplace, a positive drug screen does not necessarily mean a worker is currently impaired; a user may experience the effects of THC for only a few hours but test positive for it days later. Effects also vary with dose, route of administration, setting, experience and user vulnerability to psychoactive properties.

“It’s difficult to establish a relationship between THC blood or plasma concentration and performance-impairing effects,” said Dr. Greaney, who speaks frequently at industry conferences on substance use, impairment and fitness for duty. “And you need to understand metabolism when interpreting urine drug testing results,” for example, intermittent versus daily use.

“Positive tests generally indicate use within one to three days, longer following chronic, heavy use. In addition, passive inhalation of marijuana smoke can result in an elevation of urine THC concentration. It’s necessary to choose a cutoff if you are not in a federal program.”

The burden of proof—including evaluating claims

of unintentional exposure—often falls to Medical Review Officers (MRO), physicians who are trained to interpret drug screen results.

SAMHSA’s 2014 *MRO Manual for Federal Agency Workplace Drug Testing Programs* states:

“Immunoassay procedures detect multiple metabolites of marijuana, while the confirmatory test specifically identifies and quantitates delta-9 THCA. To be reported positive, a specimen must test positive at or above the 50 ng/mL cutoff for the initial test and have a concentration of delta-9

(Continues on Page 4)

Sample Policy Statement: Use of Medical Marijuana in Safety-Sensitive Positions

The use of any substance included in Schedule I of the Controlled Substances Act, whether for non-medical or ostensible medical purposes, is considered a violation of the [Company’s or Organization’s] Drug-Free Workplace Program.

The use of these drugs is inconsistent with the performance of safety-sensitive, health-sensitive and security-sensitive positions within the [Company or Organization].

The [Company’s or Organization’s] Medical Review Officer (MRO) must not accept a prescription or the verbal or written recommendation of a physician for a Schedule I substance as a valid medical explanation for the presence of a Schedule I drug or metabolite.

THCA that is equal to or greater than the 15 ng/mL confirmatory cutoff level. Infrequent marijuana use may cause positive initial test results for 1 to 5 days.”

“ **Employers must remain consistent and firm that drugs and safe workplaces do not mix.** ”

Upholding a Drug-Free Workplace

Generally speaking, employment law attorneys say employers may lawfully impose discipline (including termination) on an employee who tests positive for marijuana. In establishing case law, courts tend to support an employer’s right to take adverse action against a candidate or employee based on the presence of marijuana in a drug test. Courts often cite marijuana’s Schedule I classification and risk management and safety concerns as the foundation for these rulings.

Over time, employers should gain additional guidance from case law “to help them create policies that protect both their business interests and the rights of their employees,” Dr. Greaney said.

Most state statutes contain exemptions that prohibit on-the-job use and intoxication. Some allow zero-tolerance policies.

With respect to worker protections, some states prohibit

discrimination against individual medical marijuana registration cardholders. Arizona, Connecticut, Maine and Delaware provide the broadest protections for employees using medical marijuana, according to a white paper published by the law firm Littler Mendelson and HireRight, a company specializing in employment background checks. Arizona, Delaware and Minnesota are among states with statutes that expressly prohibit employers from firing an employee with a valid medical marijuana card if they test positive for THC.

The federal [Drug Free Workplace Act](#) (DFWA) requires federal contractors (those with a contract valued at \$100,000 or more) and all federal grantees to provide drug-free workplaces. Many states have similar, and in some cases more rigorous, requirements. Employers who are not subject to these laws may choose to adhere to DFWA guidelines.

The DFWA provides limited protection to registered medical

users while also permitting employers to discipline employees who use marijuana in the workplace. Attorneys say a positive drug test alone is not enough to justify discipline of a registered medical marijuana user under the DFWA and similar state laws.

As part of any drug-free workplace program, employers are strongly advised to train managers to detect signs and symptoms of impairment.

