

WHAT WORKERS' COMPENSATION PROVIDERS NEED TO KNOW ABOUT

LIFESTYLE MEDICINE

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ANNUAL SEMINAR ON WORKERS' COMPENSATION

August 27, 2026

Boise, Idaho

2026 American College of Lifestyle Medicine



Incorporating Lifestyle Medicine Into Occupational Medicine Practice

ACOEM Guidance Statement

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Abstract: Lifestyle medicine (LM) utilizes evidence-based therapeutic lifestyle changes to address lifestyle factors that impact health, performance, and injury risk and recovery. By integrating LM principles into clinical care, workplace policies, and programs, along with other evidence-based methods, occupational and environmental medicine clinicians and medical directors can enhance worker health and performance, manage chronic disease, and facilitate faster recovery from injury and illness. This guidance addresses approaches that can be used in the clinic and workplace to address tobacco, substance misuse, nutrition, physical activity, overweight/obesity, sleep, mental well-being, and social connectedness.

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This guidance paper was developed by ACOEM's Presidential Task Force on Lifestyle Medicine and OEM Practice. It was approved by the ACOEM Executive Committee on September 19, 2024. ACOEM requires all substantive contributors to its documents to disclose any potential competing interests, which are carefully considered. ACOEM emphasizes that the judgments expressed herein represent the best available evidence at the time of publication and shall be considered the position of

Keywords: clinical care, workers' compensation, workplace injuries, corporate medical director, workplace policy, workplace programs

As a preventive medicine specialty, occupational medicine has long recognized that personal and lifestyle factors affect health, performance, and injury risk and recovery. Incorporating lifestyle medicine (LM) principles into occupational medicine clinical practice and workplace programs can aid occupational and environmental medicine (OEM) physicians in achieving their goals for workers and organizations.

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹ It follows that wellness is not just the absence of disease but also the promotion of health in the many dimensions of life. Swarbrick's eight-dimension framework of wellness includes physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental domains.²

Workplace occupational health programs are starting to adopt a more holistic view of employee health and well-being to focus on "Whole Health." According to the National Institutes of Health, the concept of whole health has evolved for many years under several names such as salutogenesis, patient-centered care, people-centered care, integrated care, and population health.³⁻⁸ The National Institute for Occupational Safety

and Health (NIOSH) states that occupational medicine programs that embrace some of these concepts can help their workforce patient populations improve metrics of work-related injury and illness prevention and recovery. Just as important, when occupational medicine clinicians contribute to the overall health of the individual worker and collective workforce, they can make a meaningful impact on organizational metrics because healthy employees are safer, are more engaged, have lower health-related costs, and are more productive both at home and work.

OEM CORE COMPETENCY IN HEALTH AND PRODUCTIVITY

OEM encompasses a multifaceted domain at the intersection of worker health and organizational dynamics. The American College of Occupational and Environmental Medicine (ACOEM) has developed ten core competencies for the profession. One core competency, Health and Productivity,¹² underscores OEM physicians' critical role in identifying and addressing individual and organizational health factors within the workplace to optimize worker health and enhance overall human performance. Despite its significance, it is sometimes overshadowed by other competencies more conventionally associated with OEM practice, such as injury treatment or work fitness. However, addressing lifestyle and health behaviors is an important complement to medical treatments. Potential areas of organizational impact include healthcare spending reduction, produc-

Journal of Occupational and Environmental Medicine

Volume 67, Number 1, January 2025



GOALS OF WORKER'S COMPENSATION



Increase Productivity



Decrease Absenteeism



Increase Presenteeism



Decrease Injury



Return Workers to Work Safely and Quickly



Prevent Re-injury



Prevent Permanent Disability

OUTLINE

1. U.S. Population Health
 2. Chronic Disease Burden
 3. U.S. Workers' Health Risks
 4. Health Habits
 5. Inflammation
 6. Lifestyle Medicine
 7. Lifestyle Medicine Interventions and the Workplace
-



Global Healthcare Spending

Source: Health Care Spending in the US and Other High-Income Countries (Papanicolas et al.) JAMA 2018.

COUNTRY	HEALTH SPENDING (as a % of GDP)
us United States	18.0%*
*PROJECTED: 20.6% in 2034	
DE Germany	11.7%
FR France	11.1%
CA Canada	11.1%
CH Switzerland	11.4%
SE Sweden	10.8%
AU Australia	10.2%
JP Japan	11.0%
GB United Kingdom	10.0%
KR South Korea	8.1%



Global Life Expectancy Rankings

Source: Global Burden of Disease Study (GBD 2021–2023) Lancet 2024.

