The background of the slide is a dense collection of wooden gears of various colors, including natural wood, orange, red, teal, and dark brown. The gears are scattered and overlapping, creating a textured, mechanical aesthetic.

# Occupational Health and Its Role in Primary Prevention & Recovery Supportive Workplaces

Kristen Chalmers, LMSW  
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*Let's start off with some opening questions.....*

# Finger Lakes Occupational Health Services

*Member of the NYS Dept. of Health  
Occupational Health Clinic Network*

*Servicing Genesee, Livingston,  
Monroe, Ontario, Orleans,  
Seneca, Wayne, Wyoming,  
and Yates Counties*

*A University of Rochester  
Medical Center Program*



# Work Environment

Occupational health is dedicated to the well-being and safety of employees in the workplace and seeks to create a safe work environment, as well as fostering a **work culture that values and prioritizes sustaining it**

Safe and healthy working environments are not only a fundamental right, but are also more likely to

- minimize tension/conflicts at work
- improve staff retention
- improve work performance
- improve productivity

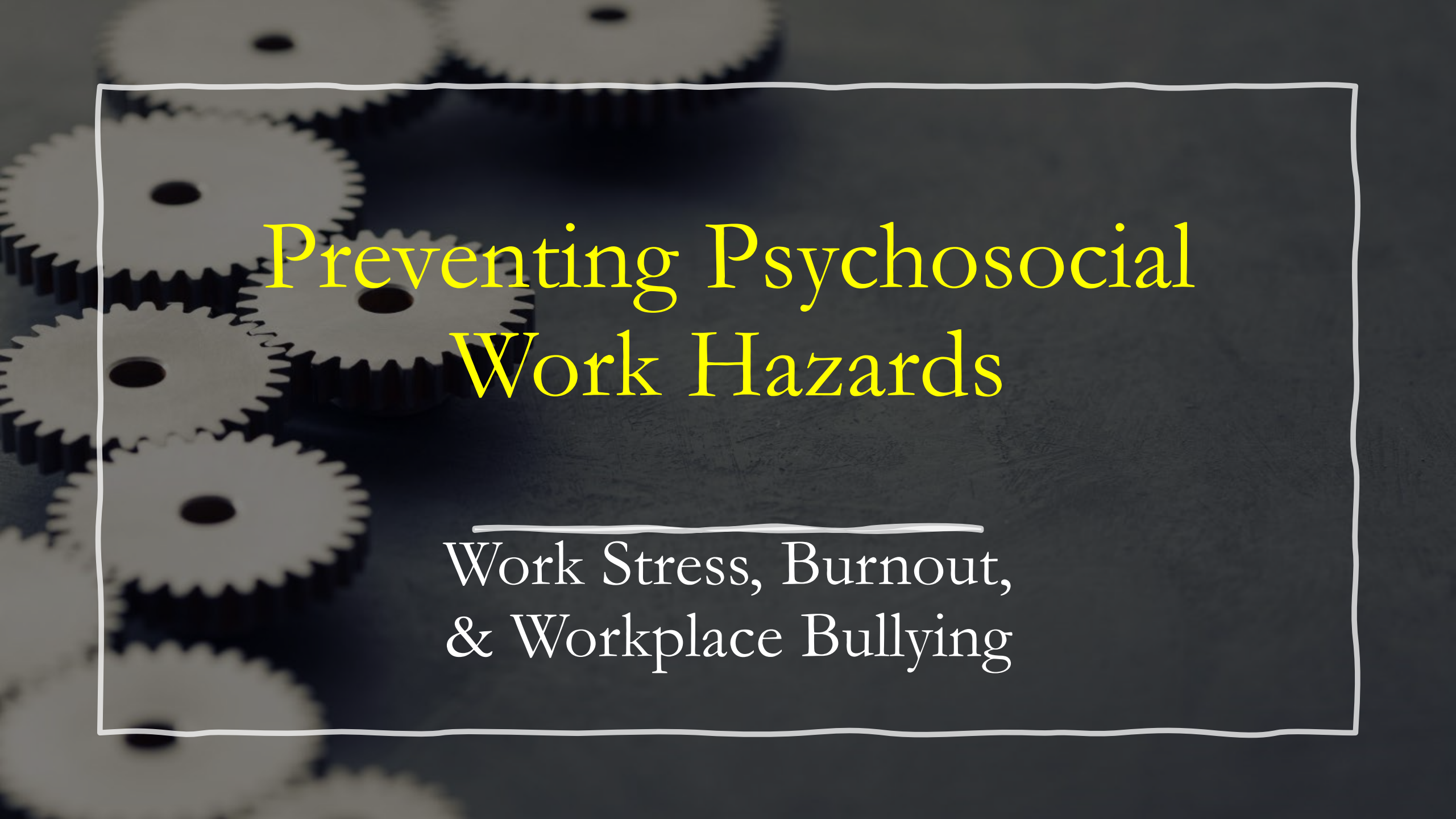
(WHO, 2022)

# Primary Prevention

**Primary prevention is a public health strategy** that aims to prevent disease or injury before it occurs by

1. preventing exposures to hazards that can cause disease or injury
2. altering unhealthy or unsafe behaviors that can lead to disease or injury
3. addressing mental health issues that can affect physiological outcomes





# Preventing Psychosocial Work Hazards

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Work Stress, Burnout,  
& Workplace Bullying