“Any ensuing litigation over whether an employer violated the act or similar laws by disciplining a medical marijuana user would hinge on the employer’s basis for making the adverse employment decision,” attorneys Jennifer Brady and Michael Rush of Potter Anderson & Cooroon write in an article published by Bloomberg Law Reports®. “Accordingly, it is crucial that the employer be able to describe the reasons why it believed the individual was under the influence. These reasons should be documented and preserved in the event of subsequent litigation.”

Now What?

For the time being, there’s no need for employers to “put the cart before the horse” and make wholesale changes to workplace substance use policies, said [Jo McGuire](#), who served on the governor’s task force that developed the legislative framework for recreational marijuana regulation in Colorado. She directs *Of Substance Media*, which provides resources intended to “counter the societal harmful effects of addictive substances as revenue options.”





During a recent webinar, *Keeping Perspective Through the Marijuana Culture Shift*, McGuire, who also serves on the DATIA Board of Directors, cited serious health effects and links between marijuana use and measurable declines in worker productivity, increases in motor vehicle accident rates, and related health care and criminal justice service costs.

Pre-placement, post-accident, random and reasonable cause testing are all permitted and should be encouraged by employers. Reasonable-cause training should be mandatory for supervisors and frequently repeated, McGuire said.

“People will choose to do the right thing when they want to get a job; that’s a place where you can make a difference,” she said.

McGuire also offered this advice to employers with respect to drug-free workplace policies:

- Do not try to enforce any type of drug or alcohol testing without a sound policy in place.
- Educate all employees on the policy.

- Consistently enforce all criteria: “I’ve seen a large push to handle issues on a case-by-case basis; that’s a huge mistake. We can get pressured and manipulated into making the wrong decision.”
- Employers are permitted to make allowances for medical marijuana but exceptions must be defined in their policy statement.
- A legal impairment standard does not exist, and a definitive way to determine impairment is “not coming any time soon.”

“Employers must remain consistent and firm that drugs and safe workplaces do not mix,” McGuire said. “Every employee has a right to feel safe. If you ask yourself, ‘Which one of my employees am I okay with coming to work impaired?’ can you think of anyone?”

References and Resources

1. [Addressing Drug Use’s Changing Social and Legal Environment in Your Workplace Policies](#); Dr. Todd Simo, HireRight, and Katie Goetzl, Littler Mendelson.
2. [Medical Review Officer Manual for Federal Agency Workplace Drug Testing Programs](#), effective May 31, 2014.
3. [Employment Protections Under Medical Marijuana Laws: The Changing Landscape](#); *Bloomberg Law Reports*®, The Bureau of National Affairs, Inc.; Jennifer Gimler Brady and Michael B. Rush, Potter Anderson & Corroon LLP.
4. [State medical marijuana laws: National Conference of State Legislatures](#).
5. [Quest Diagnostic Drug Texting Index](#).
6. [The Legalization of Marijuana in Colorado: The Impact; Rocky Mountain High Intensity Drug Trafficking Area](#), August 2014.

Lessons for Employers from Colorado

Colorado’s experience with recreational marijuana use helps illustrate why it’s important for employers to pay attention to decriminalization trends regardless of where they operate in the U.S.

Sheriffs and prosecutors from Colorado, Kansas and Nebraska filed a lawsuit March 5, 2015, claiming legal use of marijuana creates an untenable moral dilemma for Colorado officers and headaches for law enforcement officials in adjacent states. The lawsuit asks a federal court in Denver to strike down the voter-mandated constitutional amendment that legalized recreational marijuana sales and use in Colorado. The state has allowed state residents to legally possess an ounce of pot since 2012; retail stores selling marijuana products in small quantities have been in operation since 2014.

Larimer County Sheriff Justin Smith, the lead plaintiff in the case, said Colorado is forcing law enforcement officers to choose between state law and the U.S. Constitution: “(The state is) asking every peace officer to violate their oath...which constitution are we supposed to uphold?” In Kansas and Nebraska, plaintiffs say the flow of Colorado’s legal marijuana across state lines has increased drug arrests and overburdened the system.