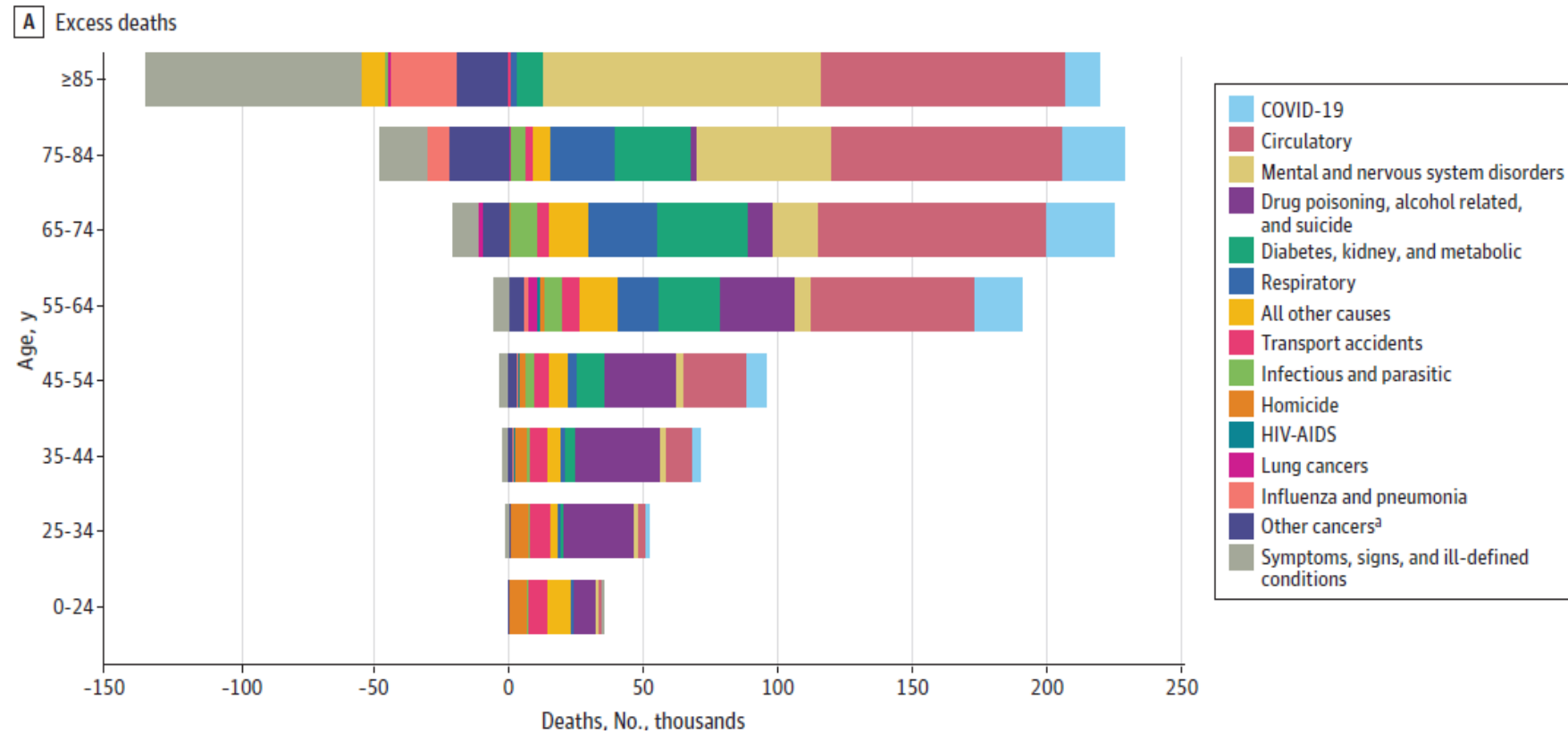
RANK	COUNTRY	LIFE EXPECTANCY
1	sg Singapore	85.3
2	JP Japan	84.5
3	CH Switzerland	84.2
4	KR South Korea	84.1
5	ES Spain	84.0
6	IT Italy	83.9
7	AD Andorra	83.9
8	AU Australia	83.8
9	IS Iceland	83.7
10	IL Israel	83.5
...		
45	PE Peru	78.8
46	BA Bosnia & Herzegovina	78.7
47	SK Slovakia	78.6
48	AR Argentina	78.5
49	CO Colombia	78.4
50	us United States	78.3

6 YEARS



Excess US deaths refer to the difference between observed US deaths and deaths expected if US **mortality** rates were equal to the population-weighted mean rate of 17 other high-income countries.

Figure 4. Bar Graphs Showing Age Distribution of Excess US Deaths and Excess US YLL in 2022, by Cause of Death



JAMA Network Open. 2026;9(5):e266147. doi:10.1001/jamanetworkopen.2026.6147 — May 8, 2026



CHRONIC DISEASES IN AMERICA

6 IN 10

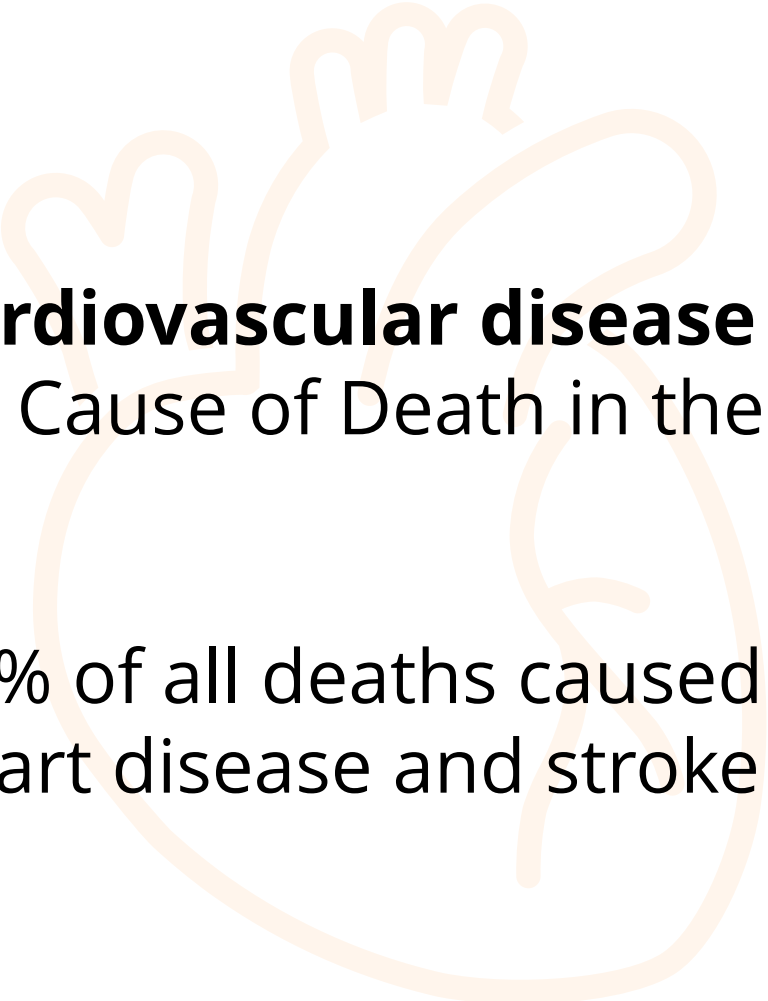
adults in the US
have a **chronic disease**



4 IN 10

adults in the US
have **two or more**

The **leading causes** of **death and disability** &
leading drivers of the nation's \$4.1 trillion in annual **health care costs**



Cardiovascular disease is the
#1 Cause of Death in the U.S.