## **Workplace Injury & Stress can initiate new cases of SUDs related to:**

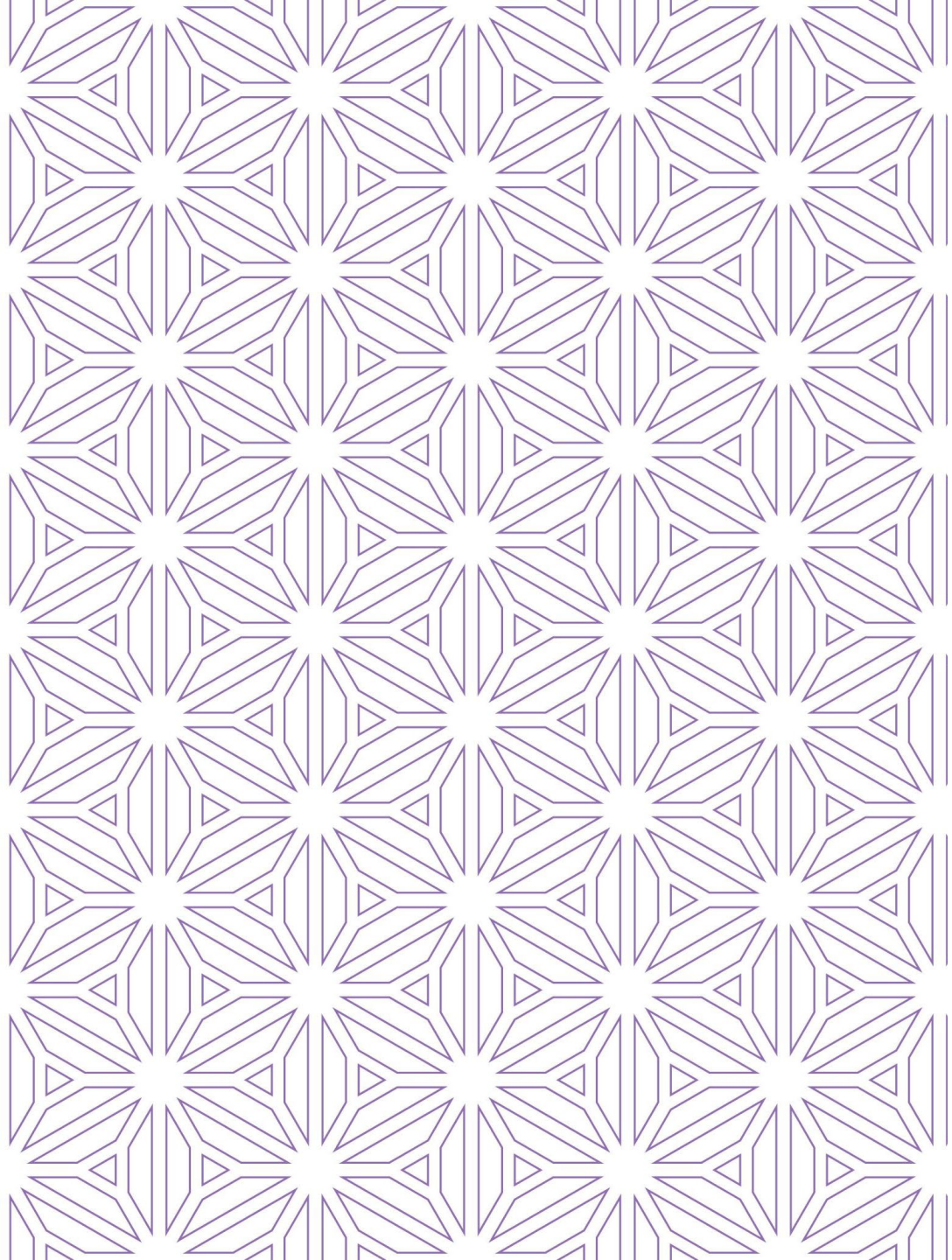
- -opioid prescription
- -lack of access to alternative pain treatments
- -or self-medication

In 2020, private employers reported 2.8 million work injuries and illnesses

Workers' compensation data from 26 states (2013–2015) indicated that opioids were prescribed for 52%–80% of injured workers who received pain medications

(RFW Landscape Analysis, 2023)





The workplace is often the forgotten link in the national and state response to the opioid crisis

**70%** of the 11.5 million people who misused prescription opioids *were employed full or part time* according to SAMHSA <sup>(2017)</sup>



# Workplaces: *A Pathway to Recovery*

A growing body of evidence addresses work-relatedness: “Opioid use disorder (OUD) and opioid overdose deaths (OODs) are prevalent among U.S. workers, but work-related factors have not received adequate attention as either risk factors or opportunities for OOD prevention.”



The workplace has the potential to be a key component of the national response to the overdose crisis



# Recovery

---

is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

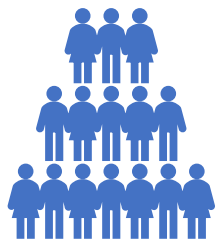


# A Growing Movement: *Recovery Supportive Workplace*

The National Institute for Occupational Safety and Health (NIOSH) states the aims of a recovery-supportive workplace are:

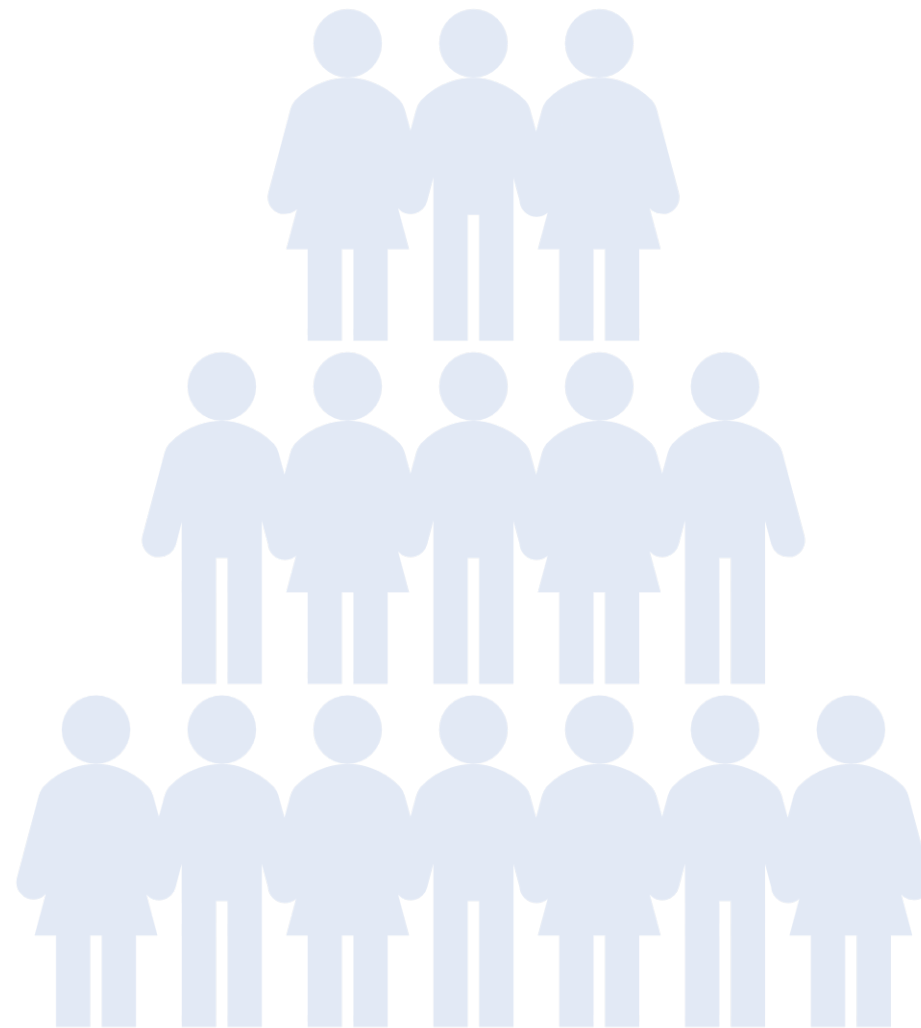
**“ To prevent workplace factors that could cause or prolong a substance use disorder; and lower barriers to seek and receive care, and in maintaining recovery”**





