

Panel Discussion: Occupational Safety and Health in the Future Workplace

Rick Deyo – OHSU

As a primary care physician and a professor in Family Medicine at OHSU. I am currently researching back pain. I'm very interested in the intersection between primary care and occupational medicine regarding back pain. A challenge for physicians is determining the difference between a workplace injury and a degenerative condition caused by the natural aging process. There's an important overlap between stress and chronic pain. There's a shortage of primary care physicians, and it's a challenge for those of us in teaching positions to attract people to primary care.

Chuck Easterly - SAIF Corporation

SAIF is committed to partnering in a collaborative approach with others in insurance and in the occupational safety and health network to push the message of safety and health to Oregon employers. SAIF's mission is to make Oregon the safest place to work. We are aware at the rapidly changing use of technology and are trying to embrace those changes and the new ways of communicating safety and health to employers and employees.

John Howard – Director of NIOSH

See biography.

Greg Miller – Gunderson

I manage health, safety and security at Gunderson and am also a member of MLAC. My job at Gunderson is to help to map people to the jobs they are given and help them work safely. We can never have enough information to assure that employees are safely placed in the job and can safely move into future opportunities. We also are taking an active role in shepherding the chronologically gifted employee so they can stay in the workforce as long as they want to stay and can be productive. Even with the tough economy, we have to manage our employees effectively and think about how the changes in the workplace and society are impacting them on a day to day basis. Our responsibility is to determine what we are doing with the people that we have, how are we going to keep them, and how are we going to keep them safe while they are with us.

Gail Shibley – Oregon DHS

As the Administrator of the Office of Environmental and Public Health, I am glad to join you today to discuss topics and issues that are real to all of us. We have people in our office that are working on and worrying about many of the same things that have been discussed here today. All of these attributes that lead up to the statistics are interrelated. Making incremental progress in just one aspect improves the whole situation. Our efforts to move forward indicates real progress. We have daily reminders that what we thought may have been safe practices or safe products 10 to 20 years ago might not be safe today. Finding safer alternatives is something we all have a responsibility to embrace.

For public health officials, we need to recruit people that are comfortable with change. We also look for those that can see patterns and trends and adjust at the moment. The public workforce needs to be engaged in their work, engaged in change and wanting to learn. By the end of this week, 168 more workers will have been injured on the job and there will be one work-related death. This is why we have to continue to change.

Abby Solomon – SEIU

We represent care providers that work in non-traditional settings providing home care, home child care, and home adult foster care. We also represent direct care givers in skilled nursing facilities. There has been a lot of progress in helping provide safety and health education and materials for these individuals since 1998 through collective bargaining.

Sheri Sundstrom – Hoffman Construction

Safety and health is a huge issue in construction, and Hoffman is facing the same challenges that others in construction are facing. Looking forward, we want to partner with apprenticeship programs and have them be more accountable in helping bring and support safety and health in the workplace. We will also continue to look at building materials, suppliers and partners to identify where safety and health starts in the construction process.

Anthony Veltri – OSU

We're in the business of doing two things: conducting key research and training and educating environmental safety and health managers. We have a myriad of courses that prepare students to integrate into an organization on a number of levels. There are a number of related areas that are crossing over into environmental safety and health. We are helping students learn how to present the business case for the industry and role of safety and occupational health. We want to be a driver for helping align corporate structure with corporate strategy. We are trying to prove through research and analysis that safety practices not only improve safety performance, but they improve business performance as well. We need to step up our pace to get students back into the colleges and universities as PhDs in an effort to then attract them to return as educators in environmental safety and health.

Michael Wood – OR OSHA

As the OR-OSHA Administrator, I want to touch on a couple of overarching themes. Communication is key in our efforts to move health and safety forward and create necessary synergy. Don't end the conversation about where we should take safety and health with the conversations we had in the room today. Listen to and embrace other perspectives. We also need to recognize there are opportunities and tools emerging in all the changes that are underway. In some fashion, we need to be nimble. We need to work to anticipate the future, and understand some of the best things and the most challenging things aren't yet on our radar screen. We can't respond with 5 and 10 year planning cycles in a 5 and 10 minute world. We need to structure safety and health in a way that we can grab the moment.