33% of all deaths caused by
heart disease and stroke

Cancer is the #2 Cause of Death
in the U.S.

~23% of all Deaths caused by
Cancer in 2022

Disability By The Numbers

Varadaraj 2021; Riley 2015

26.8%

Percent of Adults ≥ 18 years old on
(Any) Disability Pre-Covid in 2019

>50%

Disability-related program expenditures



30% = Mental Health Disorders



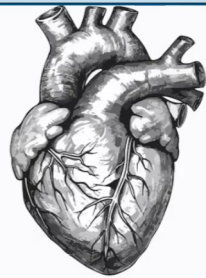
22.1% = Musculoskeletal Conditions

Prevalence

Most Common Chronic Conditions U.S. Adults



40.3% in 2023
with Obesity
= BMI $\geq$ 30;
31-34%
Overweight =
BMI $\geq$ 25



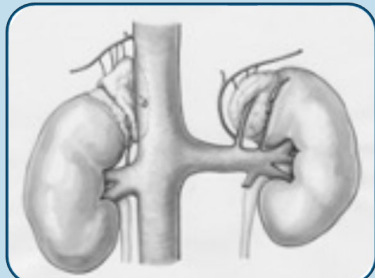
47.7% High
Blood
Pressure;
50% on
meds; 20%
controlled BP



15.8%
Diabetes;
38%
Prediabetes



50% High
Cholesterol



14% Chronic
Kidney Disease

Prevalence

Substance Use and Depression Contributors to Deaths of Despair



11.5% Smoking '21
18.7% all Tobacco
6.5% E-cig '23 ~19%
of 18-24 year olds
vaping '23



Alcohol Use Disorder
12 mo 10.6%
Lifetime 29.1%



Depression
12 mo. ~10%
Lifetime 20.6%

How is this burden of chronic illness affecting those who care for US employees?

Overweight/Obesity

Cost

- **Obese workers** cost employers ~\$644 more/year and **overweight workers** ~\$201 more/year vs. normal weight due to **medical utilization**, **absenteeism**, and **presenteeism** combined.
- A larger U.S. employer panel study integrating medical, sick-day, short-term disability, and workers' compensation claims that:
 - **Normal-weight employees** cost ~\$3,830/year vs. **morbidly obese employee** >\$8,067/year
- When BMI exceeds **25**, there are *increases* in **costs**, **probability of disability**, **workers' compensation claims**, and **days missed**

Injury

- **25% to 68% more likely to experience work-site injuries in a dose-response relationship with BMI**
- Overall injury odds rise from **~15% higher in overweight** to **~48% higher in Class III obesity**

How is this burden of chronic illness affecting those who care for US employees?

Deconditioning

Cost

- **Inactive adults incur an excess** per-capita healthcare cost of **\$1,437 compared to active adults** (a 30% difference)
- Among **employees with cardiovascular disease**, the **excess cost rises to \$2,500 per person**
- Due to
 - higher medical/pharmacy claims (diabetes, cardiovascular disease, and depression)
 - more sick days, greater presenteeism-related productivity loss, and elevated injury/workers' compensation exposure
- indirect productivity and disability costs > direct medical spend.

Injury

- **Combination of low fitness plus high workload supra-additive** for all-cause and musculoskeletal disability—the deconditioned worker in a demanding job is the highest-risk profile
- Manifests most as musculoskeletal injuries—predominantly sprains, strains, and back injuries—along with slips/trips/falls, and injuries during sudden exertion or repetitive/sustained loading.
- **Prolonged sitting** = low back, neck, shoulder, and lower-extremity symptoms present in **>90% of office workers**
 - **Compliance with physical-activity guidelines** is associated with **fewer musculoskeletal symptoms**

How is this burden of chronic illness affecting those who care for US employees?

Back Pain

Cost

- **Single most costly occupational health condition for employers in the United States**, with total annual costs exceeding **\$100–\$134.5 billion** — ranking as the **highest healthcare spending category** among all major health conditions.
- U.S. estimates attribute roughly **one-third to direct medical expenses and two-thirds to indirect costs**.

Injury

- **Prior LBP is the most consistent and strongest risk factor** for subsequent episodes
- The most consequential "injury" is the transition from acute to **chronic low back pain and disability**. LBP is the **leading cause of years lived with disability worldwide**.
- **71% of people with back pain reported at least one co-occurring condition**, most often arthritis (35%), hypertension (26%), migraine (18%), and mood disorders (14%); 3+ co-occurring conditions had highest association

How is this burden of chronic illness affecting those who care for US employees?

Depression

Cost

- Landmark JAMA analysis estimated U.S. workers with depression cost employers **~\$44 billion/year in lost productive time, \$31 billion of it in excess of non-depressed peers**
- Depression costs employers principally through **workplace productivity losses—presenteeism (reduced on-the-job performance) and absenteeism—which now constitute the single largest share of its economic burden, exceeding direct medical costs**
- **~81% of lost-productivity cost comes from reduced performance while at work rather than absence**

Injury

- **Increases acute occupational (work-related) injuries at a meaningfully increased rate**, the relationship is bidirectional—depression predicts subsequent injury, and injury in turn precipitates depression.
- **Musculoskeletal strains and sprains** are among the most frequent work injuries in which depression is a prominent comorbidity

How is this burden of chronic illness affecting those who care for US employees?

Type 2 Diabetes

Cost

- **Dual cost:** elevated direct medical/pharmacy spending plus indirect productivity losses—totaling **roughly \$7,000–\$8,000 in excess per-employee annual cost, higher medical expenditures rather than time lost**
- Workers with T2D cost **nearly \$7,000 more per capita per year, with medical costs roughly doubled (\$11,354 vs \$5,101)** and productivity costs 13.3% (\$680) higher than non-diabetic peers.

Injury

- Increased risk for **falls and fall-related musculoskeletal injuries (fractures, dislocations, sprains/strains), lower- and upper-extremity injuries, motor-vehicle/commuting accidents, burns, and head/neck trauma.**
- Risk concentrated in those who are insulin-treated, have long disease duration, or have developed complications (neuropathy, retinopathy, cardiovascular disease).
- A 2025 review concluded that whether diabetes itself increases occupational injury risk remains unclear, with conflicting results, and that complications and comorbidities probably drive most of the observed risk.

