

STATE REPORTS

ON HEALTH DETERMINANTS AND WORKPLACE SAFETY CONDITIONS





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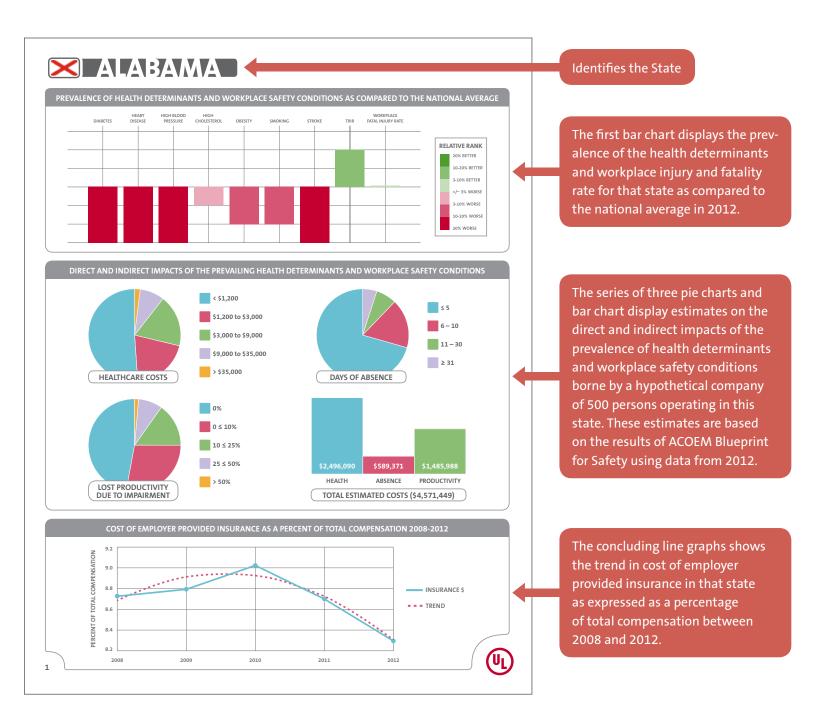


INTRODUCTION

There is growing recognition among businesses about the impact that workplace health and safety management can have on organizational productivity, worker well-being, morale, risk management and operational costs. Given this trend, it is not surprising that companies are increasingly seeking new ways to understand the risk in the communities they operate. Unfortunately, most of the data available is hard to find and harder to decipher. That is until now. To aid businesses with unraveling this maze, IHSI compiled data on community health and worker safety issues by state in the attached scorecards. The insight gleamed from this information will help them identify and understand potential issues that, if managed through an integrated health and safety framework, could prevent and/or reduce injuries and illnesses in the workplace.

Todd Hohn, CSP *Global Director - Integrated Health & Safety Institute*January 27, 2016

NAVIGATING THE STATE REPORTS







HEALTH DETERMINANTS AND WORKPLACE SAFETY CONDITIONS

Diabetes: Percentage of adults who reported having ever been told by a doctor that they have diabetes, excluding pre-diabetes and gestational diabetes.

Heart Disease: Percentage of adults told by a health professional they had angina or coronary heart disease

High Blood Pressure: Percentage of adults who have been told by a health professional they have high blood pressure

High Cholesterol: Percentage of adults who have had their cholesterol checked and have been told it was high

Obesity: Percentage of adults with a body mass index (BMI) of 30.0 or higher

Smoking: Percentage of adults who smoked at least 100 cigarettes in their lifetime and currently smoke.

Stroke: Percentage of adults told by a health professional they had suffered a stroke

Total Recordable Incident Rate (TRIR): The number of injuries and illnesses per 100 full-time workers

Workplace Fatal injury Rate: The number of fatal occupational injuries per 100,000 full-time equivalent workers

DIRECT AND INDIRECT IMPACTS

Healthcare Costs: The total of all medical claims and pharmacy claims, including those paid by the insurer and the individual

Absence: The number of days missed from the workplace

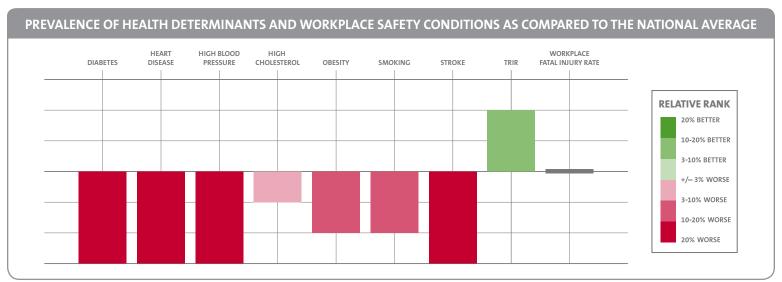
Lost Productivity due to Impairment: Percentage of productivity loss while at work due to health-related cause(s)

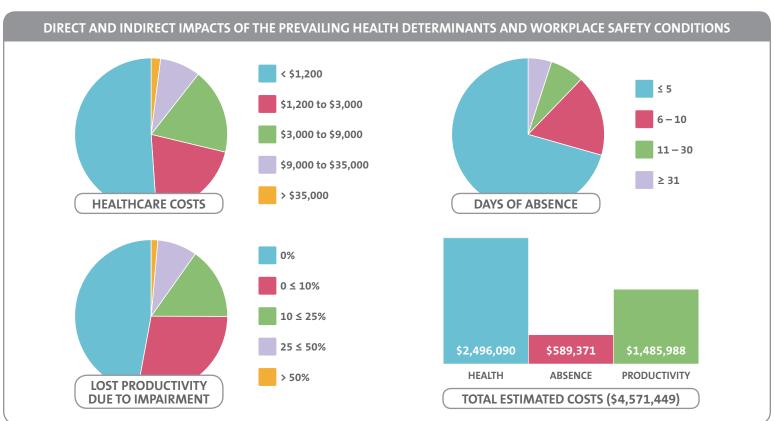
EMPLOYER PROVIDED INSURANCE

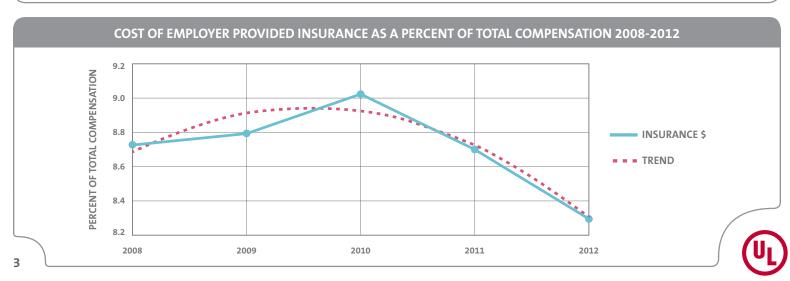
The average cost for insurance benefits including life, health, short-term disability, and long-term disability expressed as a percentage of the employee's total compensation