It’s the third lawsuit to be filed in as many months. In late December, Oklahoma and Nebraska sued Colorado, suggesting legalized pot violates the U.S. Constitution’s Supremacy Clause (federal law taking precedence over state laws and constitutions). In February, an anti-crime group filed a similar complaint.

A Plea for Research to Help Prevent Chronic, Work-Related Disability

In keeping with its mission, the National Institute for Occupational Safety and Health (NIOSH) focuses its research on primary prevention strategies.

Now the agency it is being urged to step out of its comfort zone and place a higher priority on secondary prevention as part of efforts to stop work-related injuries and illnesses from devolving into chronic disabling conditions.

In a Feb. 9, 2015, letter addressed to NIOSH officials, Gary M. Franklin, M.D., M.P.H., medical director, Washington Department of Labor and Industries, and Kathryn Mueller, M.D., M.P.H., medical director, Colorado Division of Workers' Compensation and president, American College of Occupational and Environmental Medicine (ACOEM), write:

"We believe secondary prevention requires serious consideration for substantially increased research funding. Although preventing injuries is an essential activity of NIOSH, preventing worker disability should also hold a prominent position. With increasing pressure on Social Security Disability Insurance (SSDI), it is essential that U.S. worker productivity for those



Gary Franklin, M.D., M.P.H.



Kathryn Mueller, M.D., M.P.H.



Steve Wurzelbacher, Ph.D.

who have been injured on the job be maintained and disability prevented."

Primary prevention in the workplace seeks to prevent injuries and illnesses from occurring in the first place. Lockout/tagout, hearing protection, safe-lifting practices and smoking cessation are examples of primary prevention strategies.

Secondary prevention may be defined as early diagnosis and treatment of work-related injuries and illnesses to facilitate safe return to work (RTW), recovery and full function. Tertiary prevention deals with managing an existing disease or condition such as diabetes or asthma to improve quality of life.

Why It's Important

Proponents cite a number of reasons for an increased commitment to secondary prevention research:

- The majority of workers who develop persistent low back pain and other chronic disabling conditions initially experience injuries that were not considered serious at the outset.
- Studies show factors other than the injury itself

contribute to a scenario in which about 80 percent of related workers' compensation costs are attributed to only about 5 percent of injured employees in the U.S.

- Productivity loss is measured in years—not weeks or months—lived with disability. [Table 1]
- The nation's Social Security system is sagging under the weight of disability-related costs.
- Morbidity and chronic disability account for nearly half of the health burden in the United States. Related medical, legal and benefits costs, lost productivity and diminished quality of life are liabilities borne by all citizens.
- Workers' compensation cases often end up on SSDI rolls.

Research Objectives

Drs. Franklin and Mueller propose that workers' compensation claims and related data be used to identify strategies that contribute to decreased disability for injured workers and help direct "meaningful interventions for increasing secondary prevention."

They suggest that research focus on:

1. Summarizing scientific evidence that has already meaningfully contributed to secondary

prevention in workers' compensation systems, such as screening tools to flag workers at greatest risk of developing long-term disability within two-to-six weeks of first report of injury.

2. Identifying delivery models that have shown promise in secondary prevention and analyzing contributors to disability such as overuse of opioid prescription medications.
3. Investigating methods to prevent the transition from acute and sub-acute musculoskeletal pain to chronic pain.

“NIOSH, either alone or in collaboration with other institutes, could promote intervention trials to reduce disability in the workplace. These trials would engage NIOSH with employers, workers and workers' compensation insurers in a common mission,” Drs. Franklin and Mueller say in their letter addressed to NIOSH Director John Howard, M.D., and Dr. Steve Wurzelbacher, director of the [Center for Workers' Compensation Studies](#).