How is this burden of chronic illness affecting those who care for US employees?

Smoking

Cost

- A comprehensive cost estimation found the **annual excess cost to employ a smoker is \$5,816**, broken down across **absenteeism, presenteeism, smoking breaks, healthcare costs, and pension benefits**.
- **Quitting smoking reduces absenteeism** — ex-smokers had only a 14% increase in risk compared to never-smokers.

Injury

- Meta-analysis: Smoking predicted
 - **injury-death relative risk of 1.61** (95% CI, 1.44–1.81) versus **never smokers**
 - **1.39** (95% CI, 1.25–1.55) versus **ex-smokers**

How is this burden of chronic illness affecting those who care for US employees?

Alcohol Use Disorder

Cost

- Annual employer costs of alcohol-related injuries to employees and their dependents exceed **\$28.6 billion**, of which **\$13.2 billion** comes from job-related, alcohol-involved injuries specifically.
- Despite representing only **9.3% of the full-time workforce**, individuals with AUD contributed to **14.1% of all workplace absences**

Injury

- Workers with heavy drinking patterns face **1.3–1.7× higher odds of occupational injury**
- Alcohol-related impairment is implicated in approximately **5% of nonfatal and 10% of fatal workplace injuries**
- An estimated **6–7%** of workers consume alcohol during the workday (mostly at lunch)
- 9% report experiencing hangovers at work, yielding an overall workplace alcohol impairment prevalence of **13.8–15.2%**.

World Health Organization

WHO report "Preventing Chronic Diseases: A Vital Investment" (2005);
WHO Global Status Report on Noncommunicable Diseases (2010 & 2014)

80% of premature cardiovascular disease, stroke, and type 2 DM, and **40%** of cancers can be prevented by addressing poor diet, sedentary lifestyle, tobacco use and alcohol consumption.

33% of cancer deaths are due to tobacco use, alcohol consumption, high body mass, low fruit and vegetable intake, and lack of physical activity

WHO Cancer Fact Sheet

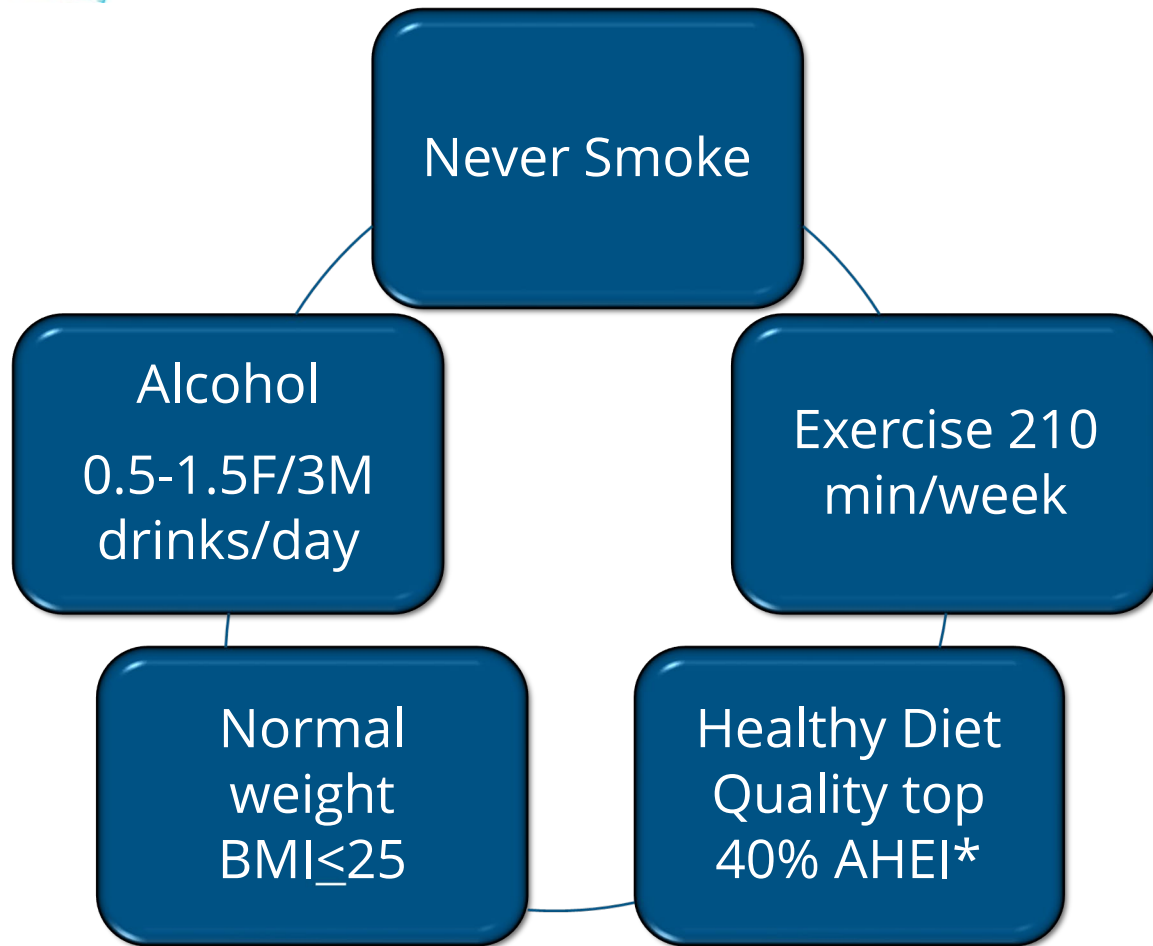
Very Few Americans Lead a Healthy Lifestyle

A 2016 analysis using 2003-2006 NHANES data (n=4,745 adults) **only 2.7% of individuals had a “healthy lifestyle,”** defined by:

1. Moderate or vigorous exercise for at least 150 minutes a week
2. A diet score in the top 40% on the Healthy Eating Index
3. A body fat percentage under 20% (for men) or 30% (for women)
4. Not smoking



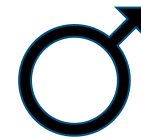
Is Healthy Lifestyle Worth It?