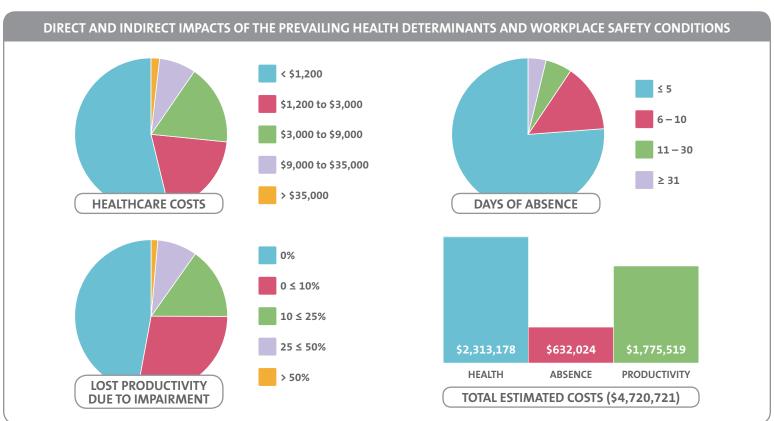


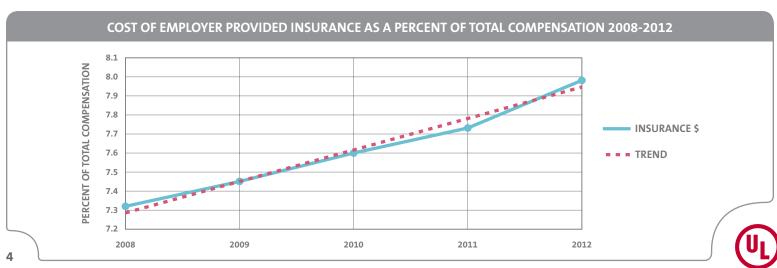






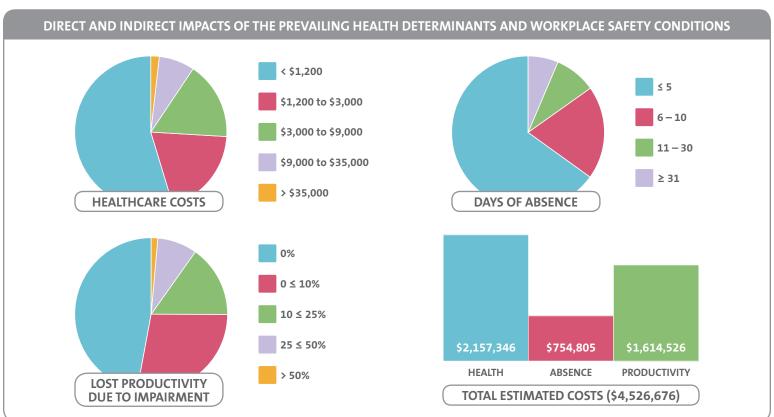


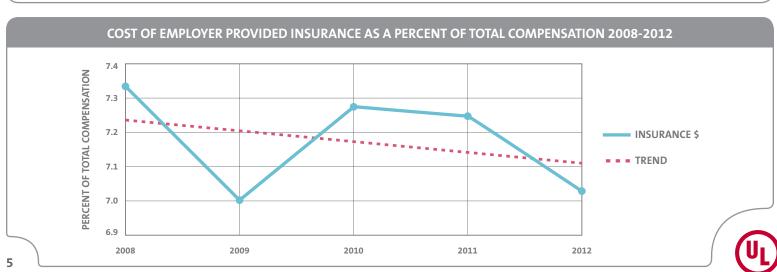






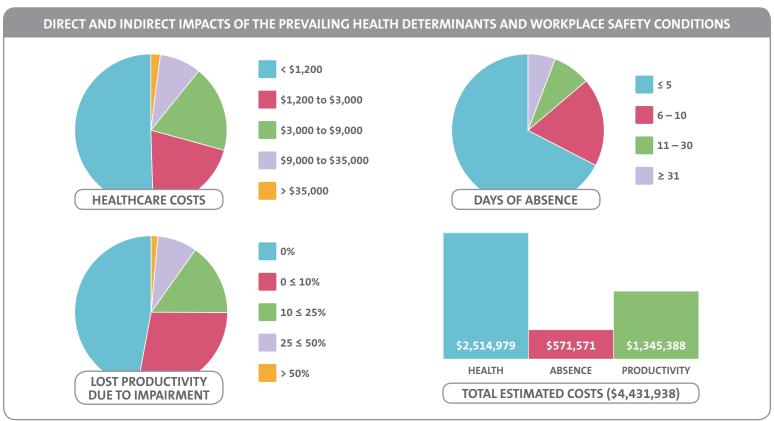


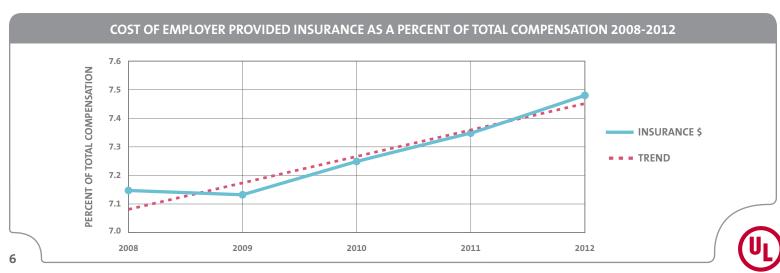






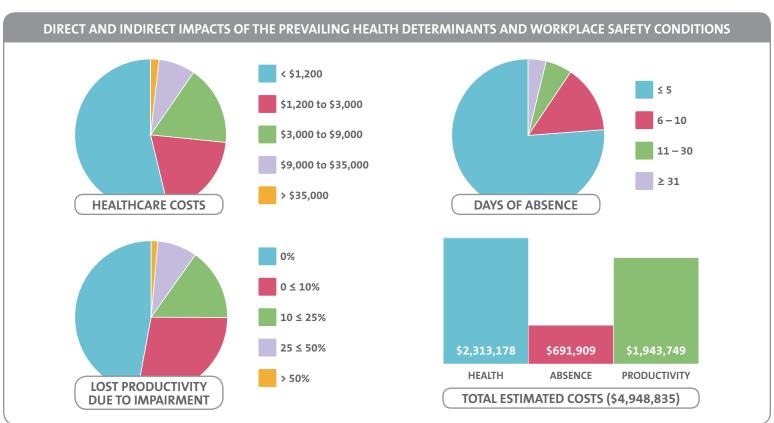


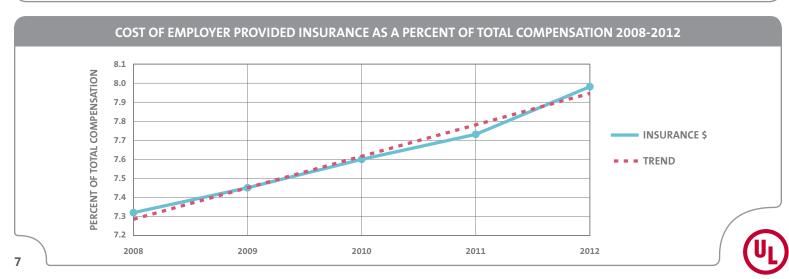




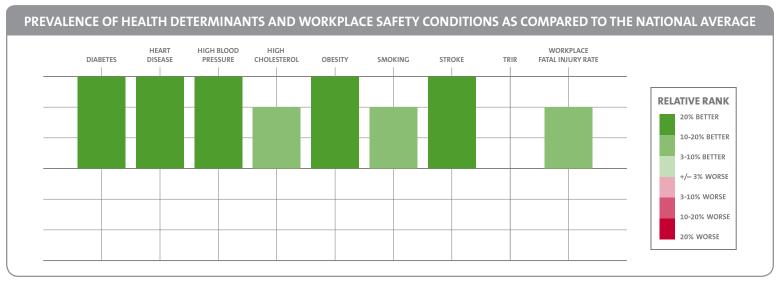


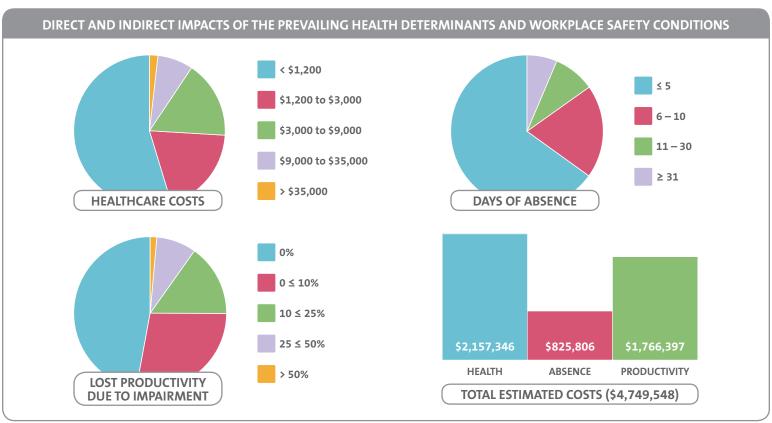


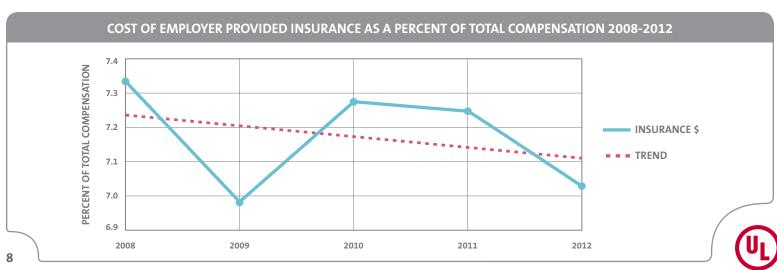






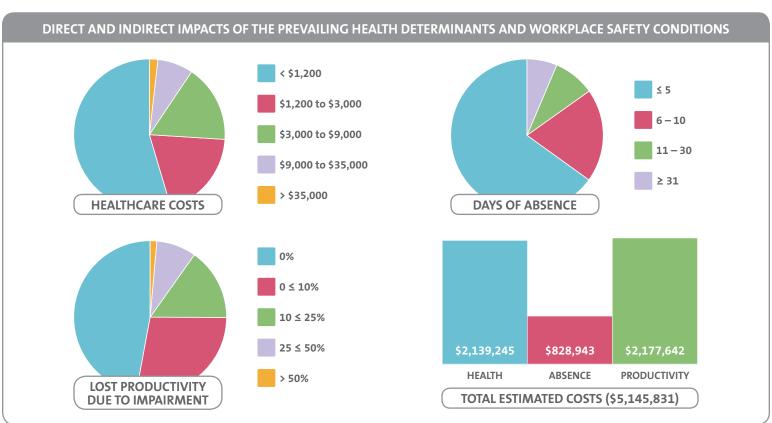


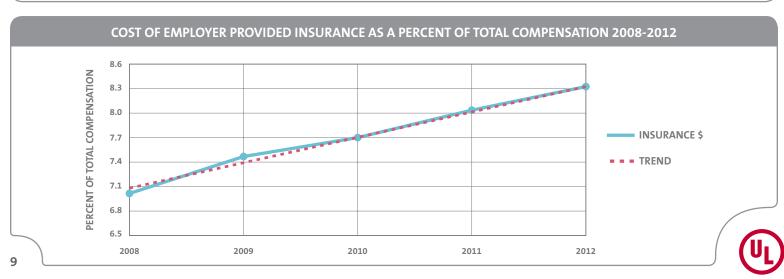




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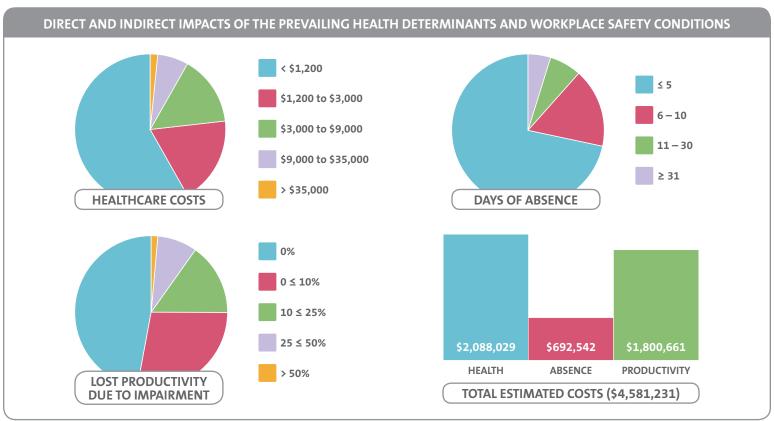