Reflection on the last 10 years, and the future

Chuck Easterly: Technology is leading a lot of people into telecommuting, teleworking and non-standard working environments. This takes us outside our normal approach to safety and health in the workplace. There is a changing nature of the workday and this shifts how and where work is done. It also creates challenges. It creates new questions about where can and where should some types of work be done? There's excitement because it will also create new advantages.

Michael Wood: The changing work environment is going to create some new challenges. The same dynamic is taking place at safety and health conferences. There is value in evaluating the return on investment (ROI) for safety and health programs, but it concerns me when the majority of sessions focus only on ROI. We need to not lose sight of being well versed in the fundamentals as safety and health professionals. In the last 10 to 20 years, there has been a push for behavior based safety which can steer us away from the hierarchy of controls. It's a good thing, but we need to keep the fundamentals in our focus. We need to embrace the ability to relate the technical aspects and influence people in business to make decisions about the use of technical advancements in safety and health.

Chuck Easterly: Agrees with Michael on that point, but also believes that influence and communications skills are critical requirements for today's safety and health professionals. We tend to 'PowerPoint' people to death and maybe that's not the way all our messages (in safety and health) should be communicated. How do we influence behaviors? On top of the technical skills, we have to have the soft skills in communication and influence.

Sheri Sundstrom: Our safety professionals have to be trainers. Even when we engineer out the hazards, there's still behaviors to consider. Safety professionals have to be able to train, and with a diverse workforce, there's a sense that we need to have multiple languages spoken on the job site. We can't fail in getting our message out through training and communication.

Abby Solomon: We need to be cognizant of emerging industries in the coming years. Providing care in residences requires us to evaluate the changing work environments, such as people's homes, as well as the ever-changing conditions and needs of those that we are caring for.

John Howard: There are currently four generations in the workplace today: Traditionalists (pre WWII), Boomers, Gen X and Millennials. How one manages to communicate with all four of those groups will traverse many differences in communication style. The idea of tailoring communication to generational interests is where we are right now. It's forcing Traditionalists and Boomers into a world that they aren't as comfortable with. Gen X and Gen Y look at hard copy text as totally passé. If it can't be communicated electronically, they aren't interested. There will be a completely different way of communicating once the Traditionalists drop out of the workplace. We have to be receptive to all these types of communication and embrace new ways to get our message out.

Chuck Easterly: Twitter, Facebook and similar social media sites are new venues for messaging. How do we address health and safety issues through new messaging venues? We will have to get in to the youth communication and technology patterns. One example is our work with the Oregon Young Employee Safety program. This emerged from the Young Worker Safety and Health Coalition and the desire to create an image and a feel that would be attractive to young workers while also communicating what we're all about. It started with a simple logo design process, and the resulting logo ended up being something that could be easily sent via text. The logo is **O [yes]** (Oregon Young Employee Safety). It's simple, but it's powerful and positive and it gets to the heart of the message in a way the audience can relate.

John Howard: NIOSH launched a blog last year. If you start a blog, I guarantee you will immediately get in touch with the people you want to hear from. You start by engaging in an electronic conversation to solicit their opinion, and the dialogue continues until you get to a point of mutual understanding. You need get out of the physical room where like minded people are sitting, and get in touch with people that are not like minded.

Abby Solomon: I caution that relying too much on technology can create issues with those that don't have access to technology either because of cost, knowledge or socio-economic status. We have to keep those barriers in mind.

Gail Shibley: One of my concerns in public health issues is source credibility. Wikipedia is great, but we are concerned from a public health perspective that people are searching for their health answers and health solutions in the public knowledge domain. How do we determine the credibility of the information that people are relying upon in the public health sector?

John Howard: The government is often concerned about the information that is out there, but many times they are not active in the markets where inaccurate information exists. Government and other public agencies need to be a part of providing accurate, fact-based information.