# Biden Administration Announces Toolkit For “Recovery Ready Workplaces”

- *to help businesses and employers prevent and respond more effectively to substance use disorder among employees, build their workforces through hiring people in recovery, and develop a recovery-supportive workplace culture.* (White House, 11/9/23)





# New Hampshire

Gov. Chris Sununu launched New Hampshire's "Recovery Friendly Workplace Initiative" in 2018, designed to empower businesses around the state to support individuals with substance use disorders. Since the program's inception, **350 businesses** have been designated as "recovery friendly workplaces," encompassing **nearly 100,000 employees**

The work done in New Hampshire will continue expanding nationwide. Sununu will serve as the honorary board chair of the National Recovery Friendly Workplace Institute, what he described as a "nonprofit, nonpartisan effort" that will be housed in the Global Recovery Initiatives Foundation

# Recovery-Ready Workplaces adopt policies and practices :

***AKA how supportive  
employers can sustain  
recovery/safety***

Expand	expand employment opportunities for people in or seeking recovery;
Facilitate	facilitate help-seeking among employees with substance use disorder (SUD);
Ensure	ensure access to needed services, including treatment, recovery support, and mutual aid;
Inform	inform employees in recovery that they may have the right to reasonable accommodations and other protections that can help them keep their jobs;
Reduce	reduce the risk of substance misuse and SUD, including through education and steps to prevent injury in the workplace;
Educate	educate all levels of the organization on SUD and recovery, working to <b>reduce stigma</b> and misunderstanding, including by facilitating open discussion on the topic;
Ensure	ensure that prospective and current employees understand that the employer is recovery-ready and are familiar with relevant policies and resources.

# Prevention

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IDENTIFICATION AND  
CONTROL OF JOB  
HAZARDS AND STRESSORS



MENTAL HEALTH  
SUPPORT AND TRAINING



SUBSTANCE USE  
PREVENTION TRAINING



SUPPORT FOR INJURED  
WORKERS TO AVOID  
MISUSE, SEEK  
ALTERNATIVE PAIN  
TREATMENT, AND HOW  
TO TALK TO PROVIDERS



SUPPORT A HEALTHY  
WORKPLACE CULTURE

The goal of RRW/RFW programs is to provide outreach, training, and certification to employers in cooperation with government officials, workers, labor unions, and communities to:

Prevent

Prevent initiation of new cases of misuse and addiction related to workplace injury and stress through by reducing exposures to job hazards and stressors

Support

Support employees who are struggling and retain employees by providing access to treatment and pathway to return to work

Provide

Provide healthy, gainful employment for people in recovery

Reduce

Reduce absenteeism, presenteeism, and lost productivity among employees with substance use disorder





Questions?

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*Thank you for attending*

# Healthy Workplaces = Prevention

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Jeanette Zoeckler, PhD, MPH  
Occupational Health Clinical Center Syracuse NY  
PARSE COALITION PRE-CONFERENCE INSTITUTE  
Dec 4, 2023  
The Desmond Hotel, Albany, NY