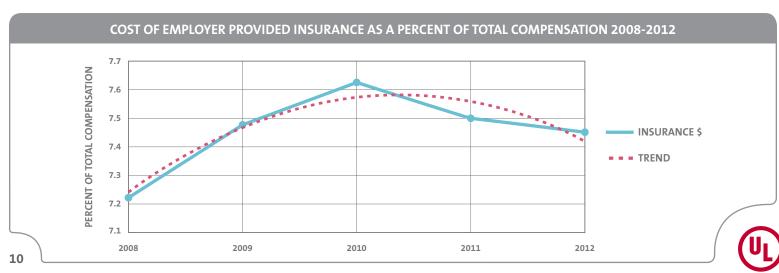




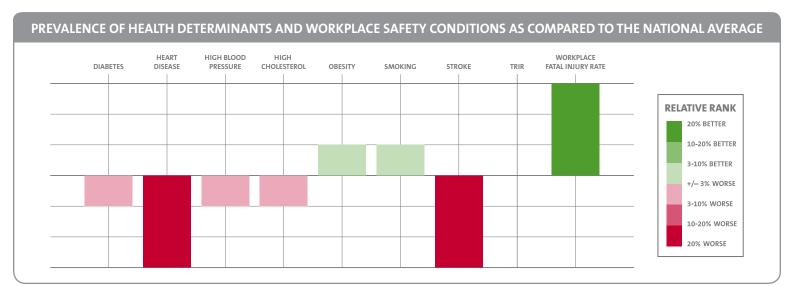


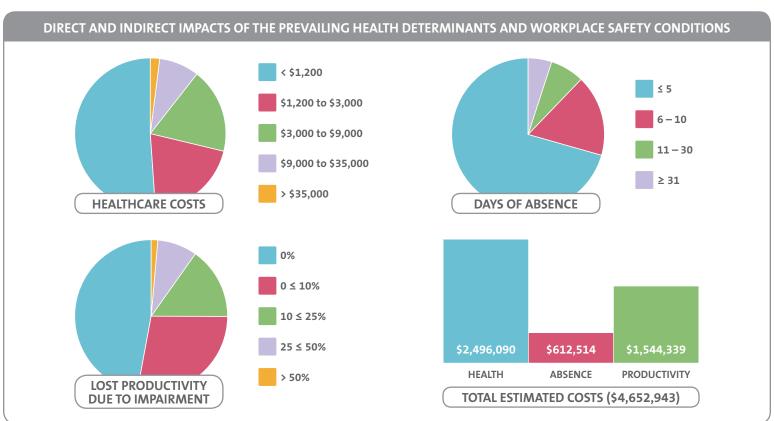


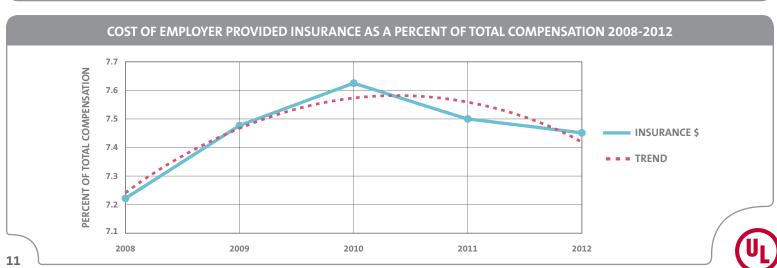






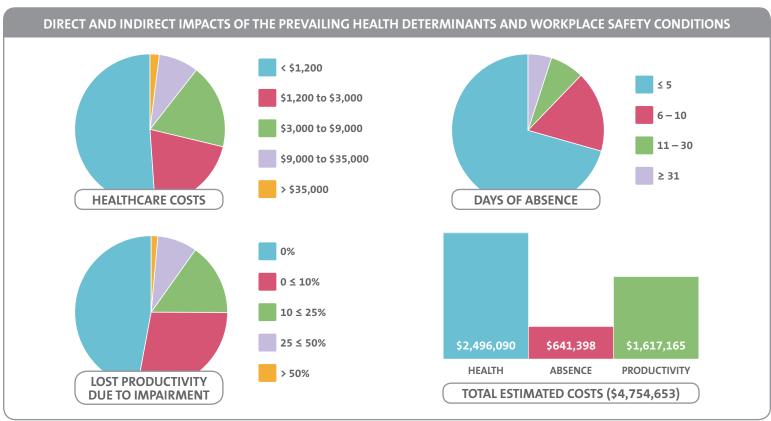


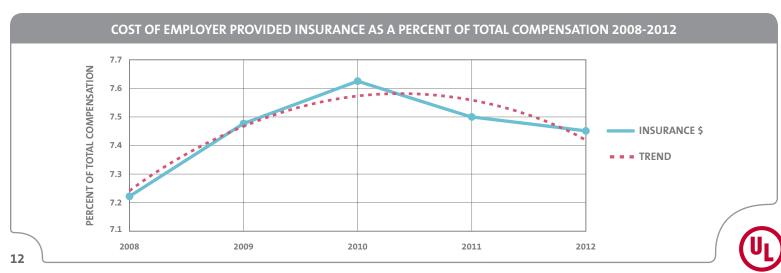






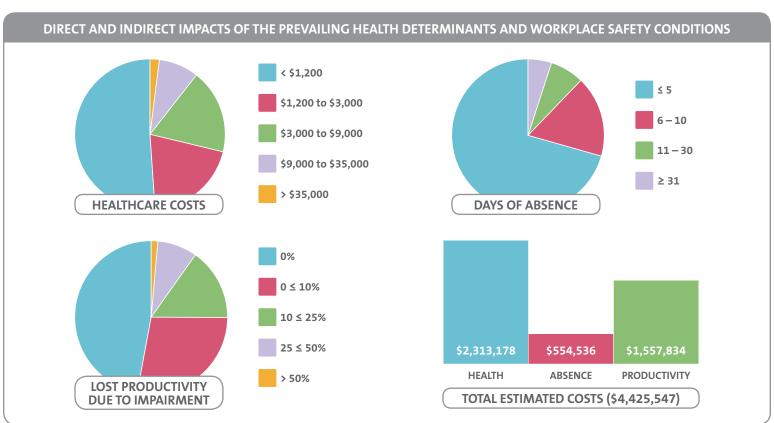


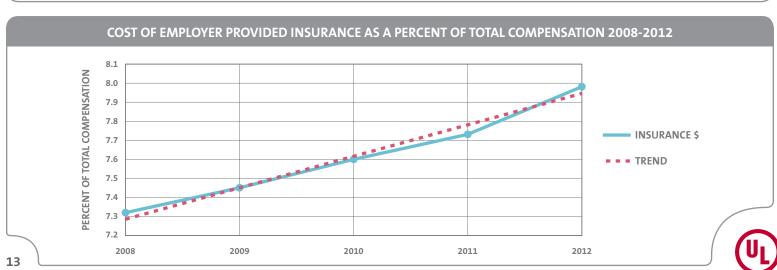






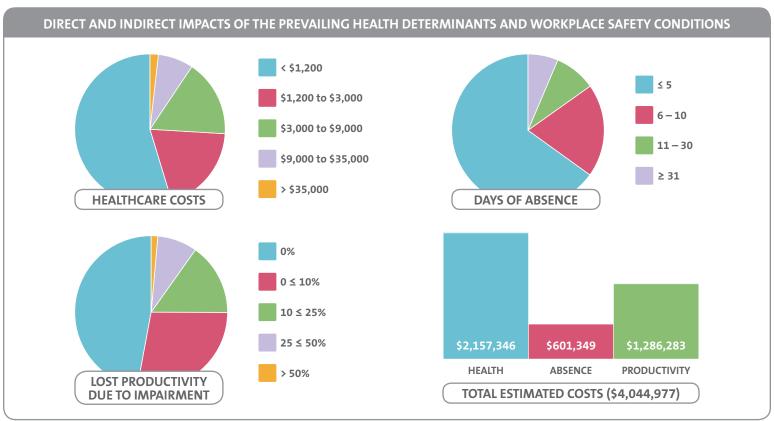


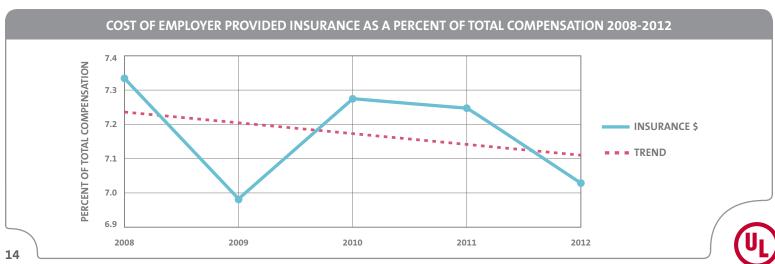






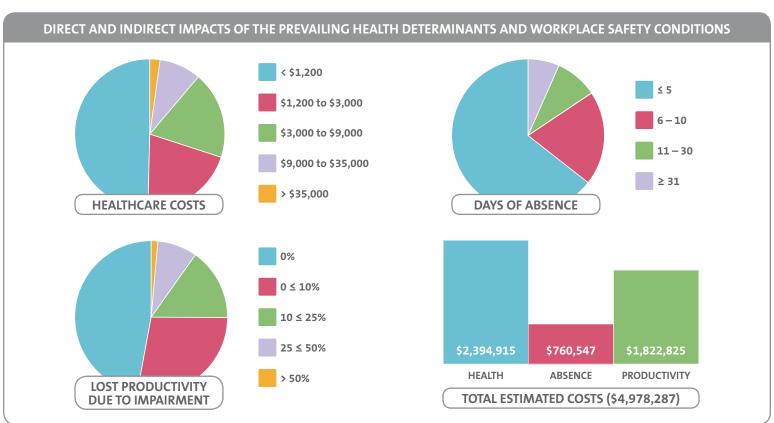


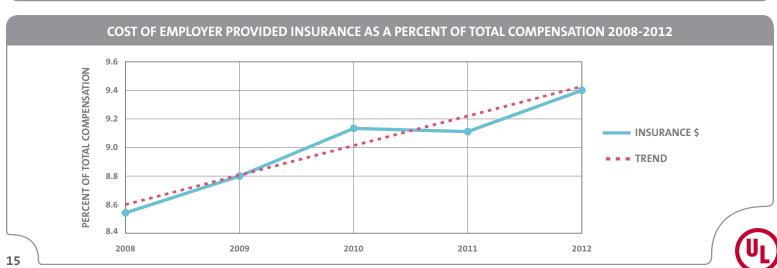




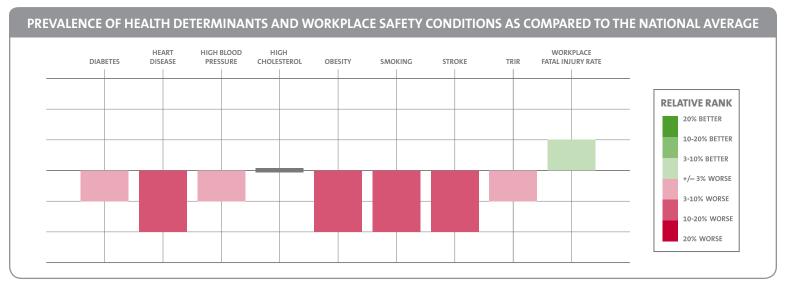


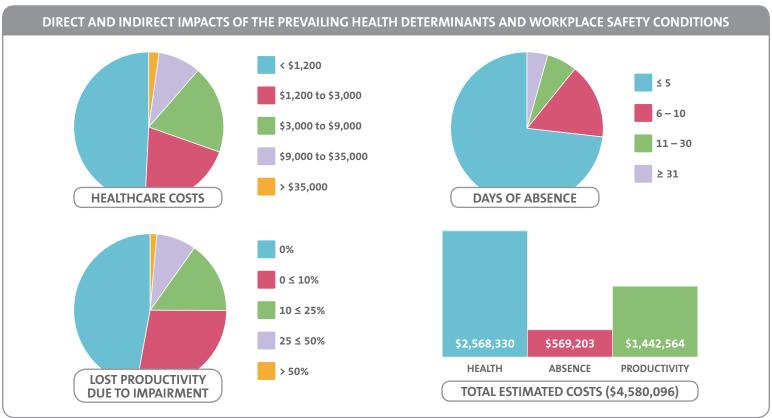


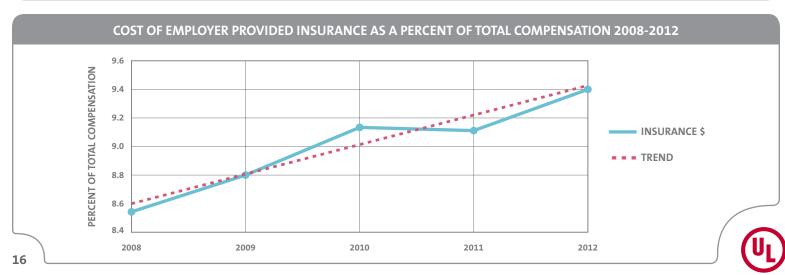






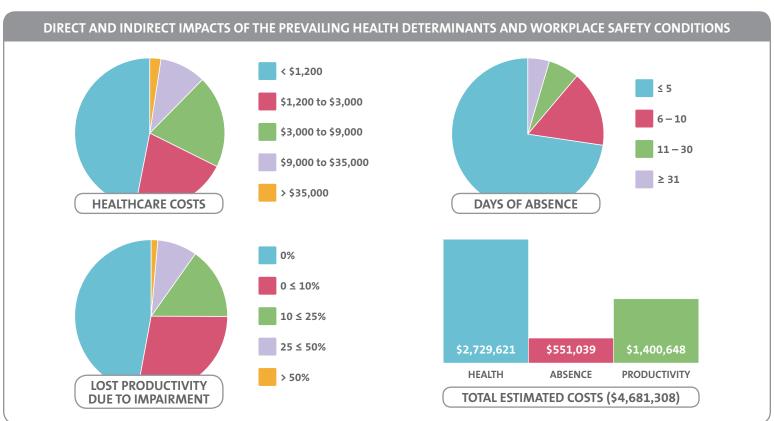


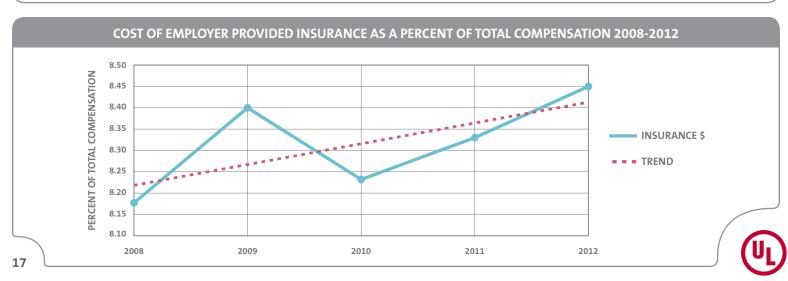




