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Dr. Punnett earned her B.A. at Hampshire College and her M.Sc. and Sc.D. at Harvard School of Public Health. She completed a post-doctoral fellowship at The University of Michigan, Center for Ergonomics & Department of Environmental and Industrial Health. She was a founding member of the Department of Work Environment at University of Massachusetts Lowell, where she teaches both ergonomics and epidemiology. Dr. Punnett's research interests include work-related musculoskeletal disorders, the role of working conditions in explaining socioeconomic and gender disparities in health, and the effectiveness of workplace interventions such as ergonomics programs and labor-management health and safety committees. She serves on the Advisory Board for the Occupational Health Surveillance Program of the Massachusetts Department of Public Health; recent international collaborations have involved the Center for Musculoskeletal Research in Gavle, Sweden, and the Ecuatorian Technological University in Quito, Ecuador. She has chaired the Scientific Committee on Musculoskeletal Disorders of the International Commission on Occupational Health and is on the editorial boards of several scientific journals in ergonomics and occupational health.

TWH in the Context of Occupational Health Psychology: Integration of Health Protection and Health Promotion

An integrated approach to health protection and workplace health promotion programs should give equal weight to both domains, which is challenging because of institutional obstacles as well as disciplinary gaps in knowledge and emphasis among practitioners and researchers. The definition of integration is still under discussion within the TWH consortium, and it is a difficult construct to measure in practice. The CPH-NEW approach emphasizes the upstream contribution of work organization to health behaviors and self-efficacy, and it draws heavily from participatory ergonomics for a framework to improve the work environment. This process seeks to increase employee decision latitude (engagement/empowerment) and social support at work in order to address both individual and organizational health. Selected experiences from our intervention research and outreach experiences illustrate our conceptual paradigm, based in the social-ecological model, and serve to discuss the challenges and successes of attempting to implement and even to evaluate an integrated approach.