Adherence to all 5 vs. None –
years added to your life at age 50:



14 years



12.2 years

82% decrease CVD death
65% decrease cancer death
74% decrease all cause death

**Chronic Low-Level
Inflammation**

**Bodily Stress
Inflammation**

persistent elevations in "cytokines" CRP, IL-6, IL-1, TNF- α , & others

Insulin Resistance

Increased Risk of Blood Clots

Blood Vessel Dysfunction

Direct Damage to Tissues

Effects on Genetic Expression

Gut Microbiome Dysbiosis

**The Unifying
Pathophysiology
of Chronic Disease**

Adopt Anti-Inflammatory Lifestyle to Lower Cardiovascular Disease Risk

Inflammation and Cardiovascular Disease: 2025 ACC Scientific Statement: A Report of the American College of Cardiology

1. Adopt anti-inflammatory dietary patterns

Most evidence= Mediterranean diet

- Fruits, veggies, whole grains, legumes, nuts, olive oil
- Increase dietary omega 3 fatty acid with 2-3 fish meals per week
- Minimize red and processed meats, refined carbohydrates, sugary beverages

2. Physical Activity

- Engage in ≥ 150 minutes/week of moderate or 75 minutes/week of vigorous aerobic exercise

3. Quit Smoking

Rapid, sustained inflammatory reversal

4. Maintain a healthy weight

- 5-10% weight loss reduces inflammation
- Caloric restriction reduces inflammation
- More reduction if pair with exercise

Chronic Disease Guidelines:

Lifestyle is ESSENTIAL.



Prevent and Treat Depression with Lifestyle

Exercise

Aerobic exercise is effective across populations.

- Walking/jogging, yoga, and strength training perform similarly to CBT.
- Some modalities perform similarly to SSRIs.

Diet

- Gut microbiome health is linked to mood.
- Gut dysbiosis may contribute to depression.
- Gut-brain signaling influences neuronal function.

Sleep

Sleep interventions improve depression outcomes.

- Bright-light therapy, CBT, and mindfulness can help.
- Targets sleep architecture and circadian regulation.

Substance Use

Smoking Cessation
Address Alcohol Use Disorder



Definition of Lifestyle Medicine:

“Use of evidence-based lifestyle therapeutic approaches as a primary therapeutic modality for the prevention, treatment, and, when used intensively, often reversal of lifestyle-related chronic disease.”



AMERICAN COLLEGE OF
Lifestyle Medicine

The Solution

Address the Root Cause
Using **Lifestyle as Medicine**

Different intensities of intervention acceptable

1. Raise awareness and educate

Assessment and Counseling

Workplace: Screening and Create Culture of Health

2. Assist behavior change

Therapeutic LM Intervention

3. Intense support designed to reverse/promote disease remission

Intensive LM Intervention





GUIDEBOOK

Bringing Lifestyle Medicine into Workplaces

A STRATEGIC BLUEPRINT FOR HIGH-PERFORMANCE ORGANIZATIONS

From the American College of Lifestyle Medicine (ACLM) and
American College of Occupational and Environmental Medicine (ACOEM)



WHY LIFESTYLE MEDICINE MATTERS

- Recovery from workplace injury depends on far more than the injury itself.
 - Psychosocial factors, comorbidities, and health behaviors all influence outcomes
 - Inactivity and immobilization lead to deconditioning, muscle weakness, bone loss, and a trend toward disability
 - Modifiable health risks directly correlate with healthcare costs, absenteeism, disability duration, and worker productivity
- *"Productive activity is generally in the best interests of patients."* — ACOEM Initial Approaches to Treatment Guideline

FIGURE 1

Interaction between Lifestyle Medicine and Occupational and Environmental Medicine





THE SIX PILLARS OF LIFESTYLE MEDICINE

1. Regular Physical Activity
2. Whole-Food, Plant-Predominant Nutrition
3. Restorative Sleep
4. Stress Management
5. Avoidance of Risky Substances (Tobacco, Excess Alcohol)
6. Positive Social Connection