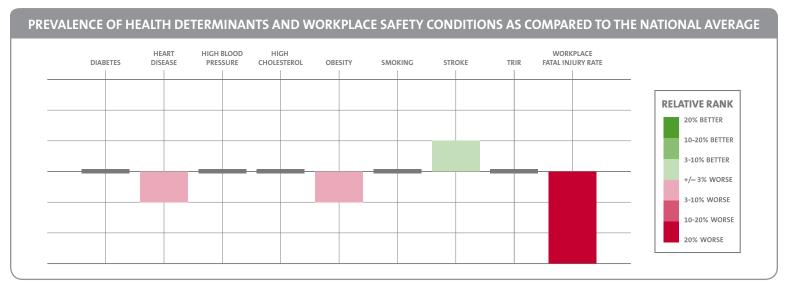


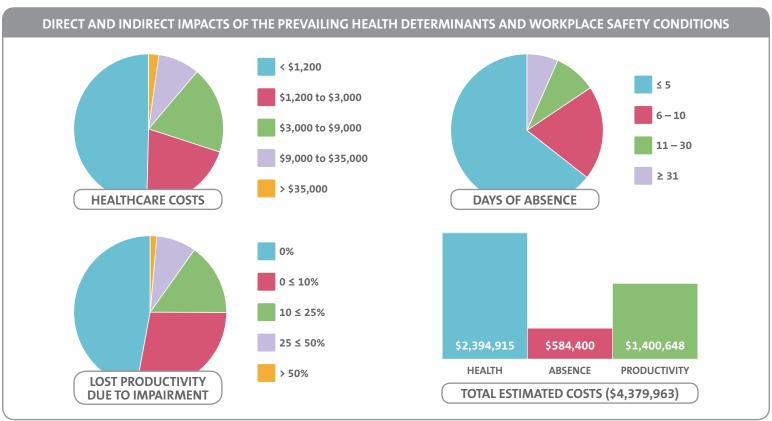


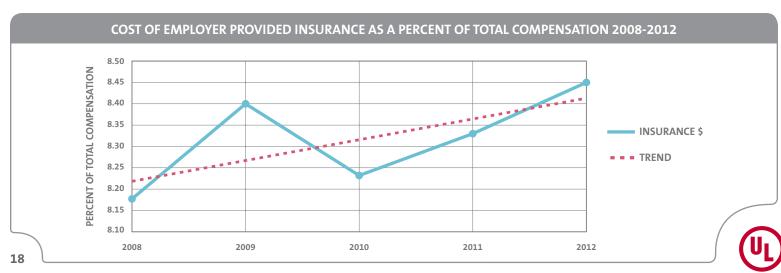




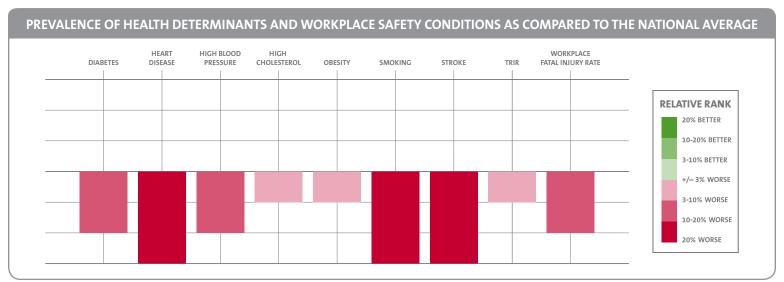


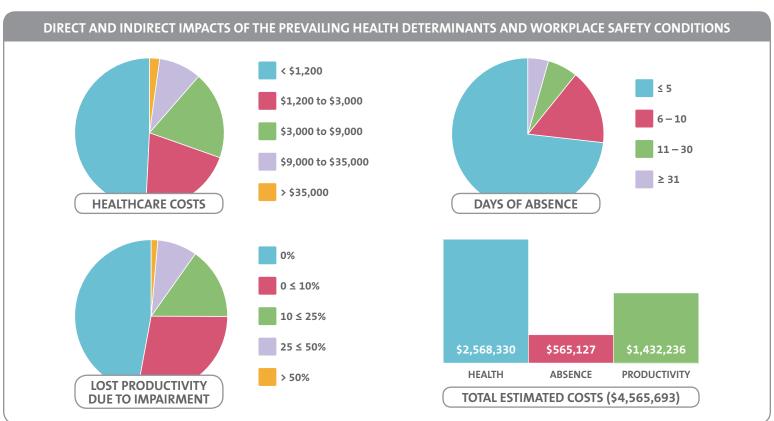


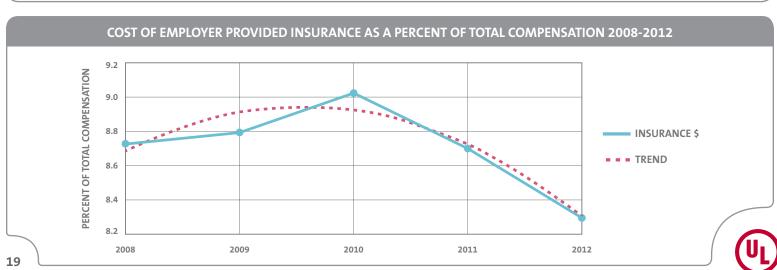






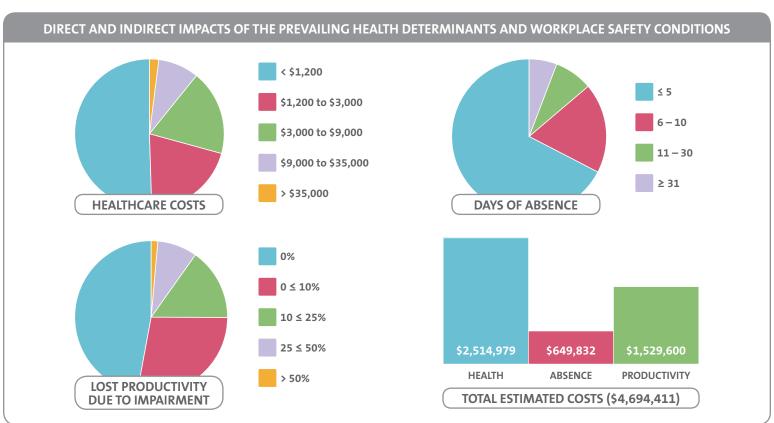


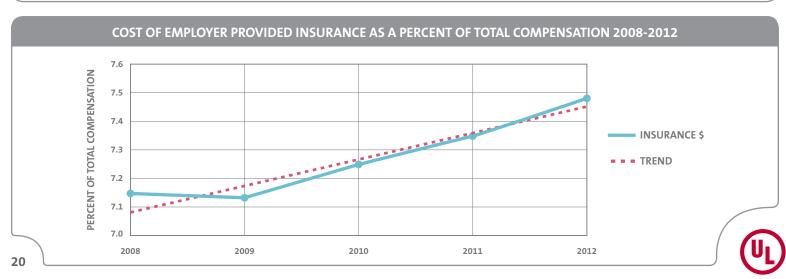




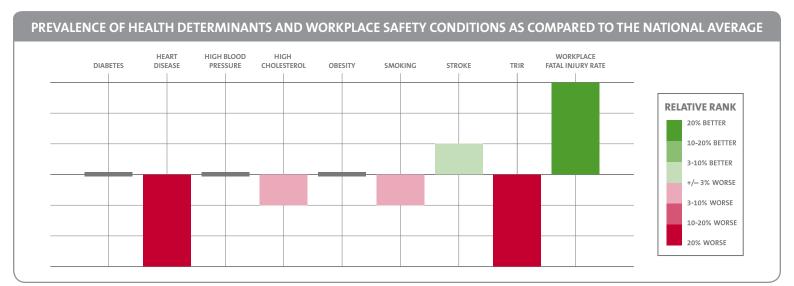


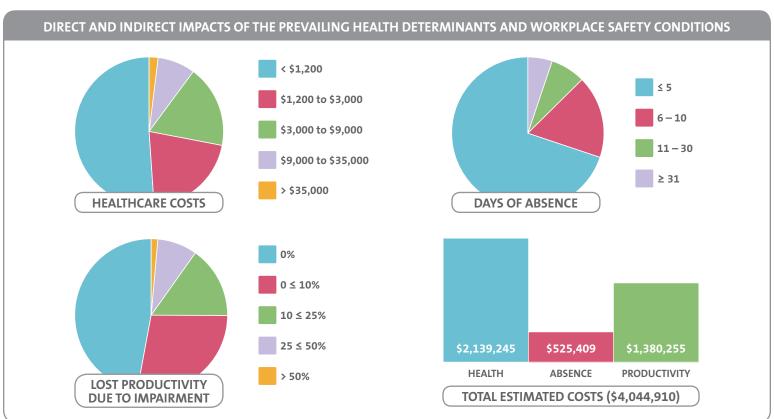


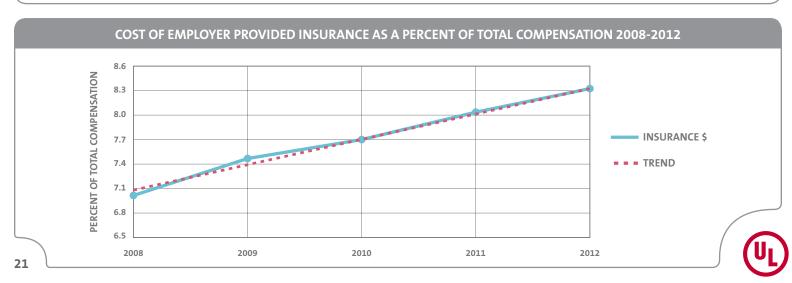






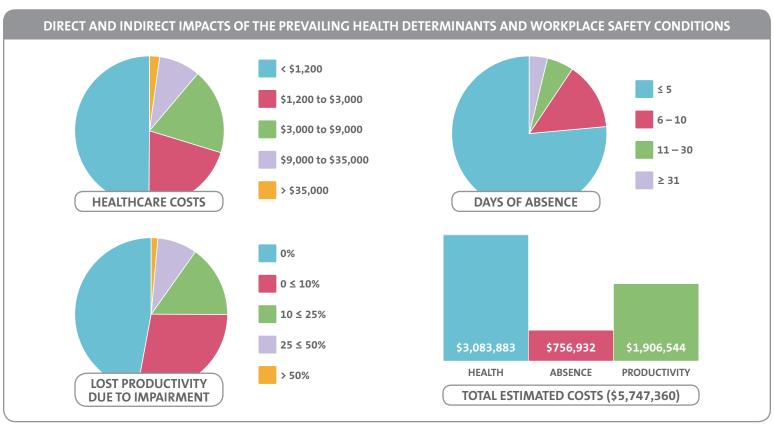


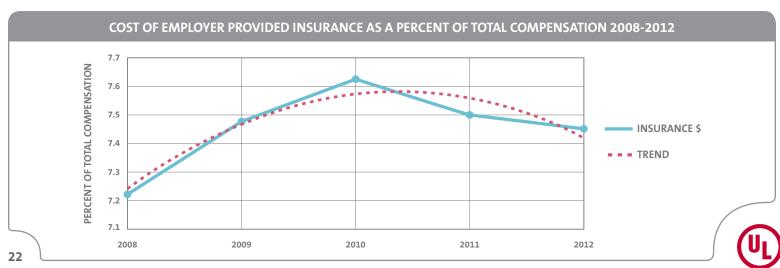






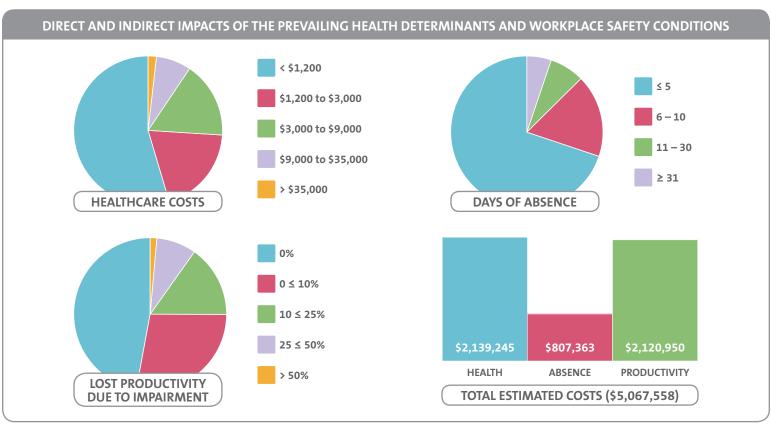


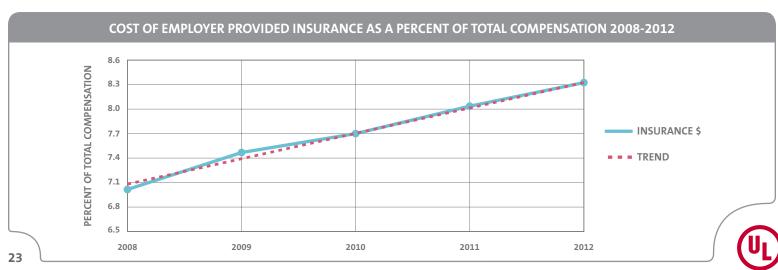




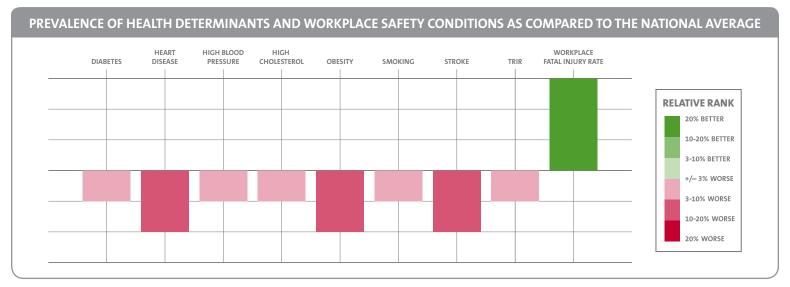
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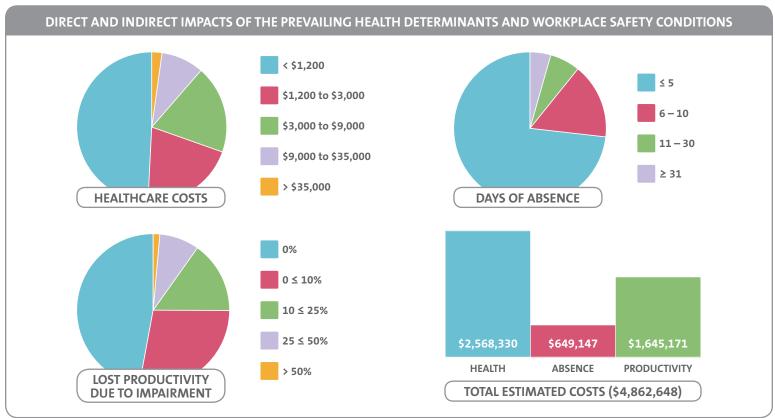