# Wicked Problem of Occupational Health

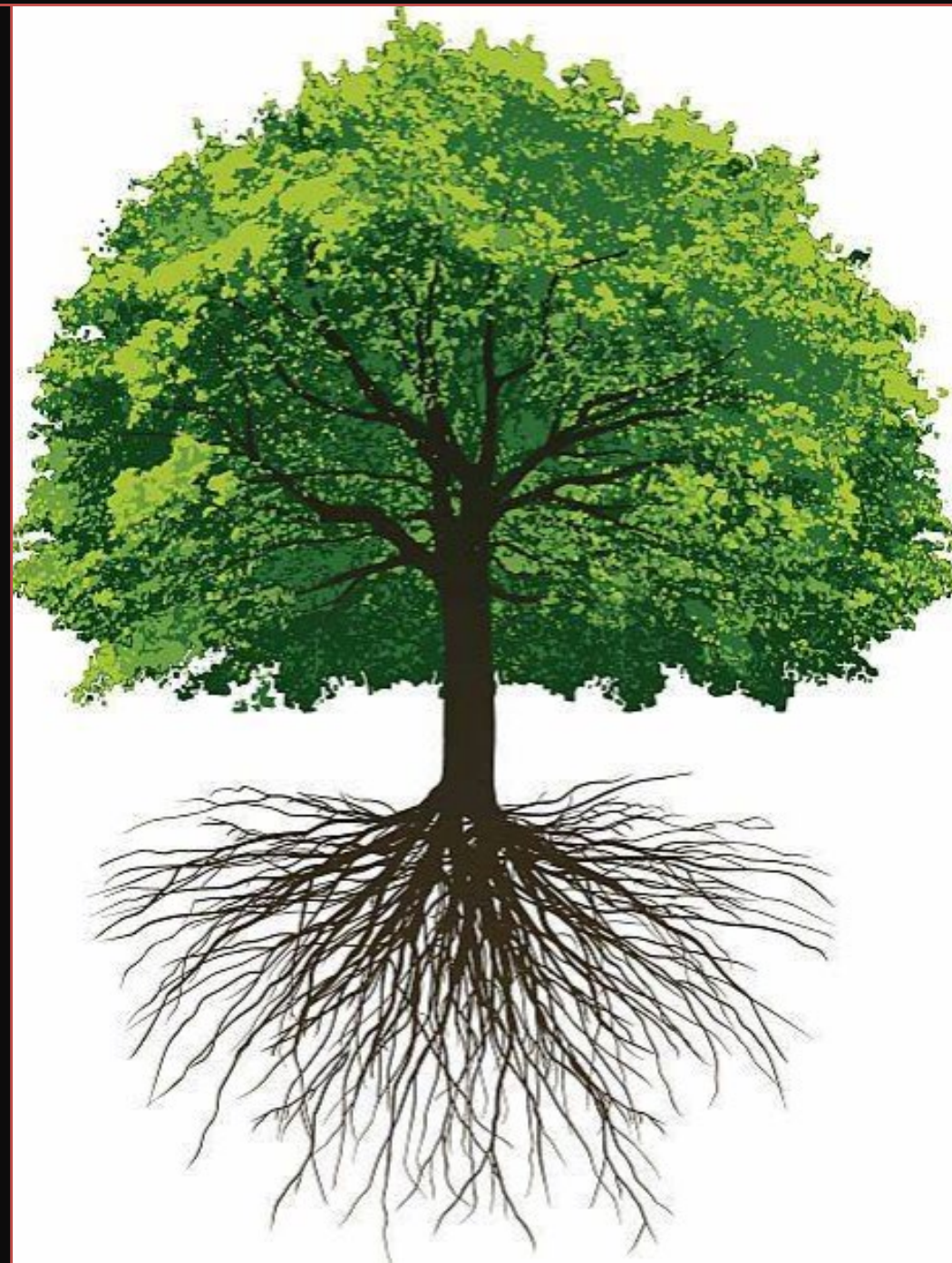
In 2021, overdose deaths surpassed the 100,000 mark for the first time in the United States' history, and alcohol-related deaths continue to surpass 140,000 each year.

Regulatory and societal barriers to effective treatment and prevention of substance use problems persist.

Innovative strategies and approaches to support long-term recovery can help reduce sickness and death.



Root Causes...  
Matter



# OCCUPATIONAL DISEASE IN NEW YORK STATE: AN UPDATE

Michael B. Lax, MD, MPH  
Jeanette M. Zoeckler, PhD, MPH

## OCCUPATIONAL HEALTH CLINICAL CENTER

Department of Family Medicine  
SUNY Upstate Medical University  
Syracuse, NY

[Occupational Disease in NYS Lax Zoeckler Dec 2021.pdf](#)  
[\(ohcupstate.org\)](#)

## INTRODUCTION

- Occupational disease is an epidemic that is largely 'hidden in plain sight.'
  - At the same time, work-related disease is preventable.
  - Since these illnesses arise or are made worse by hazardous workplace conditions, elimination or reduction of those hazards eliminates or reduces disease.
  - Protecting workers from these hazards requires a multi-faceted approach, addressing disease recognition, treatment and prevention, and must involve both governmental agencies and non-governmental organizations and advocates.
-

## What is an occupational hazard?

- ✓ **The traditional definition of an occupational disease suggests a straightforward causal relationship between exposure to a hazard and a specific disease is envisioned.**
- ✓ **Changes in hazardous exposures reflect shifts in the broad outlines of the US economy as sectors and make up a relatively small slice of the workforce (e.g. construction, manufacturing).**
- ✓ **In contrast, service jobs including education, health care, and food service, have increased. As a result, hazards such as poor ergonomics, indoor air contaminants, infections, and stress have become much more prevalent.**
- ✓ **Chemical exposures have not disappeared in these settings but are often intermittent and include cleaners, renovation or construction materials, pesticides, and exposures from adjoining offices or external sources.**

**Traditional hazards still exist.**

**Traditional hazards continue to be found in 'new' contexts.**

**New Hazards are emerging.**

## Estimating the Extent of Hazardous Work

A very high proportion of workers in New York State continue to work under hazardous conditions that put them at risk of occupational disease. These hazards include:

Chemical Exposures	468,509 employees in 30,880 workplaces exposed to at least one of roughly 250 hazardous chemicals.
Lead	Over 300,000 workers were employed in industries with a risk of high lead exposure. An unknown additional number at risk of lower, yet still health threatening levels.
Silica	About 100,000 workers are exposed to silica at levels posing a risk of silicosis and other diseases. Over 90% of these exposures are in the construction industries.
Asbestos	Though asbestos use has declined precipitously since the mid-1970s, workers in the construction trades continue to be at high risk due to handling “asbestos in place.”
Ergonomic Hazards	Ergonomic hazards are associated with a range of musculoskeletal conditions. Between 1 and 4 million workers reported significant exposure to ergonomic hazards.
Stressors	Psychosocial stress on the job is widespread, with as many as 6 million workers reporting significant exposure to stressful conditions at work.
COVID-19	A very high proportion of workers in NYS are employed in health care and other jobs deemed ‘essential’ and at high risk of acquiring COVID-19 infection, with a disproportionate burden of infection and mortality borne by Black and Latinx workers.



## **COSTS OF OCCUPATIONAL DISEASE**

*FINDINGS: The U.S. total costs of \$57.81 billion were multiplied by Waehrer’s NYS factor (5.69%), resulting in an estimate for NYS costs at \$3.289 billion. Adjusting cumulative inflation rates from 2007 to 2016 for both medical inflation (32.118%) and wage inflation (15.734%) brought the figure up to \$4.077 billion.*

**TABLE 26** Estimated Occupational Disease Costs in NYS (based on contribution to US costs)

US costs for fatal and non-fatal occupational disease cases <sup>a</sup>	NYS costs for fatal and non-fatal occupational disease cases <sup>b</sup>	NYS costs for fatal and non-fatal occupational disease cases adjusted for medical and wage inflation, 2007-2016 <sup>c,d</sup>
<b>\$57,810,000,000</b>	<b>\$3,289,938,085</b>	<b>\$4,077,088,158</b>

<sup>a</sup> Leigh 2011

<sup>b</sup> Waehrer et al.2004 (5.69%)

