RETAIN | Retaining Employment and Talent After Injury/Illness Network

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This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to an article, resource, or formal abstract. An accessible version of For Your Insight is attached to this email.

Tools Appraisal of Organizational Factors Associated With Return-to-Work in Workers on Sick Leave Due to Musculoskeletal and Common Mental Disorders: A Systematic Search and Review

Villotti and colleagues (2020) reviewed the literature to (1) identify factors associated with return to work (RTW) for workers with musculoskeletal conditions and mental health disorders, and (2) assess the tools used to measure these factors. Their review identified eight factors associated with RTW: (1) social support from coworkers and supervisor; (2) work accommodations; (3) job strain (i.e., the combination of high demands from their job and low levels of control of their work environment); 4) organizational justice, which is how an employee perceives the actions of an employer and how those perceptions influence the employee's work attitudes (i.e., an employee who frequently gets passed over for a promotion may perceive the employer as unfair resulting in frustration and affecting work productivity); (5) effort-reward imbalance at work (i.e., differences between work effort and reward); (6) job demands (i.e., job responsibilities); (7) supervisor leadership; and (8) job control (i.e., the employee's ability to influence what happens in their work environment). To assess social support from coworkers and supervisor, the authors identified four tools: (1) the Job Content Questionnaire—social support scale, (2) the modified work APGAR—social support at work scale; (3) the Obstacles to Return-to-Work Questionnaire, and (4) the Copenhagen Psychosocial Questionnaire—social support scale. To assess workplace accommodations, the authors found that each study included in the review used different tools to measure work accommodation. To assess job strain, the authors found that the Job Content Questionnaire was used in all the studies included in the review. To assess organizational justice, the authors identified three tools: (1) the Job Content Questionnaire—Decision Authority and Skills Discretion subscales, (2) the Copenhagen Psychosocial Questionnaire—Influence at Work and Possibilities for Development subscales, and (3) the Questionnaire on the Experience and Evaluation of Work—Variety in Your Work and Independence in Your Work subscales. To assess effort–reward imbalance, the authors reviewed one study, which used two items from the Effort Reward Imbalance questionnaire. To assess job demands, the authors identified three tools: (1) Obstacles to RTW Questionnaire—Physical Workload and Harmfulness scale, 2) the Return-to-Work Obstacles and Self-Efficacy Scale—Job Demands subscale, and 3) the Questionnaire on the Experience and Evaluation of Work—Pace and Amount of Work subscale. To assess quality of leadership, the authors reviewed one study, which used the Copenhagen Psychosocial Questionnaire. To assess job control, the authors identified three different tools: (1) the Job Content Questionnaire—Decision Authority and Skills Discretion subscales, (2) the Copenhagen Psychosocial Questionnaire—Influence at Work and Possibilities for Development subscales, (3) and the Questionnaire on the Experience and Evaluation

of Work—Variety in Your Work and Independence in Your Work subscales. The authors conclude that the tools included in their review can help health care providers understand which tool to use for everyday practice and inform the decisions of policy makers.

Abstract available: Villotti, P., Gragnano, A., Larivière, C., Negrini, A., Dionne, C. E., & Corbière, M. (2020). Tools appraisal of organizational factors associated with return-to-work in workers on sick leave due to musculoskeletal and common mental disorders: A systematic search and review. *Journal of Occupational Rehabilitation*.

Tags: Musculoskeletal injuries, mental disorders, RTW, tools

EARN's Mental Health Toolkit: Resources for Fostering a Mentally Healthy Workplace

The Employer Assistance and Resource Network on Disability Inclusion (EARN, 2019) developed the mental health toolkit to help employers create a "mental health-friendly work culture." The toolkit has the following four components: (1) *understand*, (2) *create*, (3) *model*, and (4) *learn*. The *understand* component focuses on helping employers understand the issues surrounding mental health conditions and the workplace. Topics in this section include (1) reasons for fostering a mental health-friendly workplace, such as lower total medical costs for employees who receive treatment for mental illness; (2) types of mental health conditions, which offers a list of different mental conditions and their symptoms; and (3) mental health impairments and the Americans with Disabilities Act (ADA), which reviews mental health conditions and ADA legislation. The *create* component explores EARN's four pillars of creating a mental health-friendly workplace. The topics in this section include (1) awareness, which provides employers strategies to build a supportive work culture such as training management and conducting mental health evaluations; (2) accommodations, which includes effective practices such as flexible workplaces, scheduling, sick leave, work breaks, and other policies; (3) assistance, which emphasizes the benefits of employee assistance programs; and (4) access, which offers strategies—such as using effective screening tools and offering mental health benefits in company health care plans—to help employers ensure their employees have access to mental health treatment. The *model* component offers examples of small, medium, and large businesses that implemented mental health initiatives. Finally, the *learn* component offers links to other organizations that can help employers learn more about creating a mentally healthy workplace.