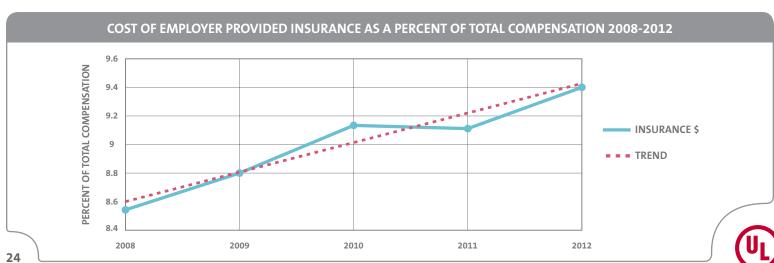






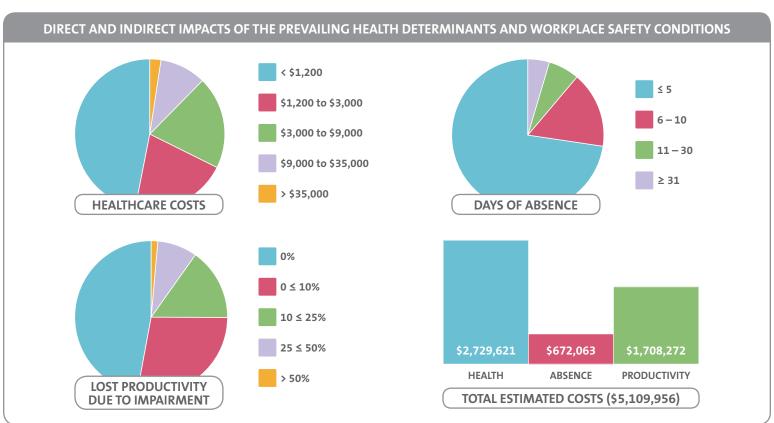


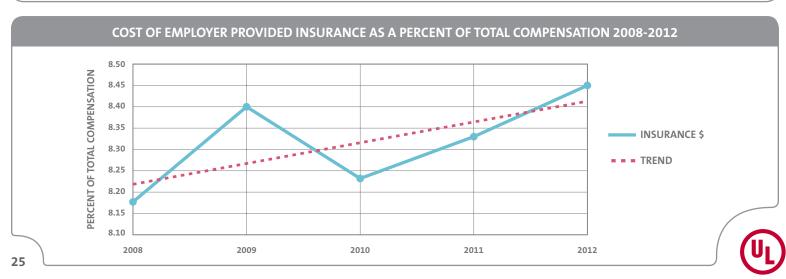




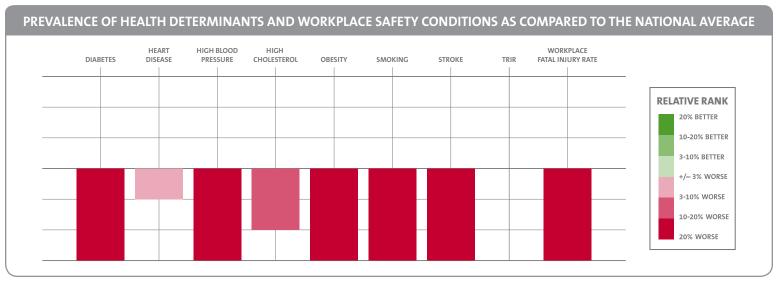


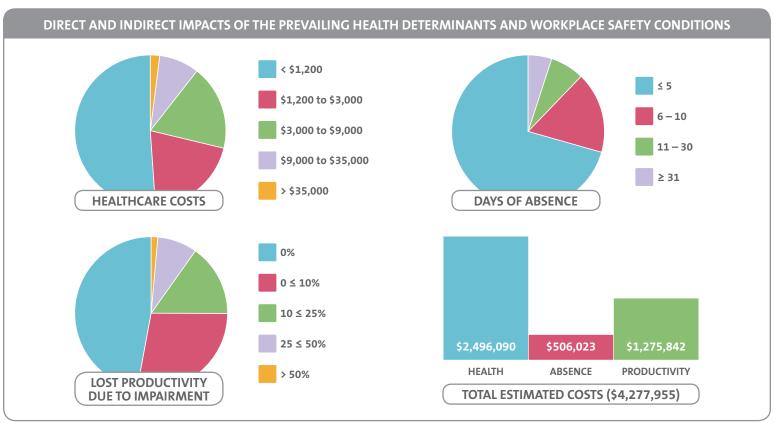


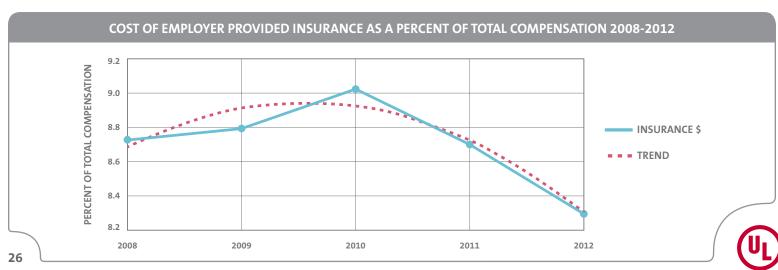






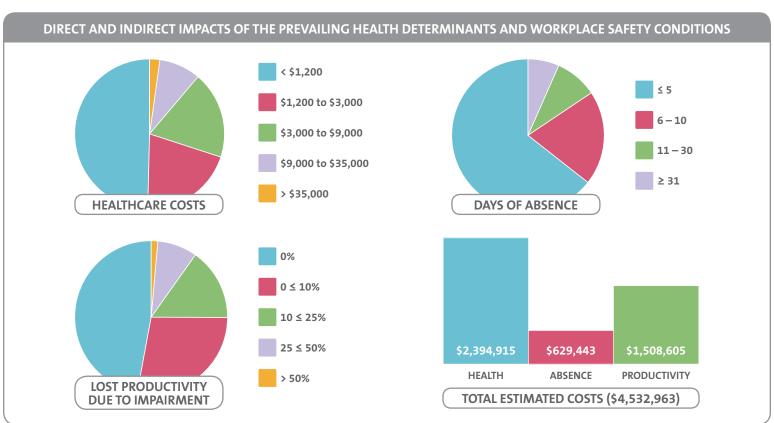


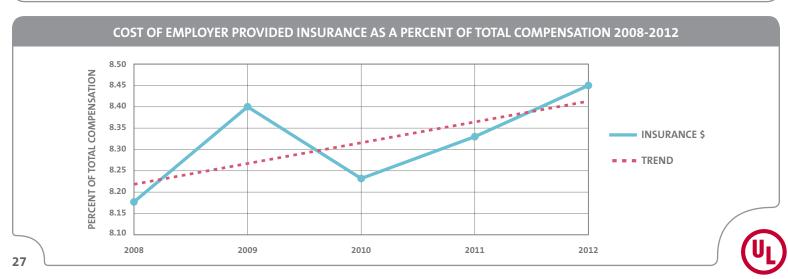




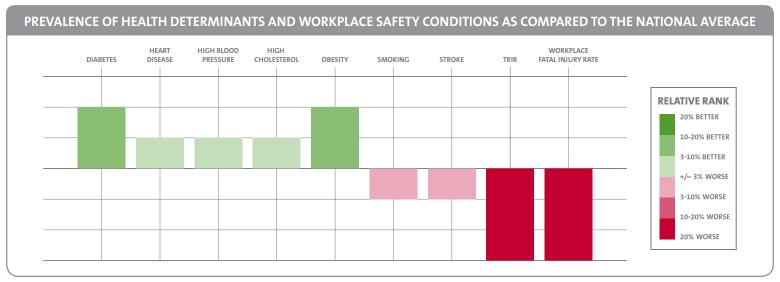


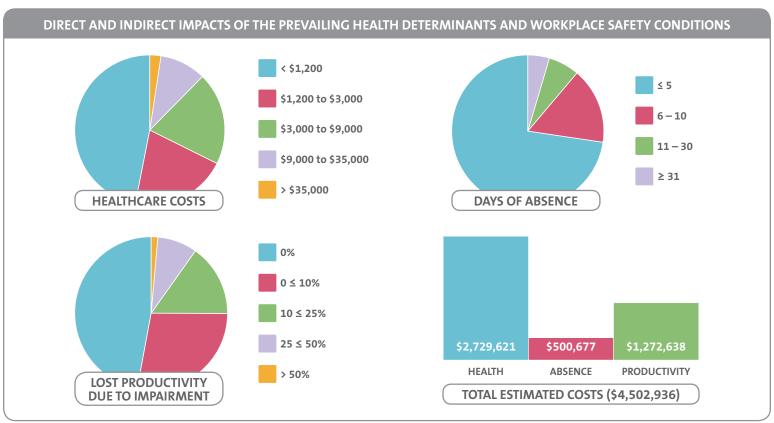


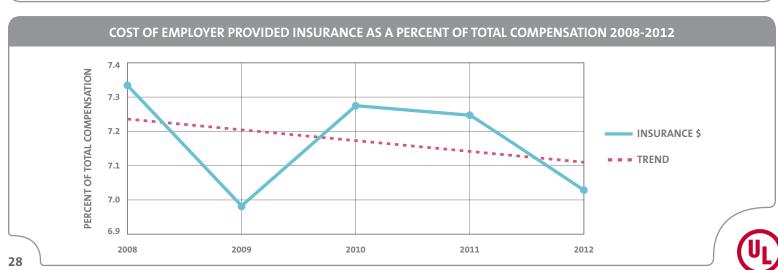






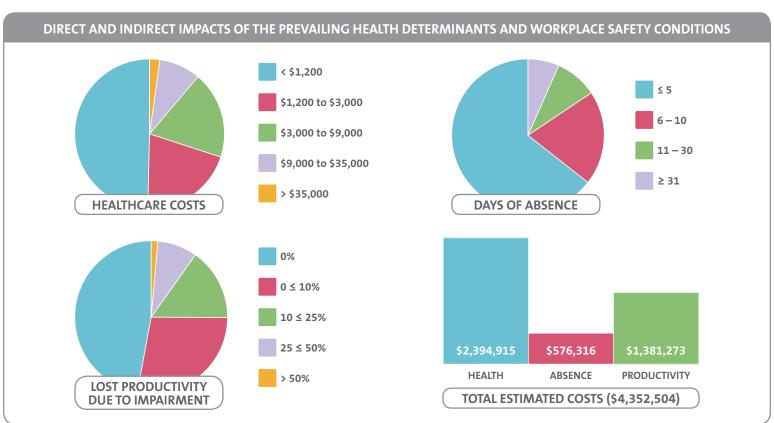


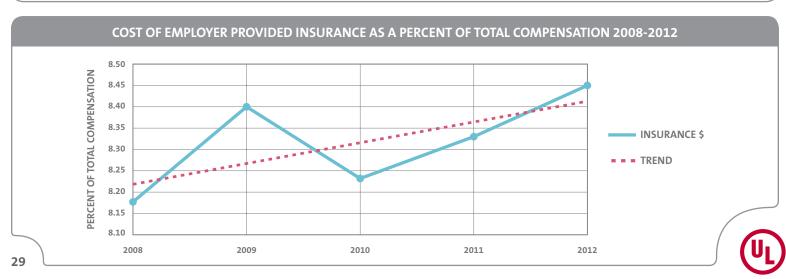






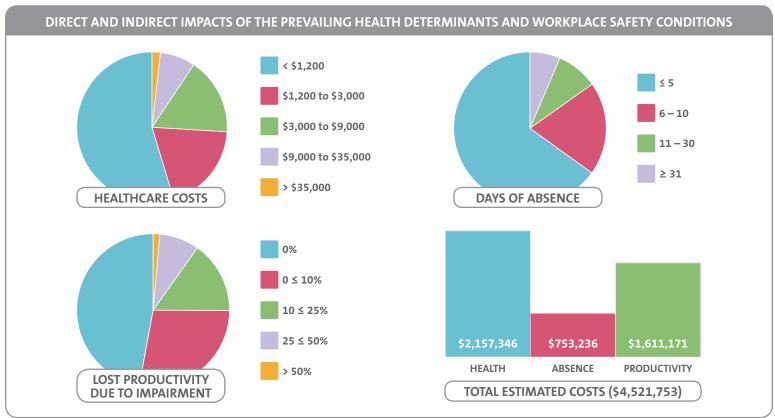


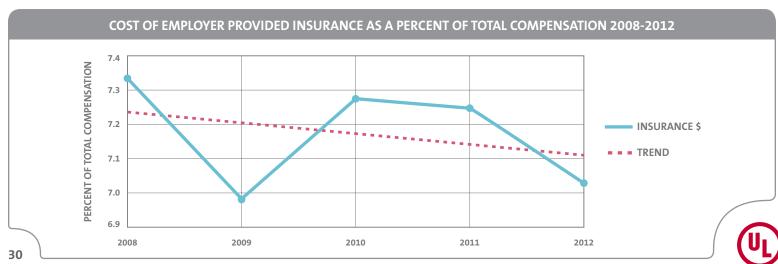






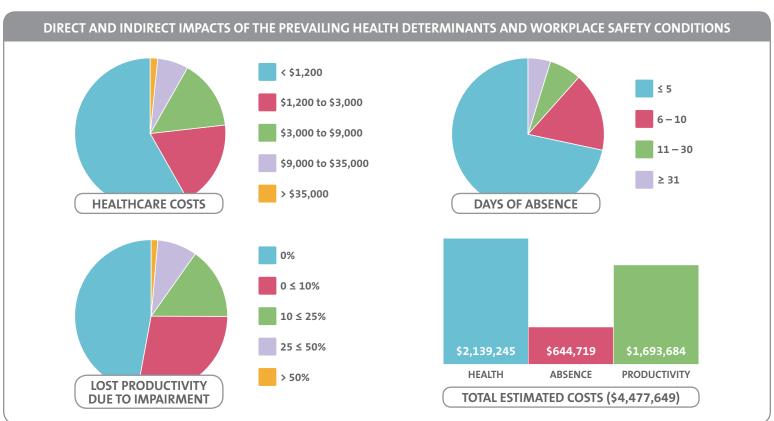


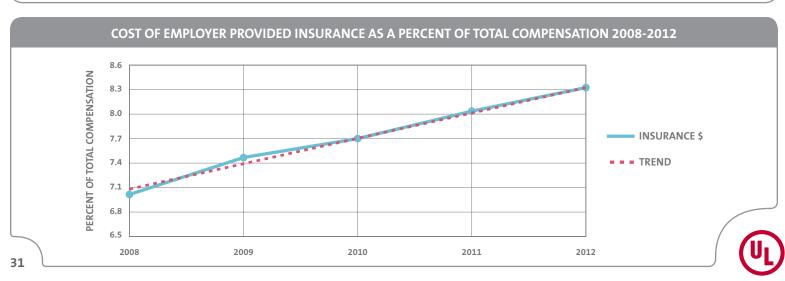




NEW HAMPSHIRE

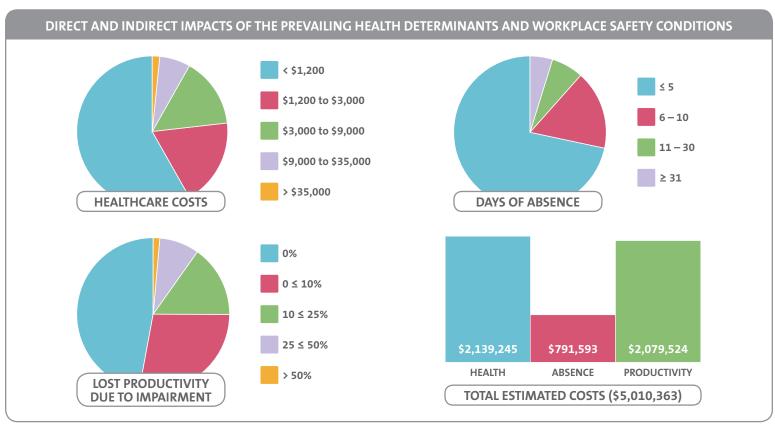


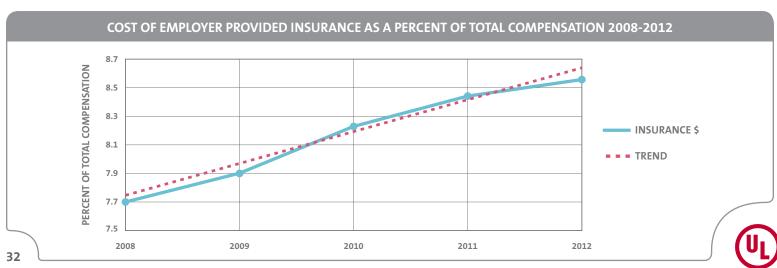






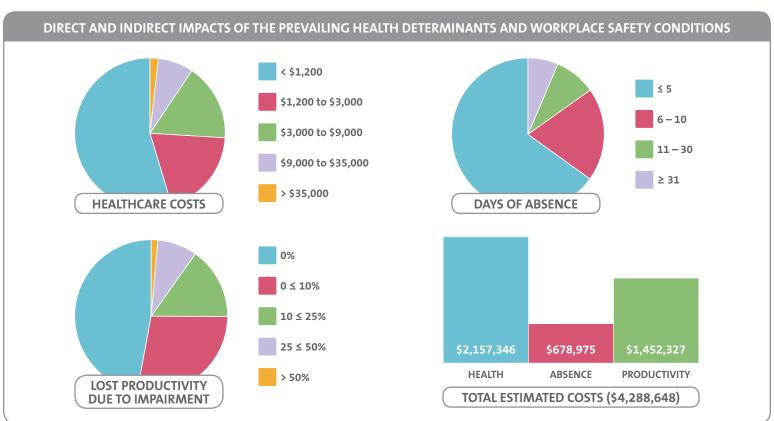


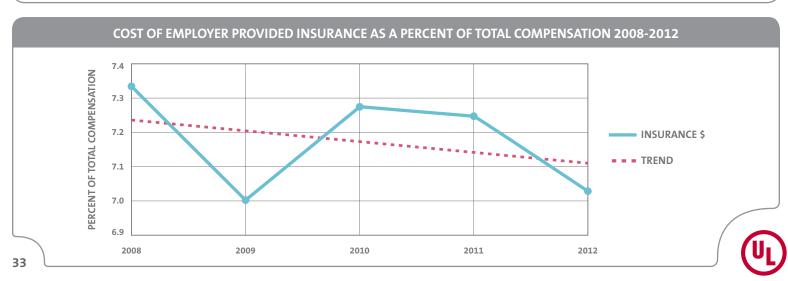




■ NEW MEXICO

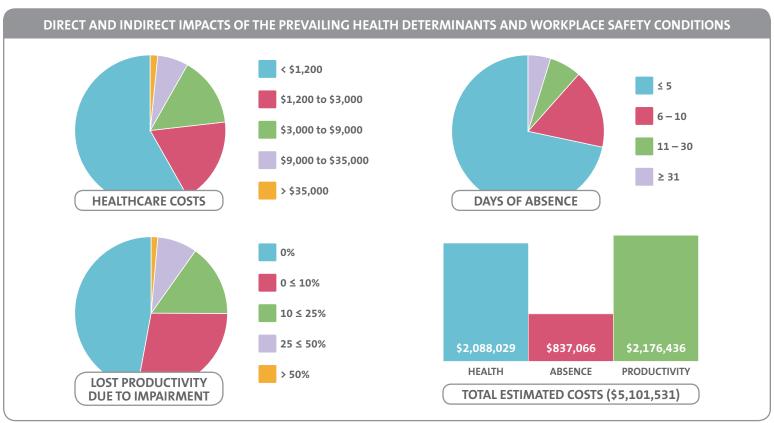


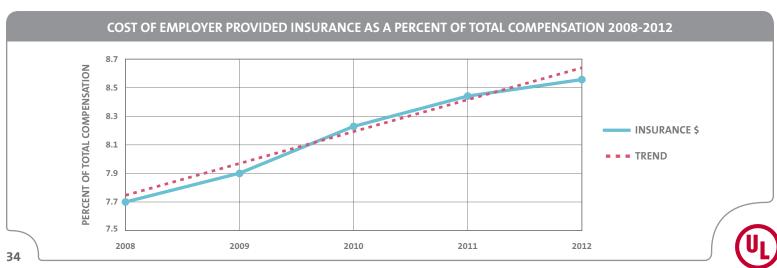






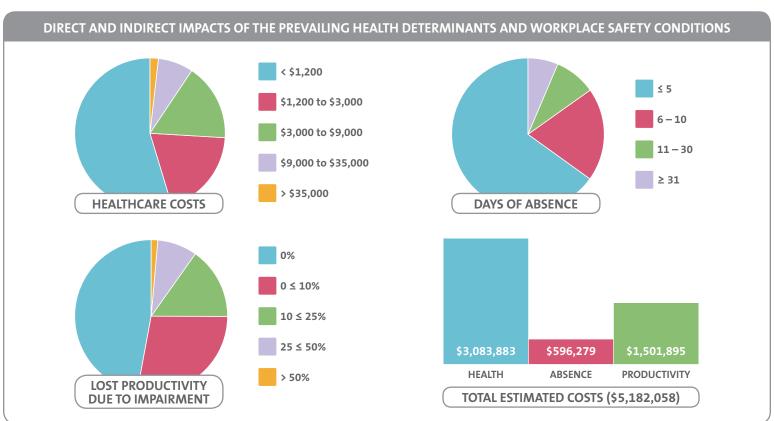


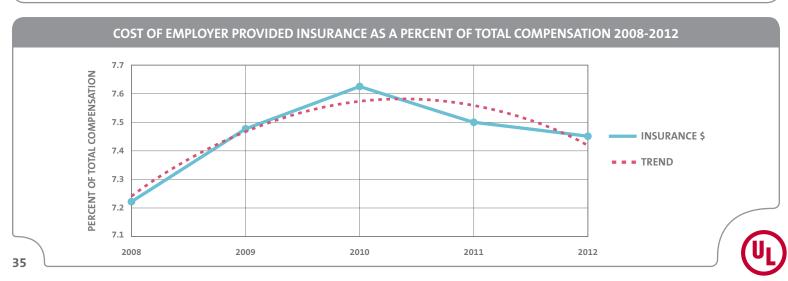




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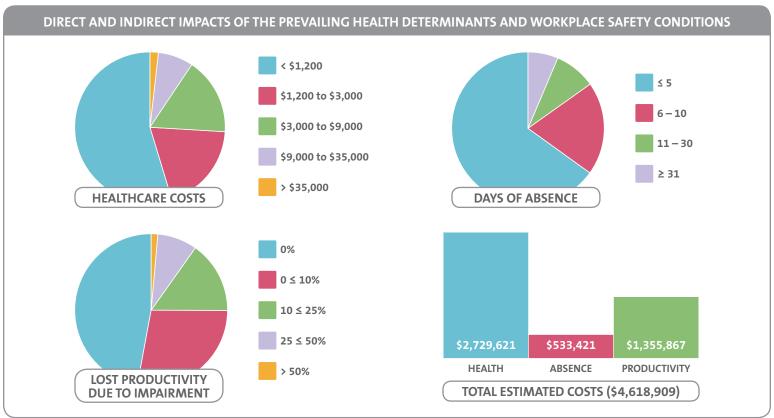