<sup>c</sup> Leigh, conversation 2016,[formula: 1/2 x (medical inflation + wage inflation)]

<sup>d</sup> Halfhill 2018

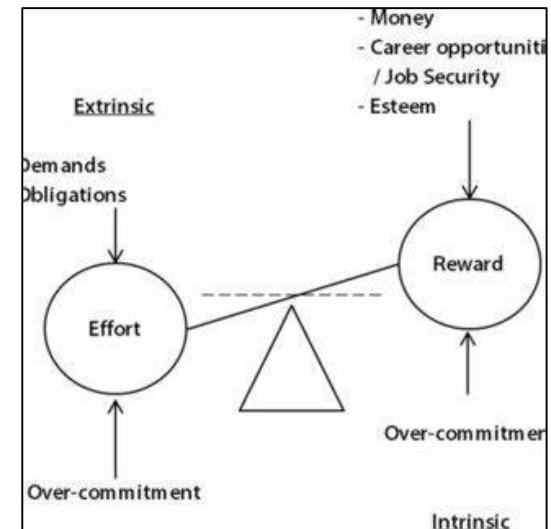
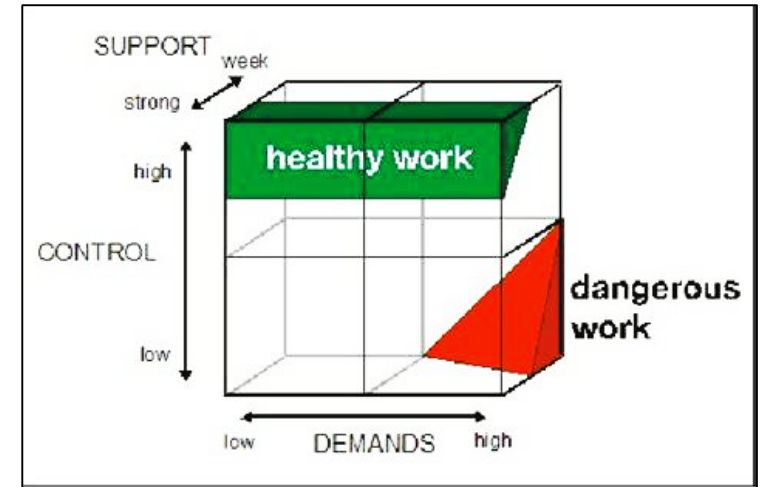
# Psychosocial Hazards: Exposure to Work-related Stress

Over the past several decades psychosocial stressors at work have received increased attention with robust evidence that that hazards is associated with illness, both physical and mental.

During that time, the definition of stress has been better delineated, though no single definition has been universally accepted.

Widespread agreement characterizes stressful work as:

- Work that is highly psychologically demanding
- Lack of control over decision-making
- Inadequate social supports
- Effort-reward imbalance
- Hostile environments- bullying, disrespect by supervisors
- Relations with clients and customers
- Precarious employment arrangements
- Discrimination



# Why do workers get injured or sick?

---

- Lack of power
  - Lack of control over decision making
  - Prioritizing short term profits
  - Lack of knowledge
  - Ignoring the precautionary principle
  - Discrimination
- 

# Barriers to controlling exposures

- Lack of knowledge
- Workers scared/fatalistic
- Employers resistant
- No union
- Union no help
- Lack of regulation
- Regulations poorly enforced
- Lack of access to resources

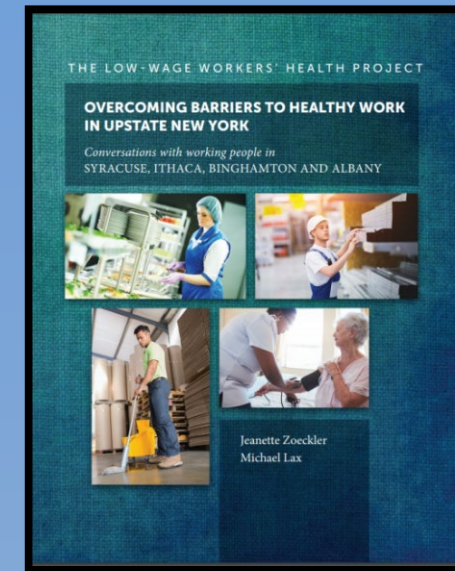
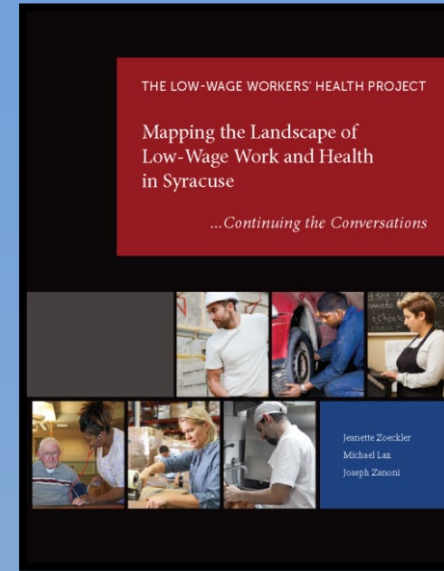
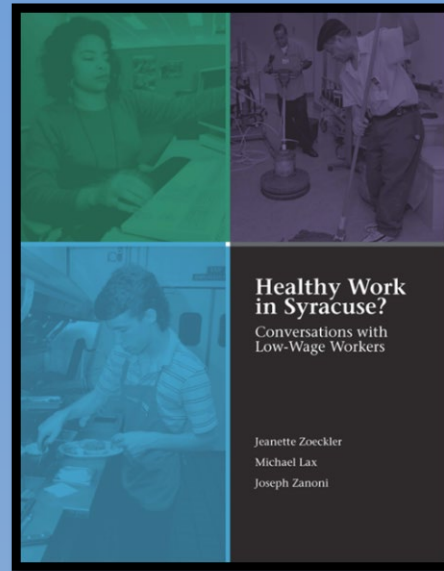
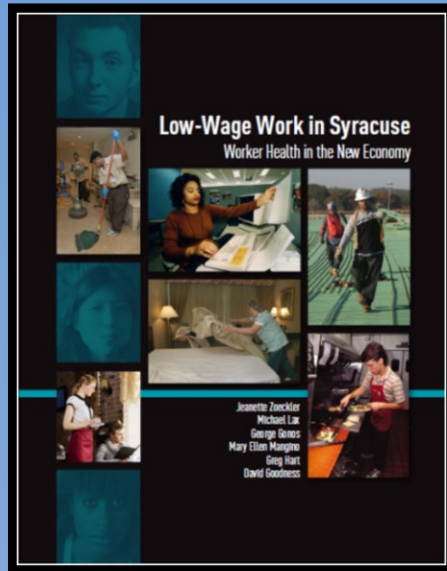
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# Facilitating Prevention and Hazard Control