Table 1: Top 5 conditions accounting for the most Years Lived with Disability (YLD) in the U.S., 2010.

Condition	YLD in Millions
Low back pain	3.18
Major depressive disorder	3.05
Other musculoskeletal	2.6
Neck pain	2.13
Anxiety disorders	1.86

Source: The State of U.S. Health, 1990-2010, Burden of Diseases, Injuries and Risk Factors; *JAMA*, Vol. 310, No. 6, August 14, 2013.

The Center's Role

Launched in 2013, the center's mission is to use workers' compensation data and systems to improve workplace safety and health. As of mid-March, NIOSH had not yet crafted a response to the letter, partly because it is waiting for a summary of draft proceedings from a related colloquium held in December (attended by Drs. Franklin and Mueller), Wurzelbacher said. Asked how much funding NIOSH allocates to secondary prevention research, he explained, “It is a bit difficult to determine because primary prevention is NIOSH's main research role, and there are

many related projects, such as ergonomics, that overlap with secondary and tertiary prevention but are not necessarily coded as such.”

He said related research is more likely to be funded extramurally. However, even with limited funding, the center can engage in related initiatives.

For example, the center is collaborating with the Ohio Bureau of Workers' Compensation on a study in which retail and trade companies self-assess their safety, occupational health, wellness, ergonomic, disability and RTW programs. “We are trying to understand the integration of all of those pieces and which are making the most impact,” Wurzelbacher said.

The center is also investigating best practices for case management and RTW programs.

Reference

1. Workers' Compensation: Poor Quality Health Care and the Growing Disability Problem in the United States; Gary Franklin et al.; *Am J Ind Med*, Commentary, Wiley Periodicals, 2014.



Clinical Conversations

PROSTHETICS WITH A SENSE OF TOUCH?

Mother Nature, advances in materials science, distributed algorithms and manufacturing processes are bringing materials that think and feel closer to reality, say researchers from the University of Colorado Boulder.

Robotic materials require the integration of sensing, computation and changes in underlying properties. While materials can already be programmed to change some of their properties in response to specific stimuli, robotic materials can sense stimuli and determine how to respond on their own, explains said Nikolaus Correll, assistant professor of computer science.

For example, Correll and research assistant Michael McEvoy are studying the potential of artificial skin to feel sensations. “The human sensory system automatically filters out things like the feeling of clothing rubbing on the skin,” Correll said. “An artificial skin with possibly thousands of sensors could do the same thing and only report to a central ‘brain’ if it touches something new.”

Correll believes robotic materials will eventually be used in everyday items like shoe insoles to sense pressure and adapt to walking or running. However, the development of commercial applications remains a challenge.

“We’re able to make these things in the lab on a much larger scale, but we can’t scale them down,” he said. The opposite is true when attempting to scale up nano- and microscale manufacturing.

Citations:

1. Materials that couple sensing, actuation, computation and communication; N Correll, A McEvoy; *Science*; Vol. 347, No. 6228, March 2015.
2. Future robotics: Think self-fixing bridges; shoes that optimize for walking, running, camouflaging cars; *ScienceDaily*, March 19, 2015.