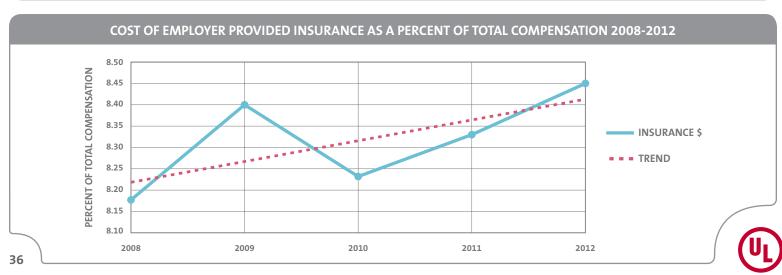




NORTH DAKOTA

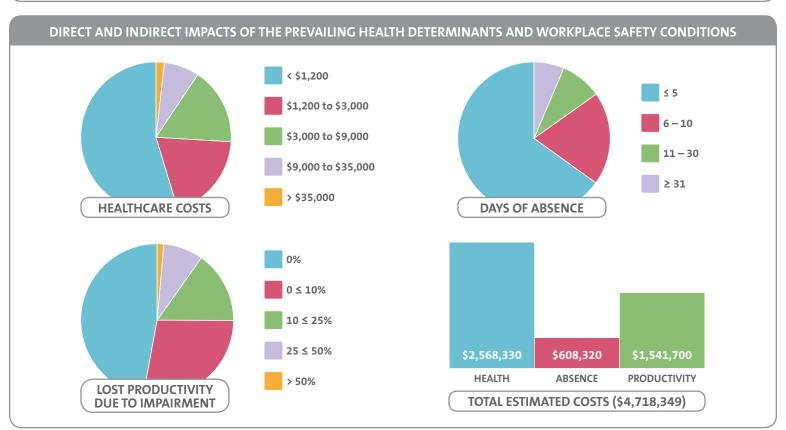


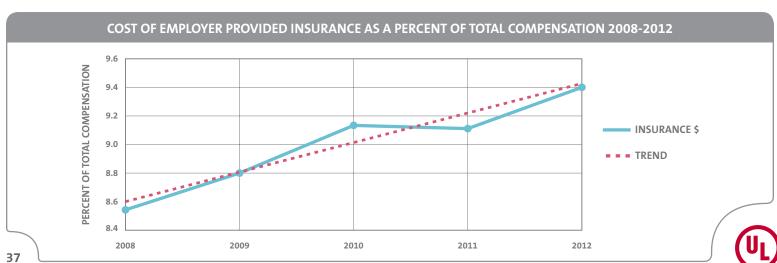




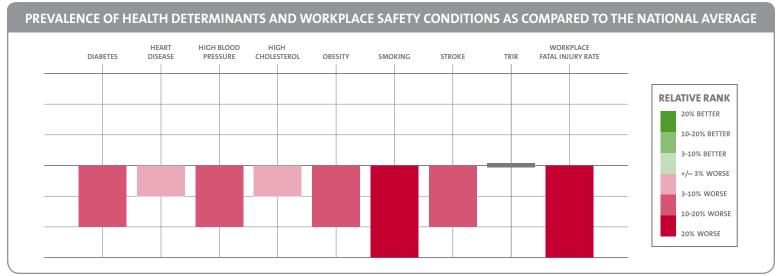


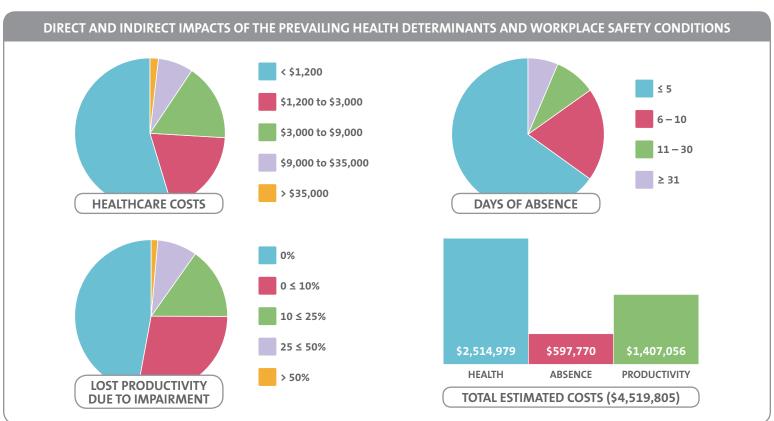


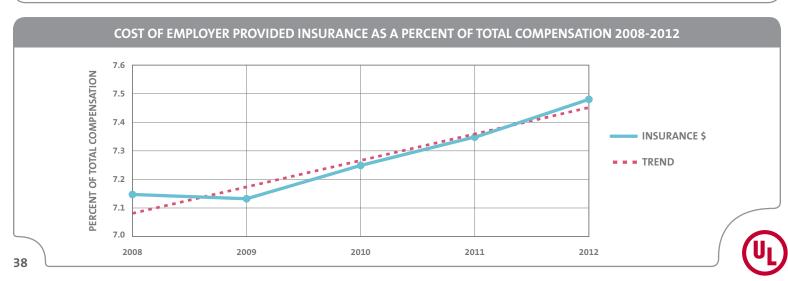




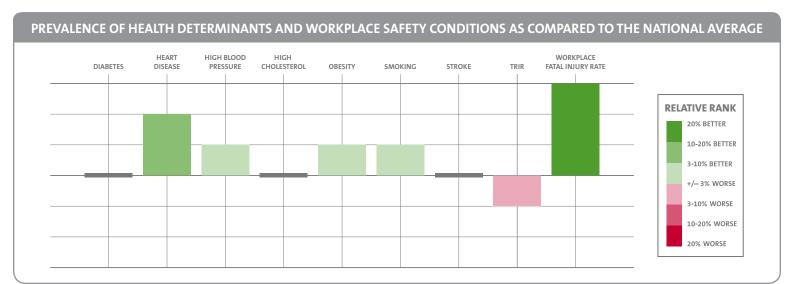


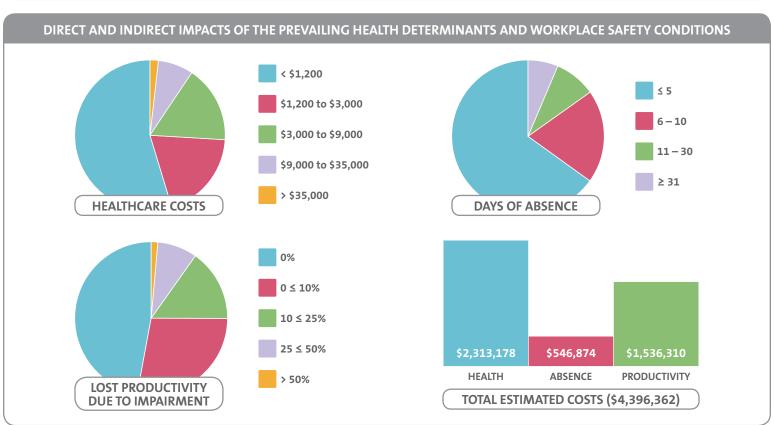


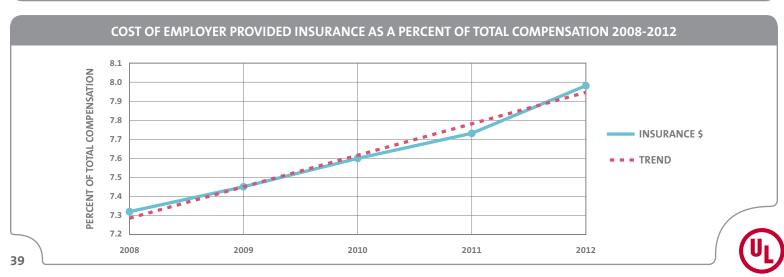




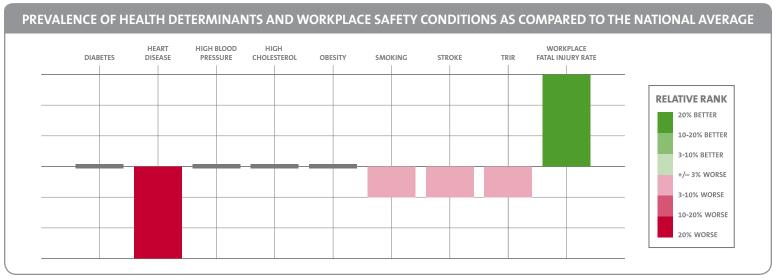


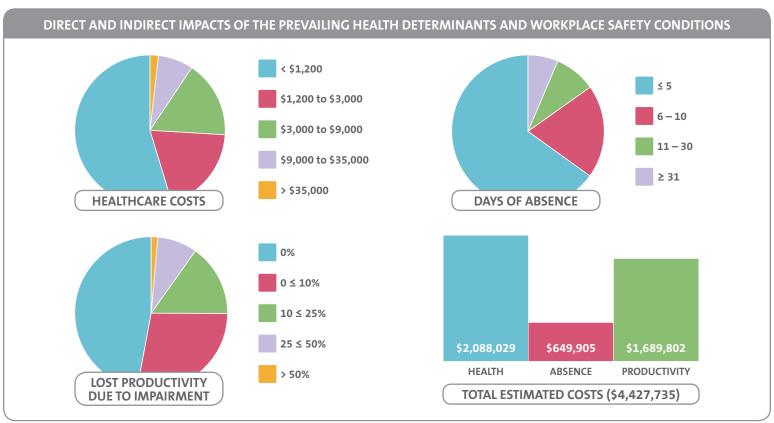


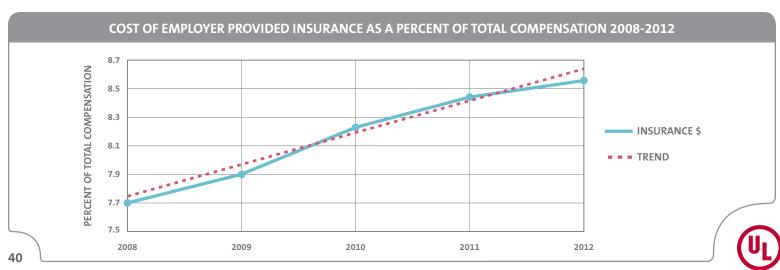






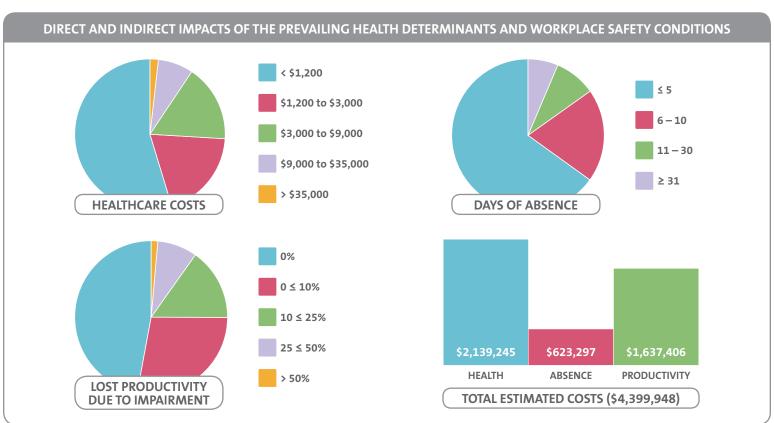


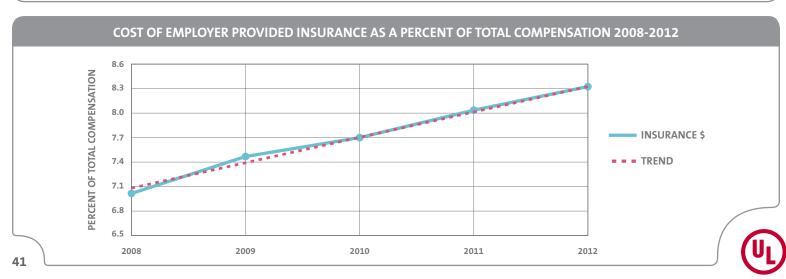




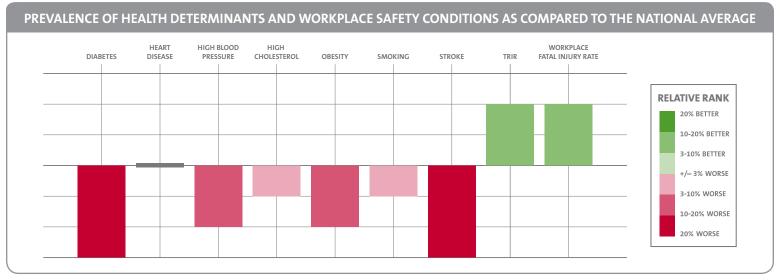


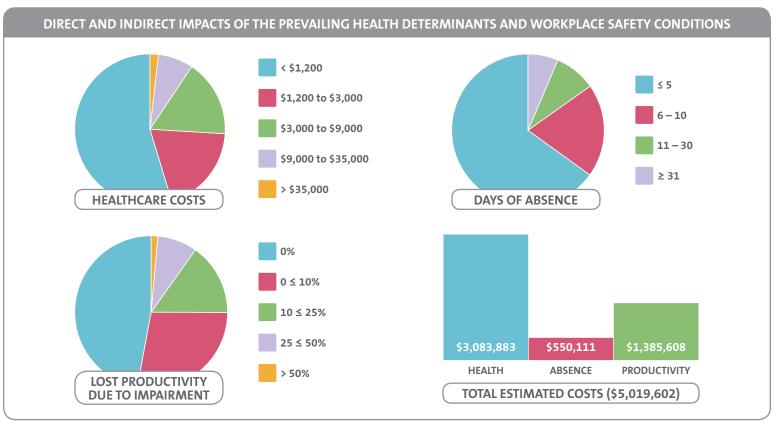


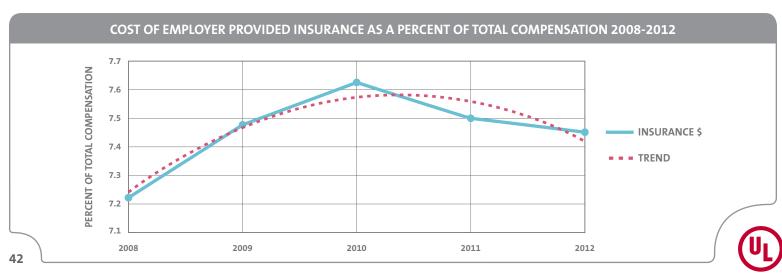




SOUTH CAROLINA [**

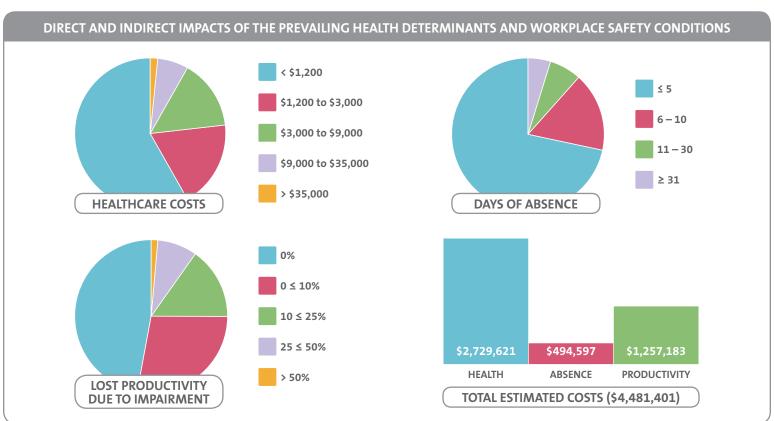


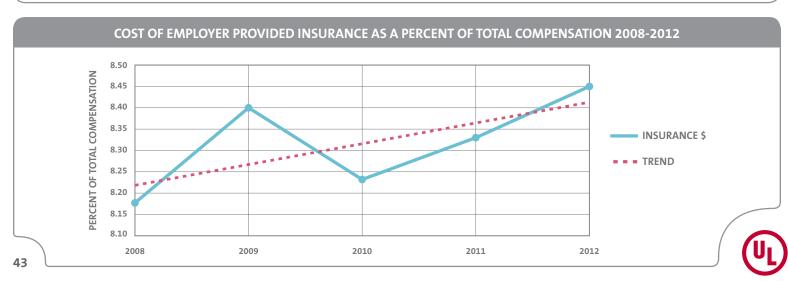




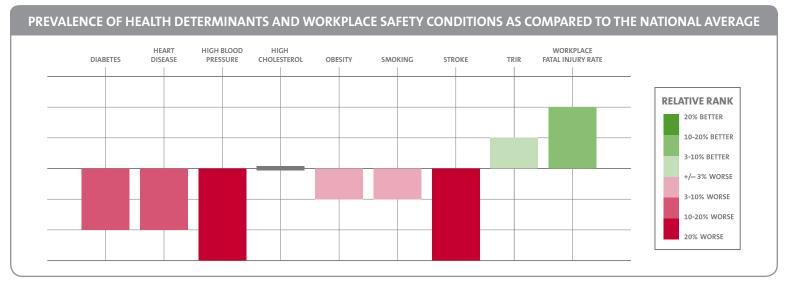
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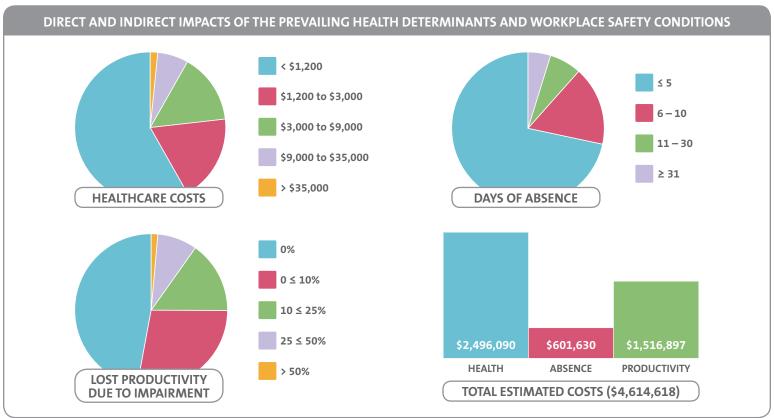