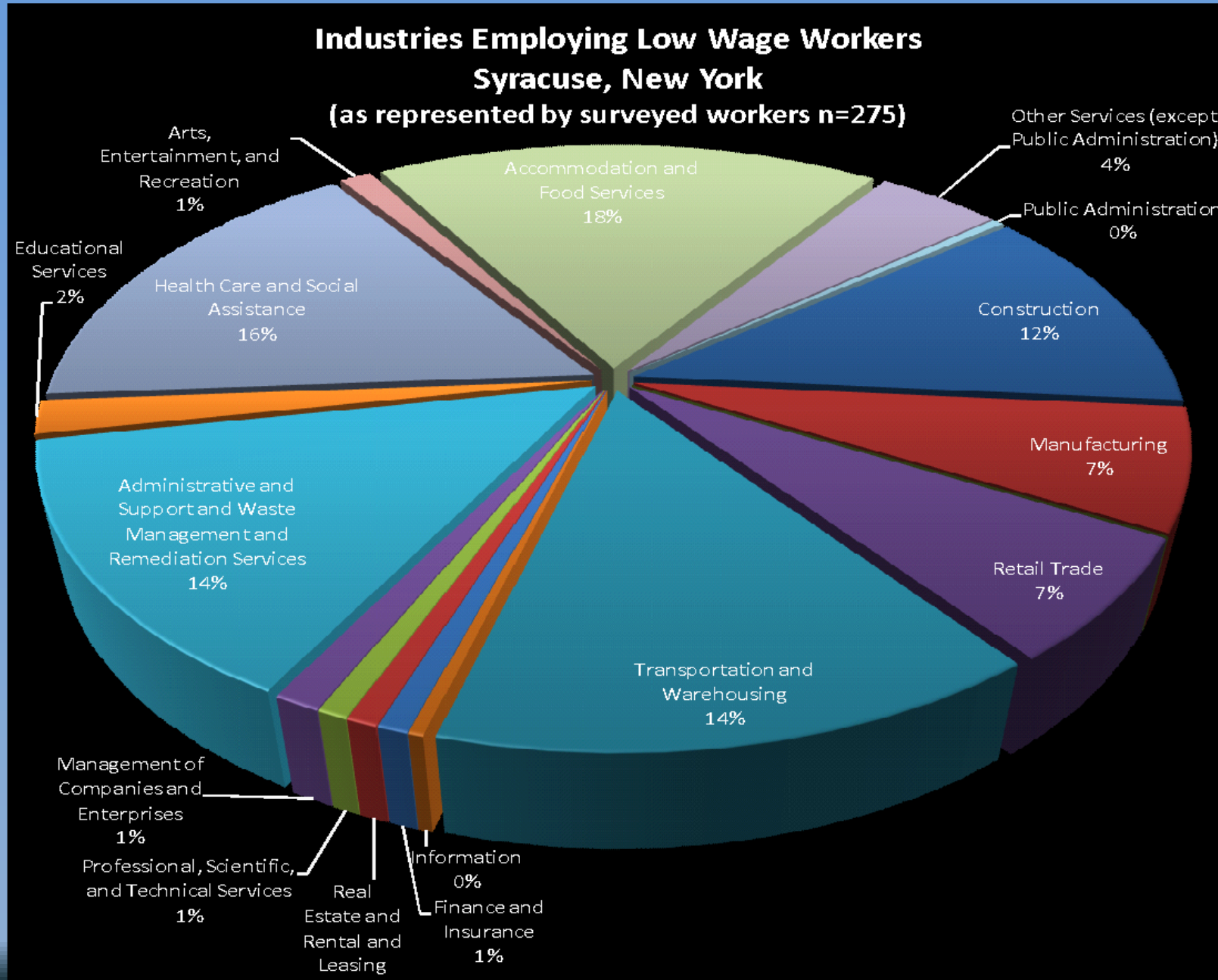
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- Knowledge
- Technical assistance- access to resources
- Voluntary compliance
- Strengthening regulations and enforcement
- Empowering workers
  - Right to act
  - Whistleblower protection
  - Access to resources

# Low-Wage Workers' Health Project



# National Trends, Local Expressions



# Survey Findings

## Big Picture THREATS...

Physical well being  
Mental well being  
Economic security  
Escape from deep poverty  
Esteem/Value  
Invisibility – Marginalized  
Meaning making

...the sense that “the story of my life is going well.”

## The Details

### Hours

Too many, too few, rotating shifts, unworkable schedules, attendance pressures, no time off, no overtime pay, changing expectations (come early, stay late)

### Physical Conditions

Dangerous exposures  
Inadequate health and safety training

### Mental Conditions

Workplace bullying, Co-worker mistreatment  
Authoritarian boss, Lack of communication about expectations

