

For Your Insight: Research and Practice From the Field Vol. 33

January 5, 2022

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This bimonthly 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 e-mail.

An Exploration of Alternative Methods for Assessing Return-to-Work Success Following Occupational Injury

Young (2014) examined alternative measures for assessing return-to-work (RTW) success beyond workers returning to their preinjury job. Young interviewed 150 workers 1 year following their scheduled workplace reentry after their occupational injury. Interview questions focused on postinjury RTW status and RTW experiences. Young interviewed participants again 3 months after the first interview to learn about additional changes to their work situations since the last interview. Based on both interviews, Young noted that nine participants changed jobs since the first interview. Under conventional measures of RTW success, these nine participants may be considered cases in which RTW failed. However, after closer review of these participants' stories, Young discusses that these are positive outcomes and that mobility in the labor market for injured workers may be a solution to sustainable RTW. Moreover, 67% of participants reported difficulties functioning at work following RTW, though conventional measures of RTW may consider those participants successes for returning to their preinjury job. Young concludes that there is value in looking beyond employment status at the preinjury job when measuring RTW success.

Abstract available: [Young, A. E. \(2013\). An exploration of alternative methods for assessing return-to-work success following occupational injury. *Disability and Rehabilitation*, 36\(11\), 914–924.](#)

Tags: RTW, measures of success

Tele-Social Care: Implications and Strategies

This resource describes strategies for program leaders and frontline providers to deliver social care activities (i.e., community resource navigation, social and mental health care management) through telephonic or virtual platforms. A few examples of the strategies include the following:

For program leaders:

- Build partnerships with community-based organizations that will support changing needs for self-care.
- Be mindful of caseload expectations for case managers and pay attention to staff well-being.
- Establish quality assurance processes, such as call monitoring or documentation review.

For frontline workers:

- When meeting with patients, intentionally prepare to mitigate privacy concerns, handle a crisis during an appointment, and anticipate technology issues.
- Improve engagement with patients by setting expectations, fostering empowerment, and connecting them with resources.
- Maintain timely ongoing care with patients by documenting case notes thoroughly, using their preferred communication platform, and letting them know they can call back for more information.

Full text available: [Center for Health and Social Care Integration & the National Center for Complex Health and Social Needs. \(2021\). *Tele-social care: Implications and strategies.*](#)

Tags: Tele-health, social care

Work Environment Factors and Prevention of Opioid-Related Deaths

Shaw and colleagues (2020) describe how work conditions may contribute to the opioid crisis and offer recommendations for employers on preventing opioid related deaths. The authors describe that both physical injury and psychological stress at work can lead to pain and use of opioids to treat the pain. They also describe that workplaces with taxing physical work and the least amount of sick leave have the highest rate of opioid-related overdose deaths. In addition, “57% of opioid-related overdose deaths occurred after a work injury, with 13% of overdose deaths preceded by a work injury within the past 3 years of death.” The occupations that have the highest opioid-related overdose deaths include construction, mining, food preparation and serving, healthcare workers, and personal care workers. Workers who are reluctant to report chronic pain to their employer also contributed to the worsening of the opioid crisis. The author described that “70% of workplace injuries are never captured in the counts of administrative tracking systems.”

To reduce the workplace factors that contribute to opioid deaths, the authors make several recommendations as follows:

- Employers need to make changes to drug-free workplace policies that recognize opioid use as a medical problem that requires treatment.
- Employers should work with health insurers to help increase access to opioid treatment.
- Employers should consider providing education to their workers on the risks of opioid use and treatment for opioid use disorder.
- Employers should work with insurers to expand access to nonpharmacological pain management programs for their employees.

The authors conclude that stronger regulatory guidance from both the state and federal governments and employers is needed to “improve employee education and resources, expand health care benefits to support nonpharmacological pain management approaches and rehabilitation options for OUD [opioid use disorder], and provide increased funding to develop and test workplace policies and programs related to opioid use.”

Full text available: [Shaw, W. S., Roelofs, C., & Punnett, L. \(2020\). *Work environment factors and prevention of opioid-related deaths. American Journal of Public Health, 110\(8\), 1235–1241.*](#)

Tags: Opioids, employer, prevention

This communication was prepared for the U.S. Department of Labor (DOL) Office of Disability Employment Policy and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees, by the American Institutes for Research under DOL Contract Number 1605DC-18-F-00429. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.