Anthony Veltri: There is now a big push for transparency in the financial market. This means that everything is being looked at upfront, and reviewed. What about transparency in safety? What if companies said 'Here's what we are doing to comply, here's what we have in place.' What if there

was a system in place that allowed businesses and organizations to disclose their workplace safety and health practices up front? Could it be a competitive advantage?

Michael Wood: There is a competitive disadvantage for having poor workplace safety and health practices. In the example of building airplanes, I think safety would be a competitive advantage. In the food industry, I'm not sure that safety would be a competitive advantage or create an incentive for consumers to make a different choice or pay more because of that factor.

Somehow, we're magically supposed to get CEOs and CFOs to understand safety and health lingo. Worker safety and health is often viewed as non-competitive. We spend a lot of time countering, either by empirical data or by moral argument. Many will cite competitive disadvantage when there are costly or challenging regulations or requirements. We need empirical information about the business case so we can build our efforts into that infrastructure.

Anthony Veltri: Organizations should be commended on the money and efforts put into EHS. What is the cost to get this type of benefit? Is there profitability? Executives want to know the cost of the benefit so they can build it into the cost of the process or product. The social aspects are there, but at some point the design and process engineers along with the financial partners need to be brought into the discussion early. The question they ask is 'Can we sustain ourselves without a huge liability?'

Chuck Easterly: One example of a way to look at the business value of safety and impact the perception of "competitive disadvantage" is the Greater Portland Construction Partnership. This is a construction partnership in Portland that pulls CEOs, General Contractors, owners and key management together to discuss these issues, set minimum standards, and get everyone to play by these rules. The GPCP partnership goal is to raise the bar for everyone, because if they do, everyone plays at a higher level, fewer workers will be injured, costs will be reduced, and projects in the Portland area will be more attractive. It's not enforced by regulation but by the partnership.

Greg Miller – Gunderson: I have to talk about the value of key information early on. We are big enough to have a nurse on site for every shift we operate. We want early intervention, and if it's a bad situation with an injury, we want to get the employee to a doctor soon. As the employer, we have to face the truth about the situation and what happened even though we don't like what happened, we have to deal with the injuries, and get the employees taken care of so they can get back to work. We work with the resources that are out there, document what happened, get the details, and use our allied resources to fix problems and get to the root cause. I think it's important to share your ideas across the company and across the industry. Embrace and share best practices. Use technology to share prevention.

John Howard: There are national databases we have for the maturation of a hazard that results from an exposure that ends in an injurious experience. There are many workers not counted in that data from our national databases because they may not have an employer of record. Perhaps it doesn't get recorded as a workplace injury. There are a number of problems with the national systems of injury. With illness, it's impossible to track with any accuracy. By the time the illness has manifested, it's in the general health care system. If you go back further, you are looking for the leading indicator and it's not there. We haven't done an exposure survey by sector since the 1980s. We don't even know the nature of exposures that are occurring in the 22 industrial sectors of the US. We are severely handicapped about knowing the burden of disease as classified in the NAICS system. I wish we could do surveillance. We are trying to figure out how to use workers' compensation data to get at some of this information. We are going to have to get a handle on this or we will never get to the nature or the burden of disease.

Michael Wood: In the highest hazard industries, we need a tool to do an assessment of the known conditions and then sample to validate. It's the only way we can get to the risk of disease without looking at conditions. We have to be careful not to mess with the surveillance system we currently have and decide to use it for other purposes. There's increasing use of employers of injury and

illness data from the OSHA 300 log for bidding and procurement purposes and there's a danger in this practice.

John Howard: BLS has indicated they will not provide the data OSHA wants because it would destroy the integrity of the data. They believe employers wouldn't want to continue providing the data to BLS. It is a national issue that we need to put on the national policy agenda to solve at some point in the near future.

Gail Shibley: We know we have data gaps, but what do we do with that problem now? As we think about illness, do we provide paid sick leave for those that can stay home and not spread their illness to others in restaurants, nursing homes or other public places? We have a number of outbreaks because people won't stay home when they are ill. The body's burden of disease makes us less resistant to what is out there.