### Work Arrangements

Temporary, contracted, verbal agreements, transportation

# Results

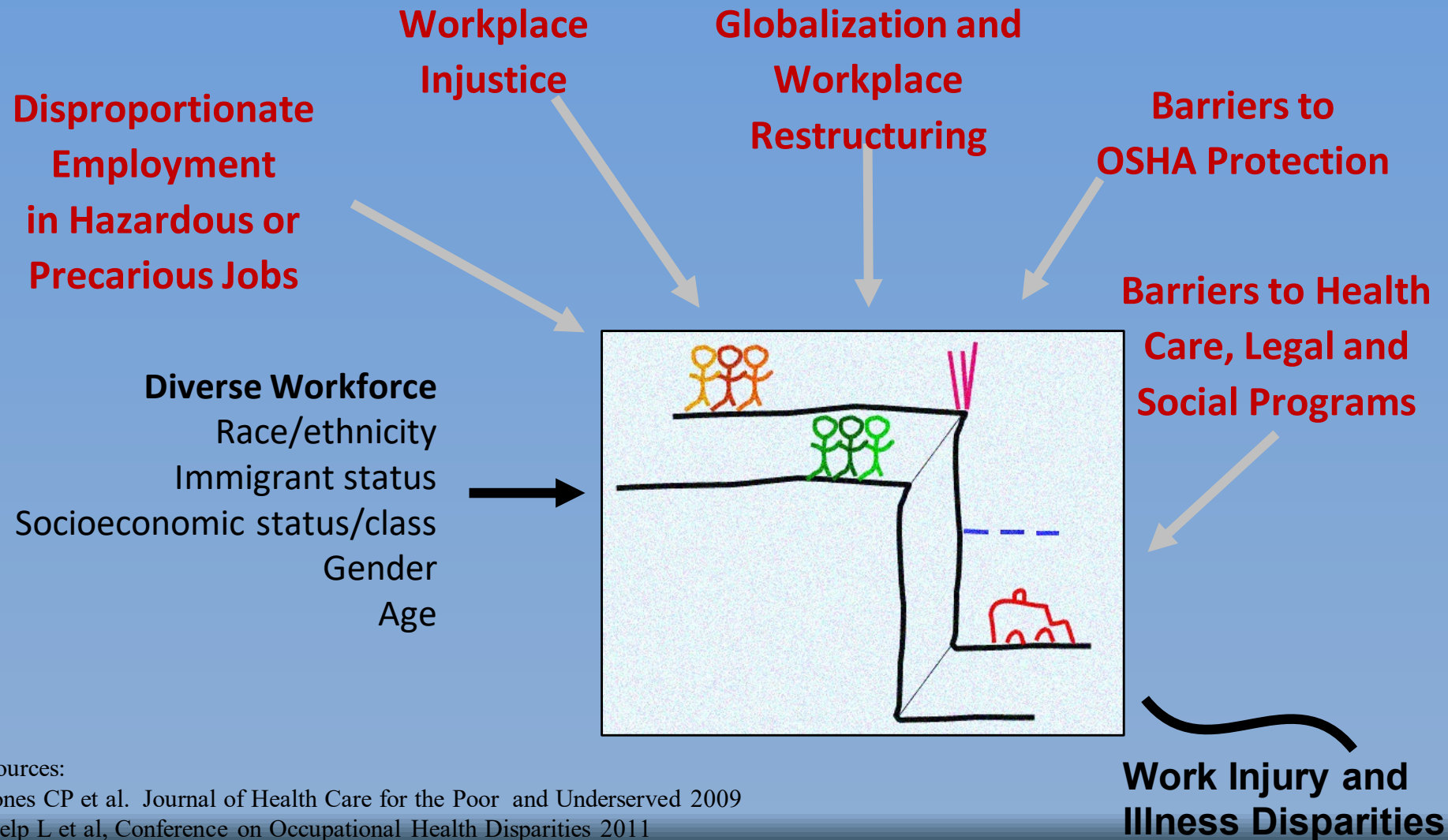
<b>Work Status</b>	<b>Part time 45%</b> <b>Full time 17%</b> <b>Consistent overtime 15%</b> <b>Between jobs 23%</b>
<b>Work Tenure</b>	<b>58% held this job for less than 2 years</b>
<b>Work-Related Pain</b>	<b>38% reported pain at work or as the result of work</b>
<b>Problem: Of those reporting work-related injuries...</b>	<b>55% stated they suffered from musculoskeletal symptoms</b> <b>29% stated specifically their problem was back pain</b> <b>13% stated headache.</b>



# Wage Theft

Wage Theft Law Violated (n=275)	# Participants	%
Asked to come in early or stay late “off the clock”	42	15%
Required to pay for safety equipment	18	7%
Paid less than was agreed upon	36	13%
Paid late	44	16%
Paid “under the table,” esp. for overtime	23	8%
Total Reporting at least ONE instance of wage theft	163	<b>48%*</b>
<b>*30 participants reported more than one violation occurred</b>		

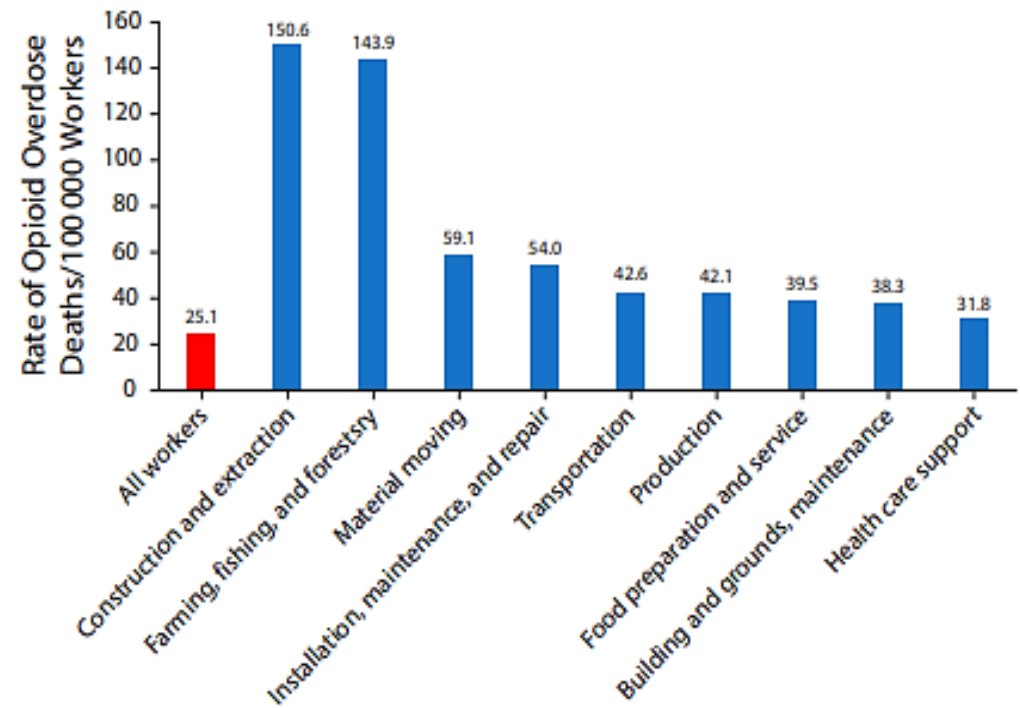
# Social Determinants of Health and Occupational Health Inequities



Sources:

Jones CP et al. Journal of Health Care for the Poor and Underserved 2009

Delp L et al, Conference on Occupational Health Disparities 2011



Source: Massachusetts Department of Public Health.<sup>27</sup>

**FIGURE 1—Occupation Groups With Opioid-Related Overdose Death Rates Significantly Higher Than the Average Rate for All Workers: Massachusetts, 2011–2015**

# UPSTREAM

In 2021, overdose deaths surpassed the 100,000 mark for the first time in the United States' history, and alcohol-related deaths continue to surpass 140,000 each year.