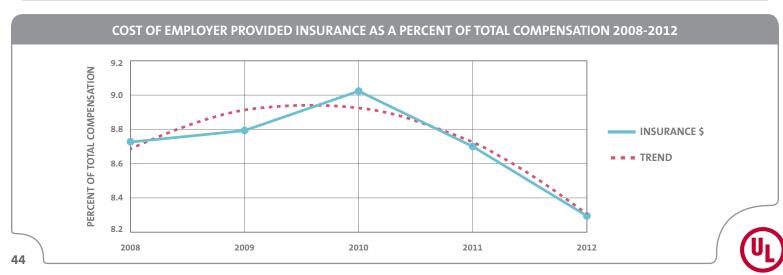






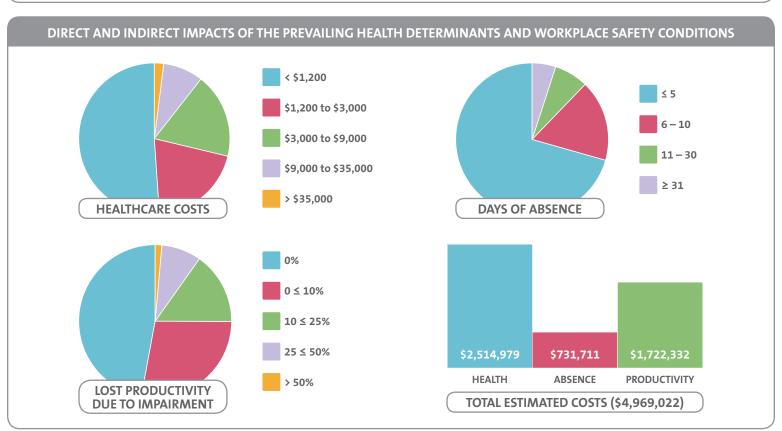


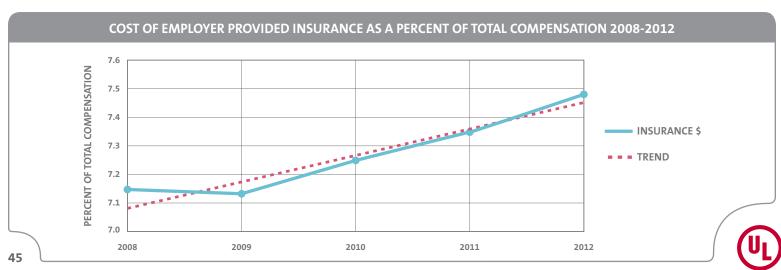






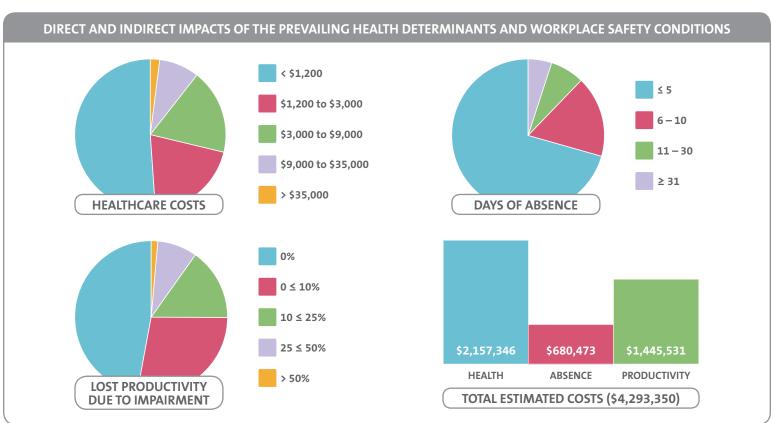


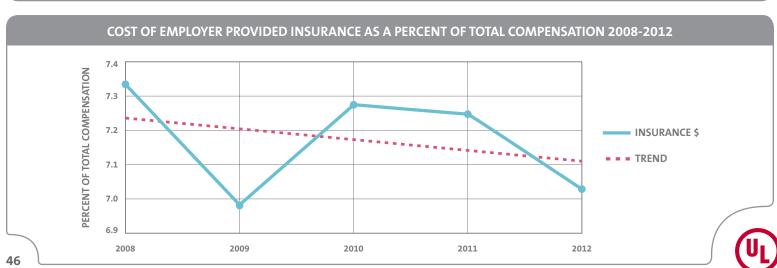






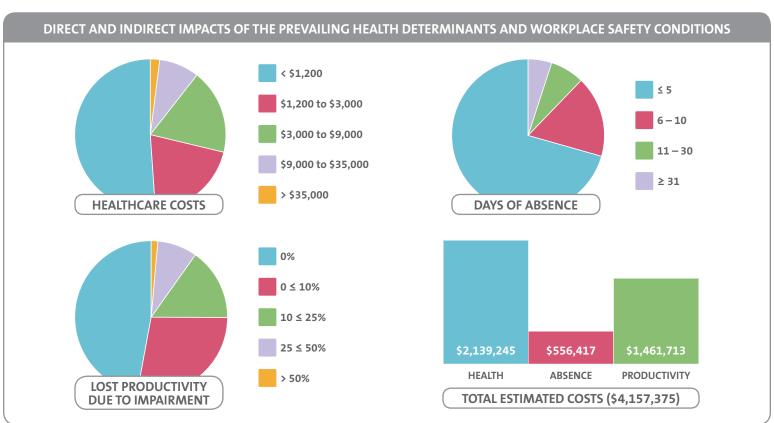


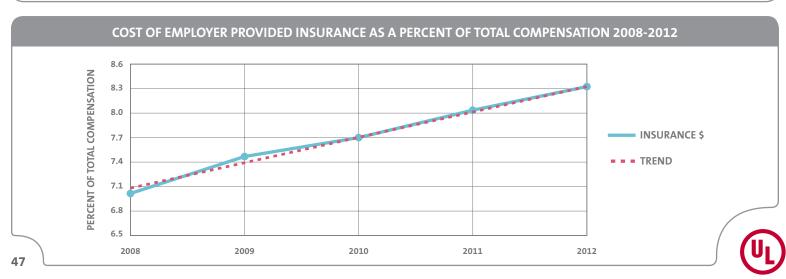






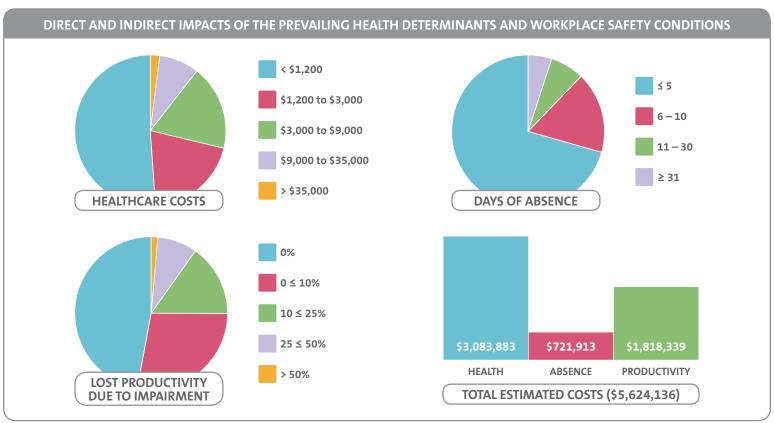


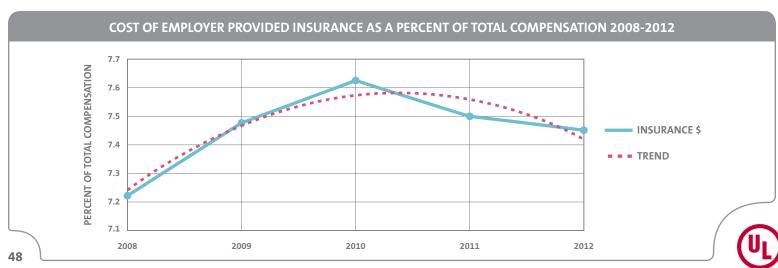






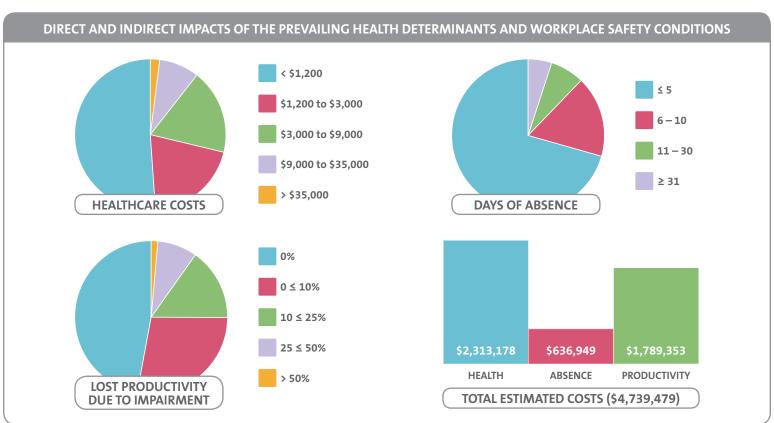


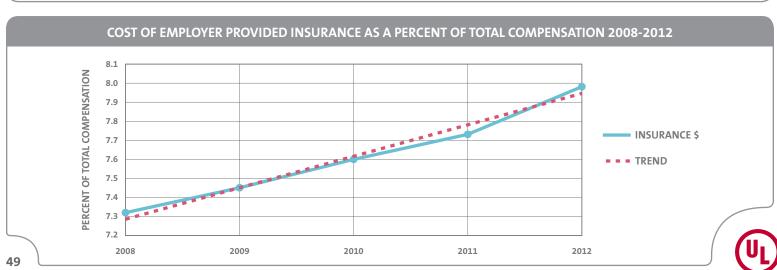




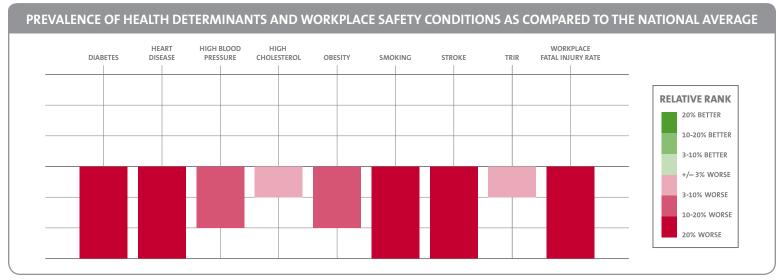


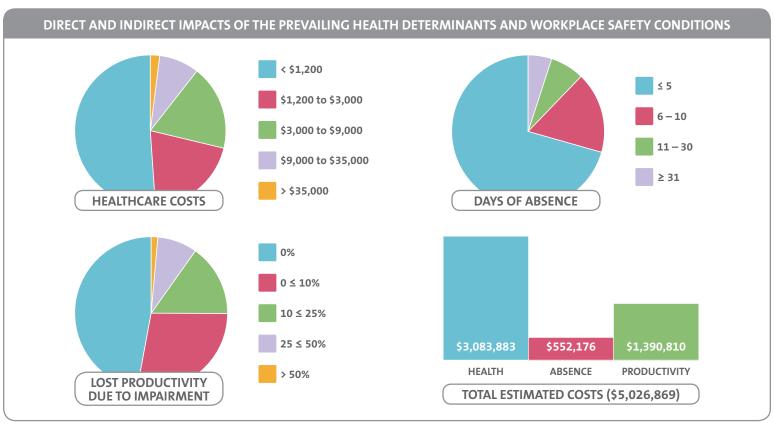


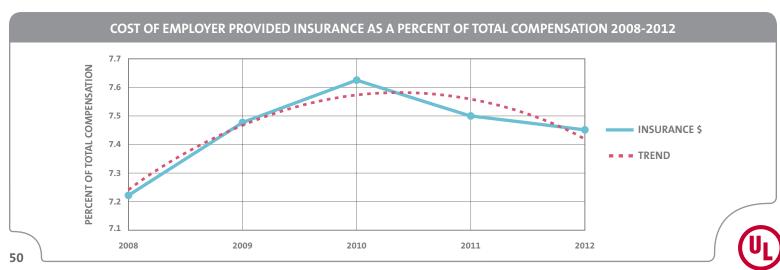






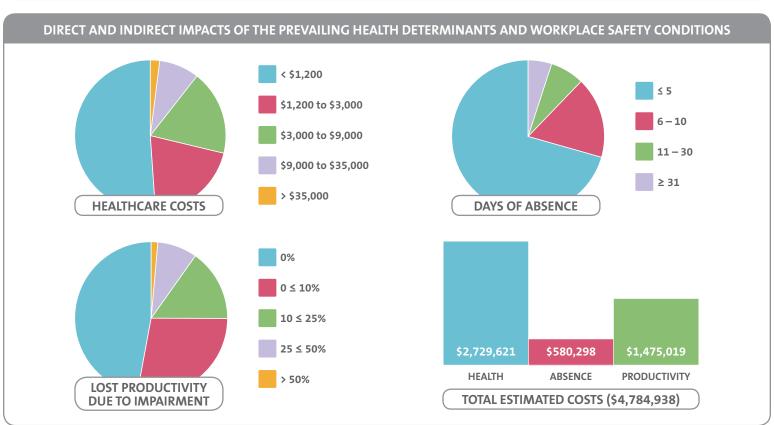


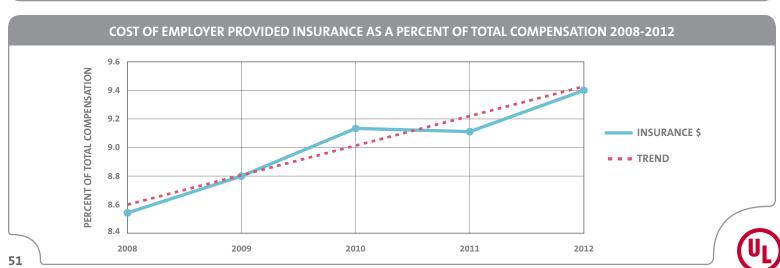






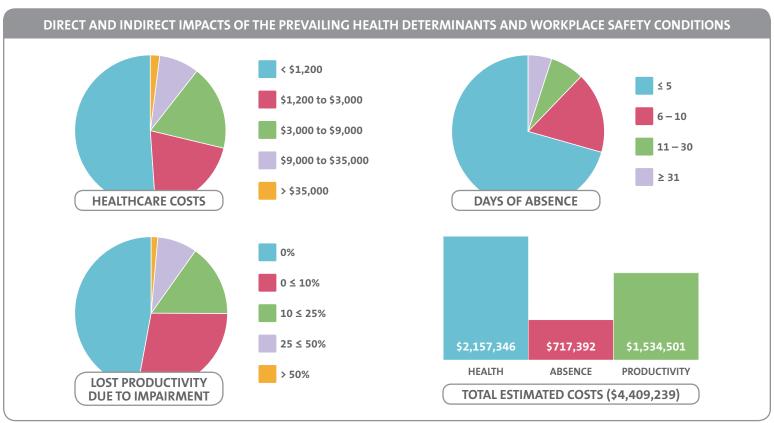


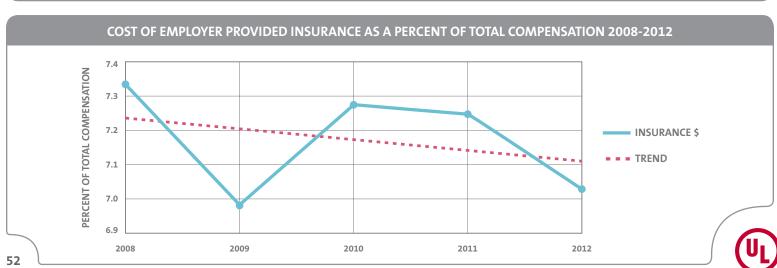




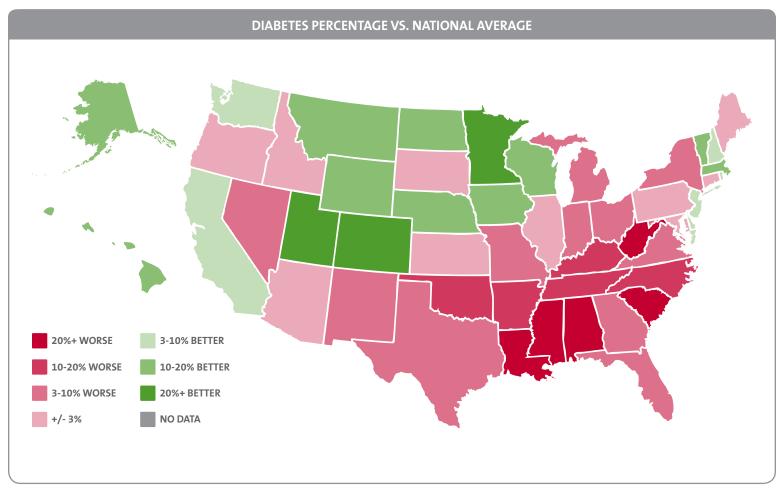


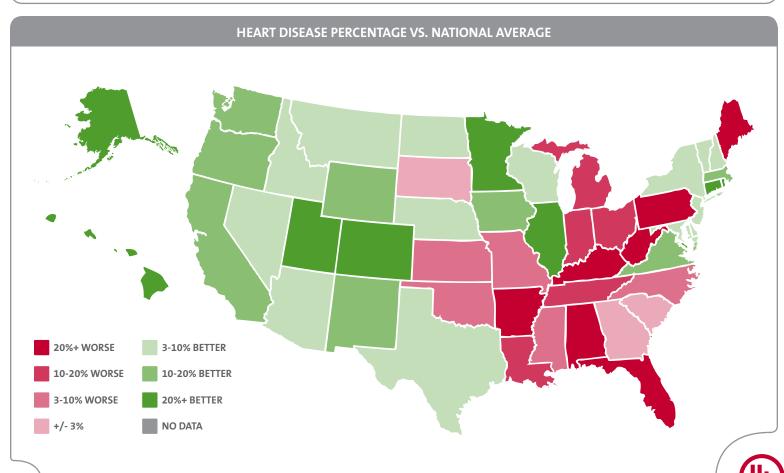




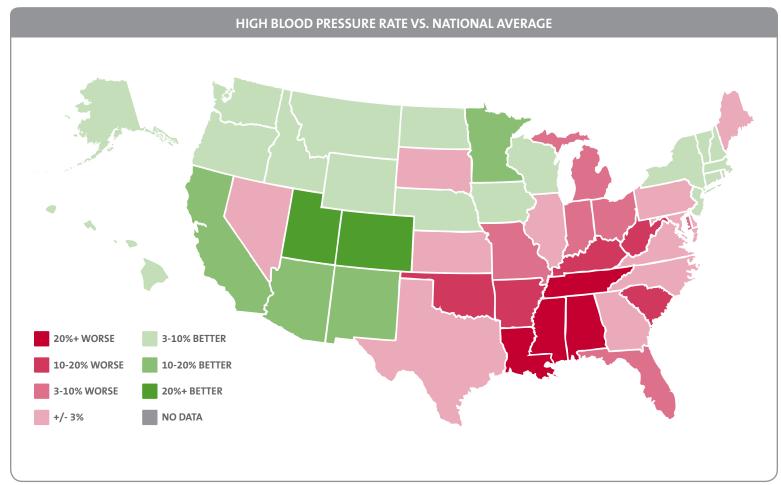


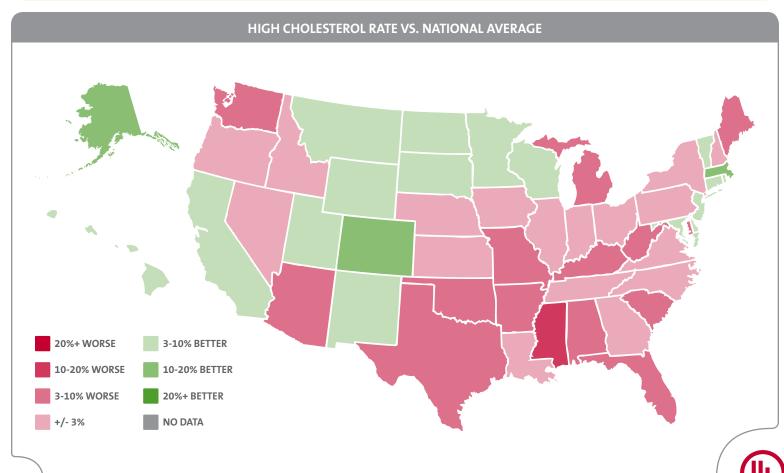
DIABETES AND HEART DISEASE



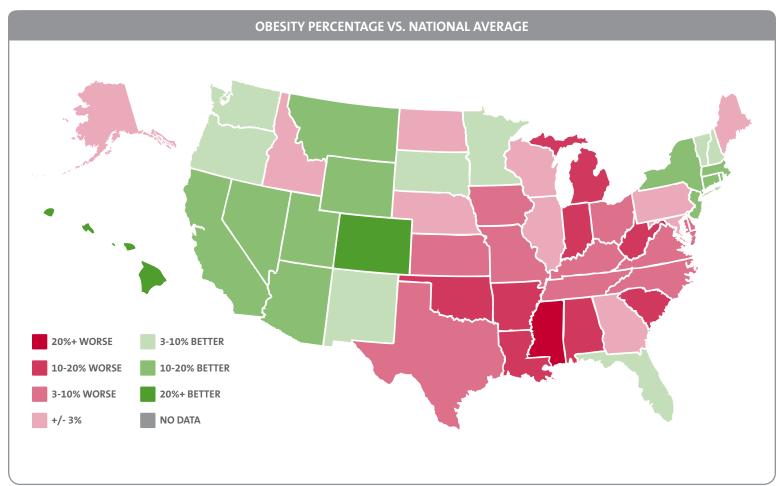


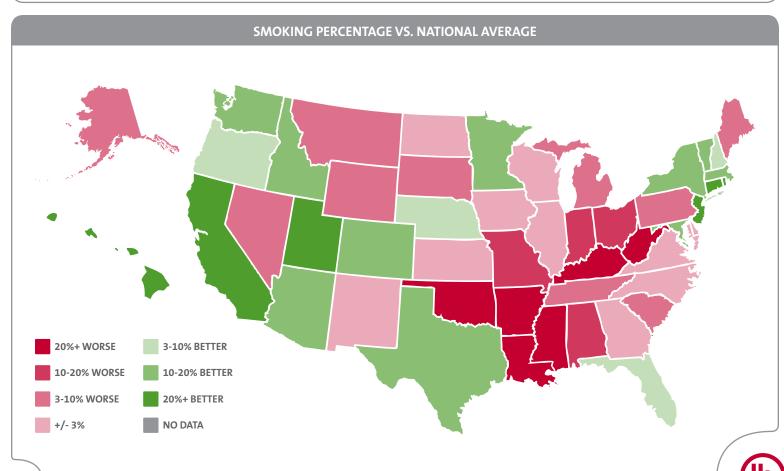
HIGH BLOOD PRESSURE RATE AND HIGH CHOLESTEROL



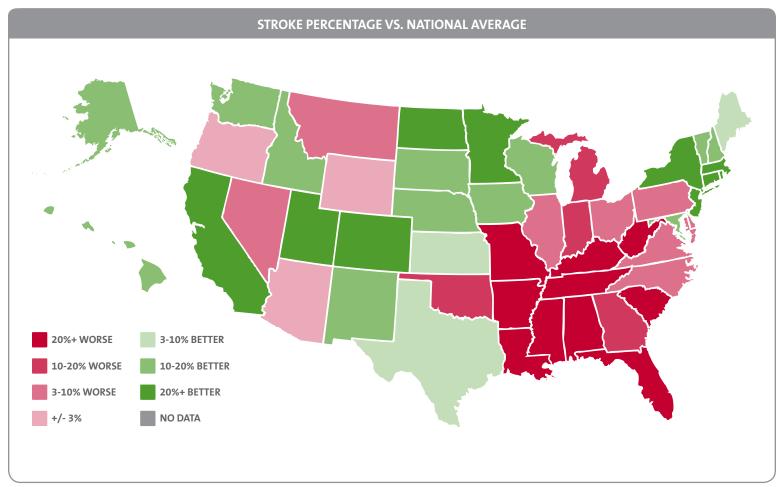


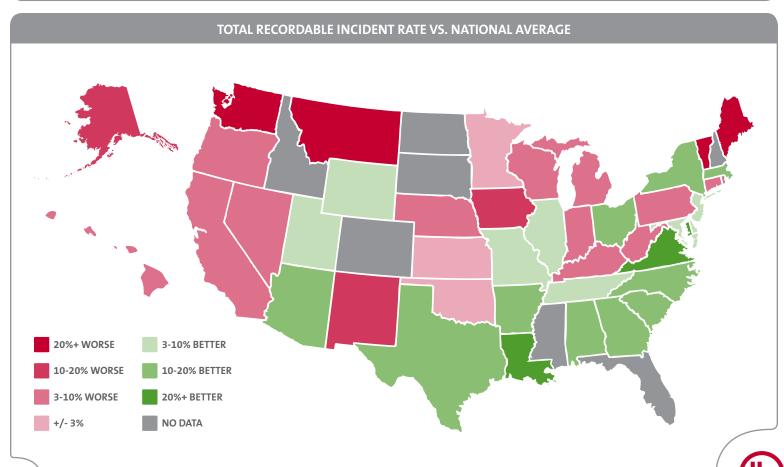
OBESITY AND SMOKING



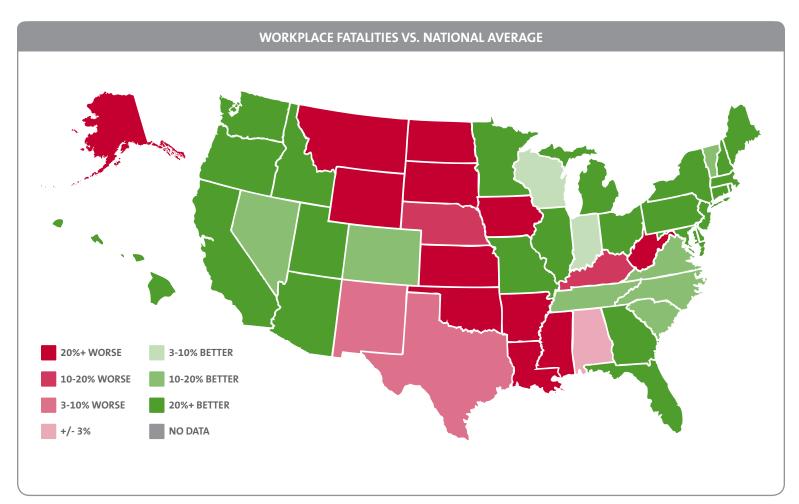


STROKE AND TOTAL RECORDABLE INCIDENT RATE





WORKPLACE FATALITIES





APPENDIX: SOURCES AND METHODS

This report amasses data from several existing sources including United Health Foundation's America's Health Rankings®; the Bureau of Labor Statistics' Survey of Occupational Injuries and Illnesses, Census of Fatal Occupational Injuries, and National Compensation Survey; the American College of Occupational and Environmental Medicine's Blueprint for Health. All data used in this report is from calendar year 2012, unless otherwise specified.

Data on the seven health determinants used in this report were collected from United Health Foundation's America's Health Rankings, 2013 Edition the longest running state-by state analysis of factors affecting our country's health. The report itself is based on existing data collected from a variety of sources including the U.S. Department of Health and Human Services, the US Department of Labor, The US Census Bureau, the American Medical Association, academia, and private foundations. The most current report, as well as archival data, is available at http://www.americashealthrankings.org/.

Data on the Total Recordable Incident Rate (TRIR) and Workplace Fatality Injury rate were gathered from two BLS programs: the BLS Survey of Occupational Injuries and Illnesses (SOII), and the BLS Census of Fatal Occupational Injuries (CFOI). The SOII estimates the number and frequency of non-fatal recordable workplace injuries and illnesses within private employers and state and local government in all U.S. states, the District of Columbia and territories based a two-stage