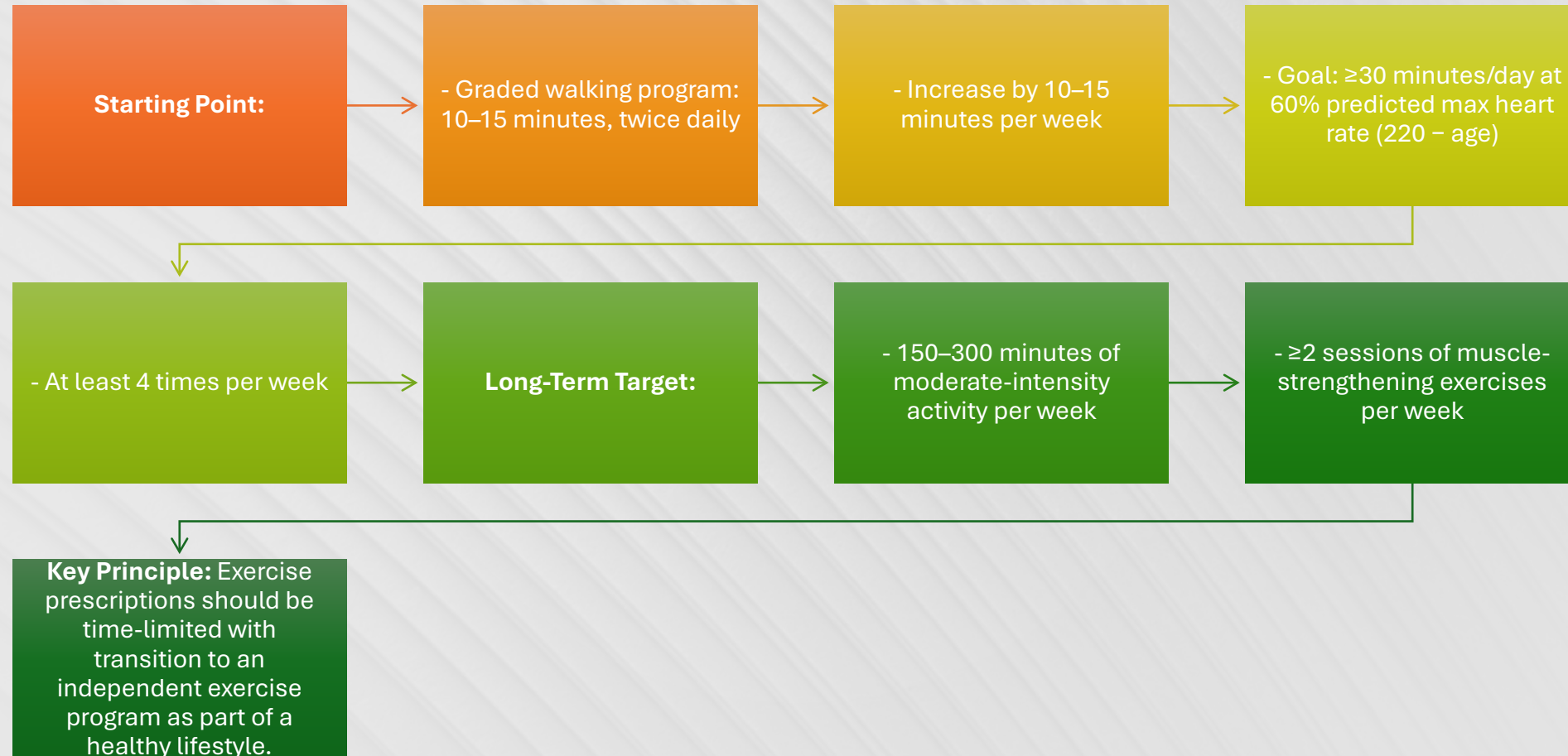
All six are directly relevant to injured worker recovery and return to work.

PHYSICAL ACTIVITY: THE #1 INTERVENTION

Exercise is among the most important therapeutic interventions for musculoskeletal disorders, cardiovascular disease, diabetes, and mental health disorders.

- Supported by hundreds of randomized controlled trials
- Reduces eventual work disability in low back pain and neck/upper extremity disorders
- Combats deconditioning from prolonged inactivity
- Improves mood, sleep, and pain tolerance

PHYSICAL ACTIVITY: PRACTICAL PRESCRIPTION



PHYSICAL ACTIVITY: SUPERVISED PROGRAMS

Consider supervised programs (work conditioning, work hardening, functional restoration) for:

- Patients with fear-avoidant beliefs

- Postoperative or post-traumatic injuries

- Multiple comorbidities

- Patients not progressing as expected

These programs progressively grade tasks to increase psychological, physical, and emotional tolerance for return to work.



SMOKING CESSATION: IMPACT ON HEALING

- Smoking significantly impairs recovery from injury:
 - **Fracture nonunion risk:** 2.3× higher in smokers (OR 2.32)
 - **Healing time:** 30.2 weeks (smokers) vs. 24.1 weeks (nonsmokers)
 - Decreased tissue oxygenation
 - Impaired inflammatory and wound healing responses
 - Increased perioperative infection and complications

SMOKING CESSATION: THE GOOD NEWS

Recovery begins quickly after quitting:

- Tissue oxygenation restores rapidly after cessation
- Inflammatory cellular functions recover within ~4 weeks
- Cessation immediately after fracture accelerates bone healing and increases mechanical strength
- Even brief preoperative cessation may reduce perioperative risks

Smoking Cessation resources

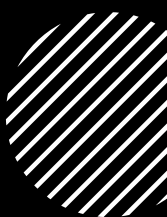
State Public
Health
agencies

1-800-QUIT-
NOW

Local Health
Systems



WEIGHT MANAGEMENT: THE SCOPE OF THE PROBLEM



Obesity is a significant barrier to recovery and return to work:



Overweight/obese workers are **25%–68% more likely** to experience workplace injuries



Obese claimants with severe injuries:



3.6× more likely to have delayed return to work (OR 3.58)



3.2× more likely to have claim expenses ≥\$100,000 (OR 3.19)