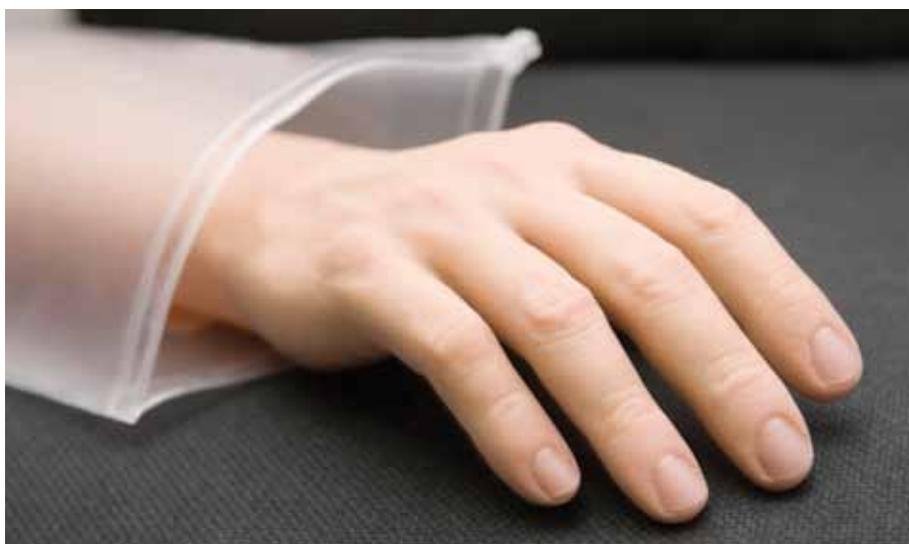
Force, not repetition, linked to carpal tunnel syndrome

Researchers examined associations between workplace biomechanical factors and incidence of dominant-hand carpal tunnel syndrome (CTS), adjusting for personal risk factors.

In a study of U.S. production and service workers in various industries, measures of forceful hand exertion were significantly associated with CTS in a dose-dependent pattern: peak hand force, forceful hand repetition rate and percent time spent in forceful hand exertion. Total repetition rate for all hand exertions, percent time in any hand exertion (regardless of force) and wrist posture measures were *not* significantly associated with an increased rate of CTS.

The findings support the conclusion that hand force is an important risk factor for CTS but not the conclusion that hand repetition is a risk factor for CTS. These findings may be incorporated into strategies to help prevent work-related CTS in production and service environments, the authors concluded.

Citation: Biomechanical risk factors for carpal tunnel syndrome: a pooled study of 2,474 workers; David Rempel, et al.; *Occup Environ Med*, 72:33-41, 2015.



Disease management program reduces health costs

Over a six-year period, health care spending was decreased for employees and dependents in the University of Minnesota's disease management (DM) program, which relies largely on disease-specific telephonic health coaching.

Researchers suggest this approach helps lower costs by reducing "management breakdowns" that lead to avoidable hospitalizations. Data show fewer hospitalizations for asthma, cardiovascular disease, depression, musculoskeletal disorders, low back pain and migraine headaches but not congestive heart failure. The program did not reduce costs for patients with diabetes, arthritis or osteoporosis, and there was no effect on work absences for any of the targeted conditions, researchers said.

The study suggests coaching can reduce costs and hospitalization rates for patients with several common and costly conditions but not others—notably diabetes—although other DM programs have been associated with reductions in diabetes costs.

"Employers should focus on those conditions that generate savings when purchasing DM programs," researchers advised.

Citation: For what illnesses is a disease management program most effective? E Jutkowitz, et al.; *J Occup Environ Med*, 57(2):117-23, February 2015.



Hearing loss risk higher in certain industry sectors

Approximately 22 million U.S. workers are exposed to hazardous noise at work. Without hearing protection and other prevention methods, long-term exposure, a single instantaneous event or exposure to ototoxic chemicals can cause occupational hearing loss.

In a newly released study, the National Institute for Occupational Safety and Health (NIOSH) analyzed hearing exam results of 1.8 million workers over a 30-year period. They found that while hearing loss has declined in most industry sectors, workers in mining, construction, health care and social assistance continue to encounter heightened exposure risks.

Audiograms performed between 1981 and 2010 show:

- Hearing loss prevalence (existing and new cases) for workers in all industries remained consistent at 20 percent and incidence (new cases) decreased over time.
- Overall, the construction sector had the highest incidence of hearing loss.
- Hearing loss incidence was

significantly lower from 2006 to 2010 in every industry sector except mining, health care and social assistance.