random sampling process of required logs kept by employers. Nonfatal recordable workplace injuries and illnesses are those that result in loss of consciousness, days away from work, restricted work activity or job transfer, and medical treatment beyond first aid. The CFOI collects and published a comprehensive count of work-related fatal injuries in all U.S. states, the District of Columbia and most territories from multiple data sources including death certificates, state workers' compensation records, news media, OSHA reports. The CFOI includes employment in private, federal, state and local government, small farms and the self-employed. The latest data from both programs is available at http://www.bls.gov/iif/.

Data on the direct and indirect impacts were generated by The Blueprint for Health, from the American College of Occupational and Environmental Medicine (ACOEM). The Blueprint for Health is an interactive web-based tool that allows users to estimate the direct and indirect impacts of employee health determinants and workplace safety conditions on a company. Based upon certain characteristics of the employer including number of employees; gender, marital and age distribution of employees; average salary; geographic region(s) operating in; and healthcare deductible information the blueprint produces estimates on expected total healthcare costs, days of absence, lost productivity due to health-related impairments, and the total dollar costs associated with these impacts. The user simply inputs these specific employer characteristics into webbased tool that uses a series of algorithms created from past research on a large number of employers to produce estimates. This tool is particularly useful for companies not directly tracking these health-related productivity measures. Information on the Blueprint for Health is available from ACOEM at http://www.acoem.org.

Data on the cost of employer provided insurance were collected from the Bureau of Labor Statistics' Employer Costs for Employee Compensation (ECEC) data series, part of the National Compensation Survey (NCS), available at http://www.bls.gov/ect/. The NCS includes establishments with one or more workers in private industry and in state and local government, in the 50 States and the District of Columbia. NCS data are collected from probability samples selected in three stages: (1) a probability sample of geographic areas, (2) a probability sample of establishments within sampled areas, and (3) a probability sample of occupations within sampled establishments. The ECEC series measures the average cost to employers for wages and salaries, and for benefits, per employee hour worked. The series provides quarterly data on employer costs per hour worked for total compensation, wages and salaries, total benefits, including insurance benefits—life, health, short-term disability, and long-term disability insurance.