Resource available: Employer Assistance and Resource Network on Disability Inclusion. (2019). *EARN's mental health toolkit: Resources for fostering a mentally healthy workplace*. Ithaca, NY: Author.

Tags: mental health, work environment

Workers' Compensation Insurance: A Primer for Public Health

This report from the National Institute for Occupational Safety and Health provides public health practitioners with information to understand workers' compensation insurance. The first topic is a general overview of workers' compensation benefits and the type of benefits compensation cover, such as employee medical treatment, loss of wages, vocational rehabilitation, and permanent disability and death. The next topic focuses on workers' compensation insurance providers (i.e., private corporations, mutual corporations, and state or federal agencies) and discusses how the residual market (i.e., insurance market system that serves organizations that have been rejected from other insurers) may provide insurance for newer employers who do not have experience in workers compensation. The next section highlights state workers' compensation systems, explaining that such systems require a portion of claims to be reported to the state, and that HIPAA exempts disclosure restrictions for compensation medical information. The next section explains how third-party administrators (i.e., an organization that processes insurance claims of employee benefit plans for employers) can provide services, such as helping employers fill out claim forms and report claim information to state agencies. The next section explores workers' compensation–related polices, which may differ from state to state. For example, some states may require employers to have an employer/employee safety and health committee, but other states may require employers to have a written safety and health program. Another policy topic focused on policy premiums, noting that policy premiums are dependent on "the risk classification of the employer, the size of the payroll, and in many cases, on the establishment's past claims experience." The next section focuses on workers' compensation records and the role of these records in determining disability status, medical

treatments and costs, days away from work, and rehabilitation. The next section includes information about standardized codes and systems in workers' compensation—that is, data coding systems used for workers' compensation claims information. The next section focuses on loss prevention and the role of loss prevention programs in identifying risks to employees at the workplace and recommendations for reducing those risks. The next section covers the role of occupational health surveillance as "tracking of workplace injuries, illnesses, hazards, and exposures" and how this data can be used for public health research. The last section focuses on public health regulations, including the perception of regulations as essential to protecting public health, and notes that many regulations are mandated by the Occupational Safety and Health Administration and individual jurisdictions, including states.

Report available: Utterback, D. F., Meyers, A. R., & Wurzelbacher, S. J. (2014). *Workers' compensation insurance: A primer for public health.* Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health.

Tags: workers' compensation, public health

Does the Workers' Compensation System Fulfill its Obligations to Injured Workers?

This report from the U.S. Department of Labor (n.d.) describes state workers' compensation systems and provides suggestions on improving problems with the systems. The problems include the following eight topics: (1) the reduction of workers' compensation benefits due to legislative changes in 33 states; (2) the reduction of benefits due to changes in state legislation; (3) the public focus on worker fraud, resulting in employees not reporting injuries because of fear they will be stigmatized; (4) increases in medical care costs, resulting in state attempts to control costs at the worker's expense, including the employer (rather than the worker) choosing physicians, long administrative review processes for treatment choices, caps on the duration of medical coverage, and limitations on the numbers of visits for certain types of therapies; (5) stricter requirements to prove claims that create barriers for injured workers who file claims; (6) the elimination of state special funds that ensure compensation is available to injured workers, even if the employer does not have workers' compensation insurance; (7) state efforts to restrict benefits and give employers more control over claim processing; and (8) the misclassification of workers as independent contractors, resulting in their exclusion from compensation benefits. The report includes the following recommendations: (1) appointing a national commission to study the workers' compensation system; (2) reinstating federal tracking of changes in state compensation programs that would include establishing standards for when federal oversight is needed; (3) developing an accessible online dashboard for the public to track their state's progress in achieving equity in workers' compensation; (4) creating a national web-based clearinghouse to share best practices; (5) facilitating data sharing among state compensation systems, insurance carriers, and state health and safety agencies; and (6) encouraging compensation insurance carriers to implement safety and health management programs.

Report available: U.S. Department of Labor (n.d.). *Does the workers' compensation system fulfill its obligations to injured workers?* Washington, DC: Author.

Tags: workers' compensation, injured workers