According to related studies:

- The mining sector has a higher percentage of noise-exposed workers than any other U.S. industry.
- The construction sector has less stringent hearing conservation requirements than other sectors and the nature of the workforce (sub-contractors, seasonal, temporary) makes it challenging to consistently implement hearing programs.
- While only 4 percent of health care and social assistance workers are believed to be exposed to hazardous sound levels, 74 percent of these workers reported not wearing hearing protection.

In addition to using ear plugs or other hearing protection devices, factors that may have contributed to improved incident rates over time include declines in cigarette smoking, which is a risk factor for hearing loss, and improved treatment of middle-ear disorders, NIOSH reported.

Citation: Trends in Worker Hearing Loss by Industry Sector, 1981–2010; E Masterson et al.; *Am J Ind Med*, April 2015.

Economic Indicators Tied to Job Satisfaction, Studies Show

GROSS DOMESTIC PRODUCT INFLUENCES PERCEPTIONS

National gross domestic product (GDP) is a better predictor of job satisfaction than individual-level measures of career progress or mental health, according to a study published in the March 2015 edition of the *Journal of Occupational and Environmental Medicine*.

Dr. Christoph Augner, University Clinics of the Paracelsus Medical University, Salzburg, Austria, analyzed factors related to job satisfaction using data from 28 European Union countries. A country's overall economic output was the single best predictor of worker job satisfaction.

While other studies have identified personal and company factors associated with job satisfaction (such as attitudes about one's supervisor and feelings of autonomy), less is known about the impact of macroeconomic factors.

"There is growing scientific evidence that macroeconomics is relevant for health-related outcomes in employees," Dr. Augner said.

Citation: Job satisfaction in the European Union: the role of macroeconomic, personal, and job-related factors; C Augner; *J Occup Environ Med*, 57(3)241-5, 2015.

Compensation top contributor to happiness

U.S. employees associate their compensation with how happy they are at work, according to a 2014 Society for Human Resource Management (SHRM) report.



In an annual survey, 600 U.S. employees were asked about the importance of 35 different contributors to job satisfaction; compensation/pay was the leading contributor (considered "very important" by 60 percent of respondents). The last time compensation/pay ranked as the top contributor to overall job satisfaction was pre-recession, 2006 and 2007.

Both job security and opportunities to use skills/abilities ranked second (59 percent each)

among factors reported as "very important" to job satisfaction, followed by:

- immediate supervisor, 54 percent (frequently connected to satisfaction/dissatisfaction in other studies)
- overall benefits package, 53 percent
- organization's financial stability, 53 percent
- the work itself, 51 percent

Feeling safe in the work environment (49 percent) ranked seventh as "very important."

Citation: [Employee Job Satisfaction and Engagement: The Road to Economic Recovery](#), a research report by the Society for Human Resource Management, 2014.

Workers not exactly over the moon about their jobs

In a survey of 5,000 U.S. households, 48 percent of respondents said they were satisfied with their jobs. Using similar indicators, job satisfaction in the 1980s and '90s routinely was 60 percent or higher, according to findings from The Conference Board, a business and research association.

Citation: [Job Satisfaction: 2014 Edition](#); Ben Cheng, Michelle Kan, Gad Levanon, Rebecca Ray; The Conference Board.

OSHA UPDATE

Chemical Exposures

The Occupational Safety and Health Administration has extended the comment period on a request for information on chemical management and permissible exposure limits to Oct. 9, 2015. The agency seeks suggestions on effective and efficient approaches to minimize chemical hazard exposure risks in the workplace. To learn more: www.osha.gov/newsrelease/trade-20150317A.html.

Eye and Face Protection

OSHA has published proposed revisions to eye and face

protection standards for general industry, construction, shipyards, longshoring and marine terminals. A Notice of Proposed Rulemaking incorporates the American National Standards Institute's eye and face protection standard, which was adopted after OSHA issued a final rule on personal protective equipment in 2009. Refer to the [Federal Register](#), Vol. 80, No. 49, March 13, 2015.