Higher BMI → more lost workdays, higher indemnity costs, higher total costs

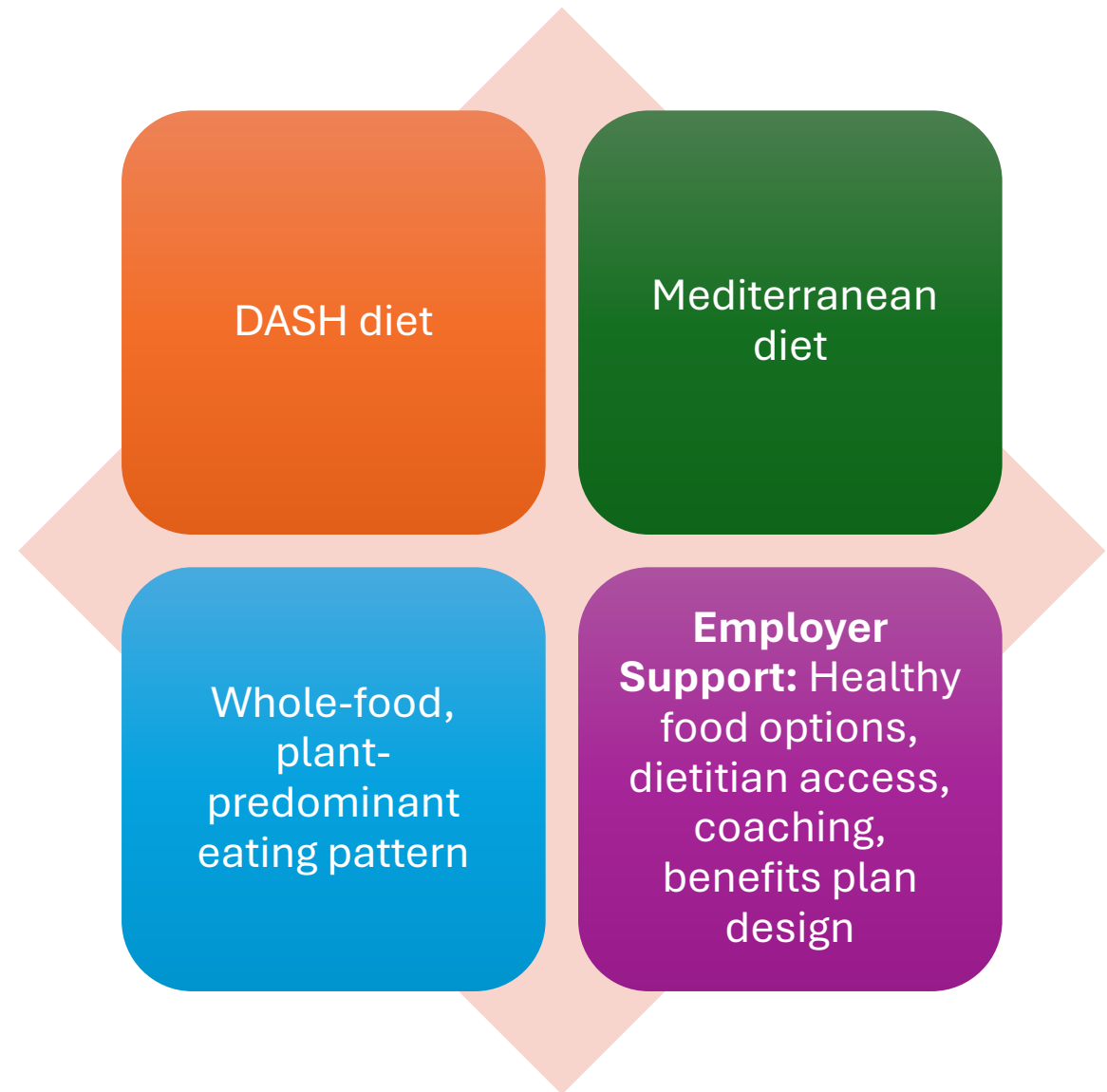
WEIGHT MANAGEMENT: PRACTICAL STRATEGIES

- Even **5%–10% weight loss** produces significant clinical benefits

- Obesity increases risk of postoperative infection, venous thromboembolism, renal complications, and delayed functional recovery

- Nutritional counseling is a low-cost, high-volume strategy

Dietary Approaches with Evidence



NUTRITION FOR INJURY RECOVERY

Specific nutritional strategies support tissue healing:

- **Higher protein intake** helps minimize loss of muscle and strength during immobilization
 - Distribute protein evenly across meals throughout the day
 - Adequate caloric intake to support healing (avoid severe restriction during recovery)
 - Micronutrients: Vitamin D, calcium, vitamin C, and zinc support bone and soft tissue repair
-

Nutritional interventions complement standard rehabilitation care.



Ardmore Institute of Health TM

Home of Full Plate Living

Nutrition Resources

Full Plate Living

- Shared Medical Appointments
- Training for group classes

SLEEP: A HIDDEN DRIVER OF RECOVERY



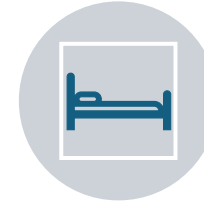
SLEEP PROBLEMS ARE
COMMON IN INJURED
WORKERS AND PREDICT
OUTCOMES:



POOR BASELINE SLEEP
IS ASSOCIATED WITH
NON-IMPROVEMENT IN
LOW BACK PAIN LONG-
TERM (OR 1.55)



NON-IMPROVEMENT IN
SLEEP IS STRONGLY
ASSOCIATED WITH NON-
IMPROVEMENT IN PAIN
(OR 3.45)



SUCCESSFULLY
IMPROVING SLEEP
LEADS TO LONG-TERM
IMPROVEMENTS IN:



PAIN



DEPRESSION



FATIGUE



SLEEP: EVIDENCE-BASED INTERVENTIONS

Cognitive Behavioral Therapy for Insomnia (CBT-I):

- Most effective non-pharmacological sleep intervention for chronic pain
- Large effect size for sleep quality improvement
- Associated reductions in pain, anxiety, and depression



SLEEP: EVIDENCE-BASED INTERVENTIONS

1. Sleep education
2. Regular exercise
3. Limiting alcohol
4. Limiting tobacco
5. Optimizing pre-bed state (wind-down routine)
6. Improving sleep environment (dark, cool, quiet)

MENTAL HEALTH & PSYCHOSOCIAL FACTORS

Psychosocial factors are among the strongest predictors of delayed recovery:

- **Risk Factors:**
 - Anxiety, PTSD, depression
 - Premorbid psychiatric conditions
 - Fear-avoidant beliefs
 - Workplace conflict, litigation involvement
- **Protective Factors:**
 - Resilience
 - Social support
 - Positive coping strategies

These factors are associated with pain levels, functional outcomes, quality of life, and ability to return to work.

MENTAL HEALTH: INTERVENTIONS THAT WORK

- **Cognitive Behavioral Therapy (CBT):**
 - Moderate-certainty evidence for improving pain, disability, and distress in chronic pain
 - Benefits persist at 6–12 months follow-up
- **Biopsychosocial Approach (ACOEM Recommendation):**
 - Identify and address fear-avoidant beliefs early
 - Screen for workplace difficulties, family burdens, psychiatric diagnoses
 - Coordinate exercise programs with CBT simultaneously
- **Social Support:**
 - Contact and communication with workplace
 - Person-centered approaches
 - Mutual trust between worker, employer, and provider

STRESS MANAGEMENT & SOCIAL CONNECTION

Chronic stress contributes to musculoskeletal and cardiovascular disease

Psychological recovery experiences that help:

Detachment from work stressors

Relaxation techniques

Mastery experiences (learning new skills, hobbies)

Positive social connections improve recovery trajectories
Employer-supported well-being programs can address these factors systematically

Mental Health/Behavioral Health resources



LOCAL HEALTH
SYSTEMS

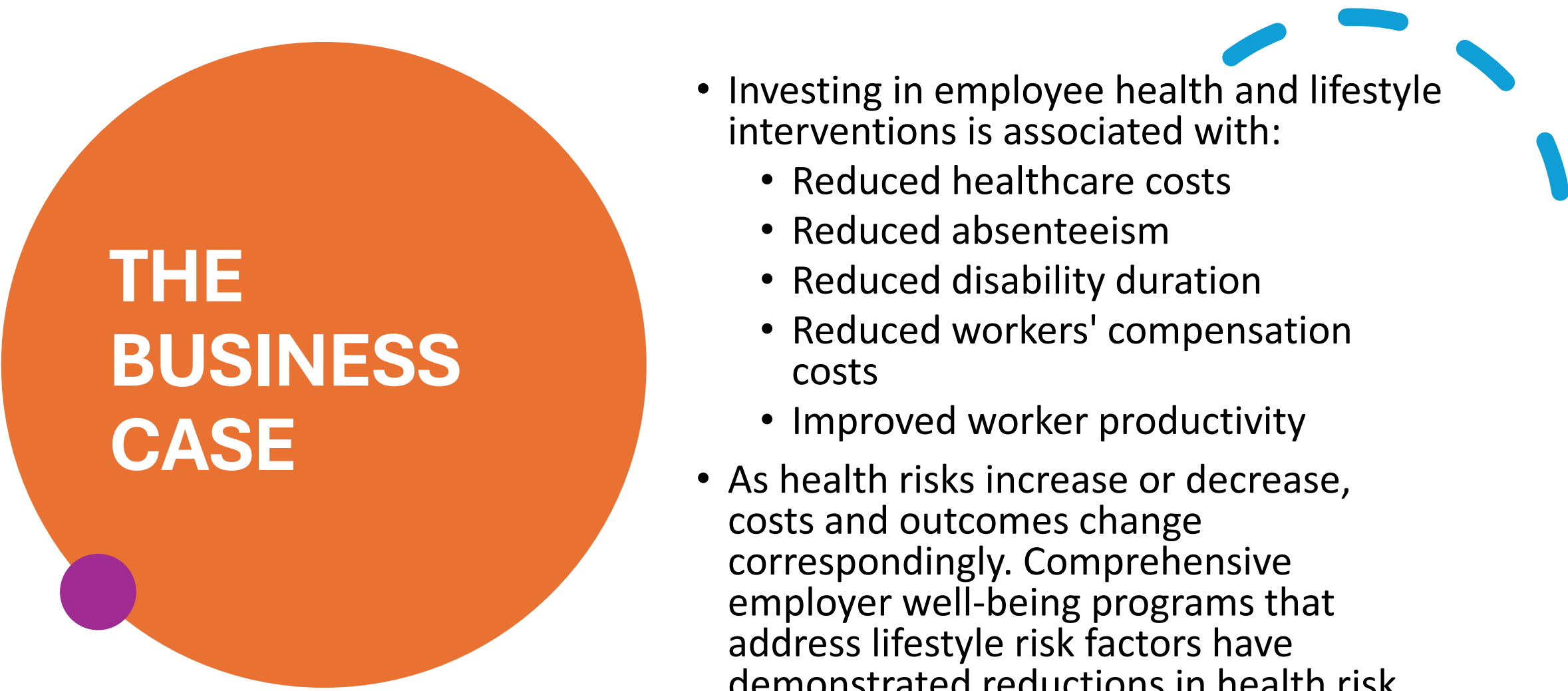


ONLINE



PHONE APPS

Lifestyle Domain	Key Benefit	Practical Starting Point
Physical Activity	Reduces disability, improves function	Graded walking → 30 min/day
Smoking Cessation	Faster healing, fewer complications	Brief counseling every visit
Weight Management	Lower injury risk, reduced costs	Target 5–10% weight loss
Sleep	Improved pain, mood, fatigue	CBT-I referral; sleep hygiene
Mental Health	Reduced chronic pain/disability risk	Early screening; CBT
Nutrition	Supports tissue healing	Higher protein; whole-food diet



THE BUSINESS CASE

- Investing in employee health and lifestyle interventions is associated with:
 - Reduced healthcare costs
 - Reduced absenteeism
 - Reduced disability duration
 - Reduced workers' compensation costs
 - Improved worker productivity
- As health risks increase or decrease, costs and outcomes change correspondingly. Comprehensive employer well-being programs that address lifestyle risk factors have demonstrated reductions in health risk factors.

Total Worker Health

- Developed and promoted by CDC and NIOSH
- Five proposed elements for a successful lifestyle medicine approach
 - Demonstrate commitment to safety and health in organization
 - Design work to eliminate or reduce health hazards and promote well-being
 - Promote worker engagement in program design and implementation
 - Ensure confidentiality and privacy
 - Integrate systems to advance worker well-being

1 – Demonstrate leadership commitment

- Consistently communicate that leadership is committed to safety, health, and well-being
- Improve access to resources to create working conditions that promote lifestyle changes
- Show commitment to cultivating a work environment that promotes healthy habits

2 – Design work to improve safety and well-being

- Utilize hierarchy of controls for workplace hazards
- Similar adaptation of hierarchy to lifestyle medicine principles
 - Elimination of hazard
 - Substitution of healthier options
 - Engineering controls – redesign workplace where possible
 - Admin controls – change policies and practices
 - Behavior change – educate and support healthy and safe choices

3 – Promote and support worker engagement

- Promote Work-Life balance
- Provide lifestyle medicine programs
- Foster supportive environment
- Recognize and reward workers
- Invest in Professional Development
- Promote inclusive culture

4 – Ensure confidentiality and privacy

- Adhere to recognized medical confidentiality standards, supported by safeguards
- Provide clear assurance that health information is used exclusively to support well-being

5 – Integrate systems to advance well-being

- Personal social determinants of health
- Personal health behaviors
- Workplace physical hazards
- Workplace psychosocial hazards

FIGURE 3

The CPH-NEW Total Worker Health® model of integration.

**CPH-NEW Total Worker Health®
“Integration” Model**



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