Fall Safety

The nation's second annual Construction Fall Safety Stand-Down is scheduled May 4-15 to draw attention to fall hazards and related injury and fatality rates. During the stand down, employers and workers will pause during the workday for toolbox

talks, demonstrations and training on fall protection equipment and other safety practices. Failure to provide proper fall protection is the most frequently cited OSHA violation.

Whistleblower Complaints

OSHA published a final rule clarifying procedures for handling whistleblower complaints filed under the Sarbanes-Oxley Act, which protects employees who report fraudulent activities and violations of Securities and Exchange Commission rules. The federal [Whistleblower Protection Program](#) website features information on worker rights and how to file a complaint.

New OSHA Report Cites Injury, Illness Burdens

The costs of workplace injury and illness are borne primarily by injured workers, their families and taxpayer-supported safety-net programs, according to a new Occupational Safety and Health Administration report, *Adding Inequality to Injury: The Costs of Failing to Protect Workers on the Job*.

Among findings cited in the report:

- Workers' compensation covers 21 percent of lost wages and medical costs.
- Workers, their families and private health insurers pay about 63 percent of injury/illness costs.
- Federal and state programs cover about 16 percent of injury/illness costs.

- Taxpayers pay almost 19 percent of work injury medical costs through Medicare and Medicaid.
- Less than 40 percent of eligible injured workers apply for any workers' compensation benefits.
- Injury/illness subsidies contribute to growth in Social Security disability insurance (SSDI) benefit payments.
- Shifting cases from workers' compensation to SSDI and Medicare "may reduce employer financial incentives to prevent work-related injury and illness."

"The failure of many employers to prevent millions of work injuries and illnesses each year, and the failure of the broken workers' compensation system to ensure that workers do not bear the costs

of their injuries and illnesses, are truly adding inequality to injury," the report states.

"The most effective solution to the problem posed by this paper is to prevent workplace injuries and illnesses from occurring."

Responding to the report via social media sites, employers and insurance carriers say the report's conclusions are oversimplified and that efforts to reduce workers' compensation insurance costs have positive economic benefits. Meanwhile, labor representatives and claimant attorneys say the report underscores the need to restore benefit levels so they are in line with the original intent of workers' compensation laws.

Spring Cleaning

8 Tips to De-clutter Your Work Space and Improve Productivity

1. Keep only what you are likely to use immediately within reach.
2. Create zones for routine functions.
3. Logically organize paper and computer files.
4. Delete/shred/recycle documents you no longer need.
5. If you are looking for more storage space, it's time to clean house.
6. Use dividers in your "junk drawer" and discard what is no longer viable (e.g., sticky cough drops, dead batteries, mystery keys)
7. Clean all surfaces regularly with disinfecting wipes.
8. Repair broken light fixtures and window coverings.



2015 Dietary Guidelines: Less Sugar, Red and Processed Meat



The U.S. Departments of Agriculture and Health and Human Services jointly revise dietary guidelines every five years.

As part of the revision process, the [Scientific Report of the 2015 Dietary Guidelines Advisory Committee](#) was submitted in February. The report features the latest scientific evidence on diet, nutrition and health.

It defines a healthy diet as higher in vegetables, fruits, whole grains, low- or non-fat dairy, seafood, legumes and nuts; moderate in alcohol; lower in red and processed meat; and low in sugar-sweetened foods and drinks and refined grains.



Additional findings:

Dietary goals: Recommendations for the general population per day are less than 2,300 mg dietary sodium (or age-appropriate Dietary Reference Intake amount), less than 10 percent of total calories from saturated fat, and a maximum of 10 percent of total calories from added sugars

Behavior change: In addition to exercise, the committee suggests less screen time, fewer meals from fast-food restaurants, increasing the frequency of family-shared meals, and self-monitoring diet, body weight and food labeling.

The 2010 guidelines emphasize balancing calories with physical activity and avoiding refined grains and foods containing sodium, sugar additives, and saturated and trans fats.

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