Regulatory and societal barriers to effective treatment and prevention of substance use disorder persist. Innovative strategies and approaches to support long-term recovery.

Improving access to quality treatment and the availability of a broad range of policies and programs to support recovery and address social determinants of health, including employment supports, are key to curbing the overdose epidemic and rebuilding stronger communities.

Fields M, Longley J, Martinez JA, Weizman S, LaBelle R. Recovery Ready Workplaces: A key strategy for reducing overdoses and sustaining recovery from substance use disorder. *J Opioid Manag.* 2023 Special-Issue;19(7):45-52.



# UPSTREAM

## Recovery Ready Workplaces

- can play an important role in reducing overdoses and helping individuals sustain recovery.
- benefit employees, employers, and the nation's economy
- are a supportive tool and policy strategy to help those with substance use disorders or addictions to thrive in recovery
- bolster communities and the economy as a whole

Congressional and state legislative action, Americans with Disabilities Act (ADA) enforcement and expansion, and other programmatic and fiscal policy changes at the state and federal levels will accelerate the adoption of Recovery Ready Workplaces as an element of a comprehensive response to substances.

Fields M, Longley J, Martinez JA, Weizman S, LaBelle R. Recovery Ready Workplaces: A key strategy for reducing overdoses and sustaining recovery from substance use disorder. *J Opioid Manag.* 2023 Special-Issue;19(7):45-52.







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**Executive Director**

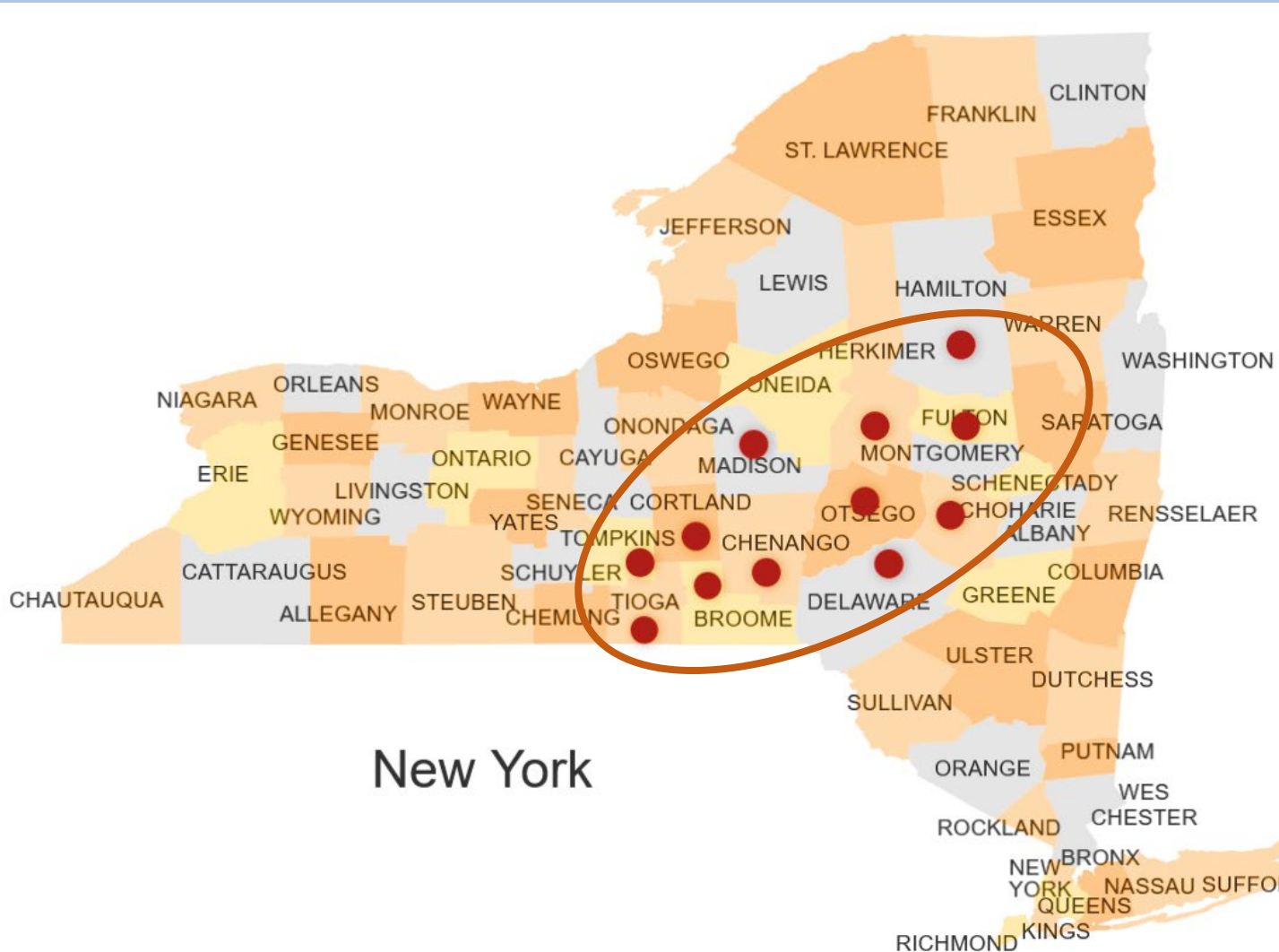
**LEAF Council  
on Alcoholism & Addiction**

**Oneonta, NY**





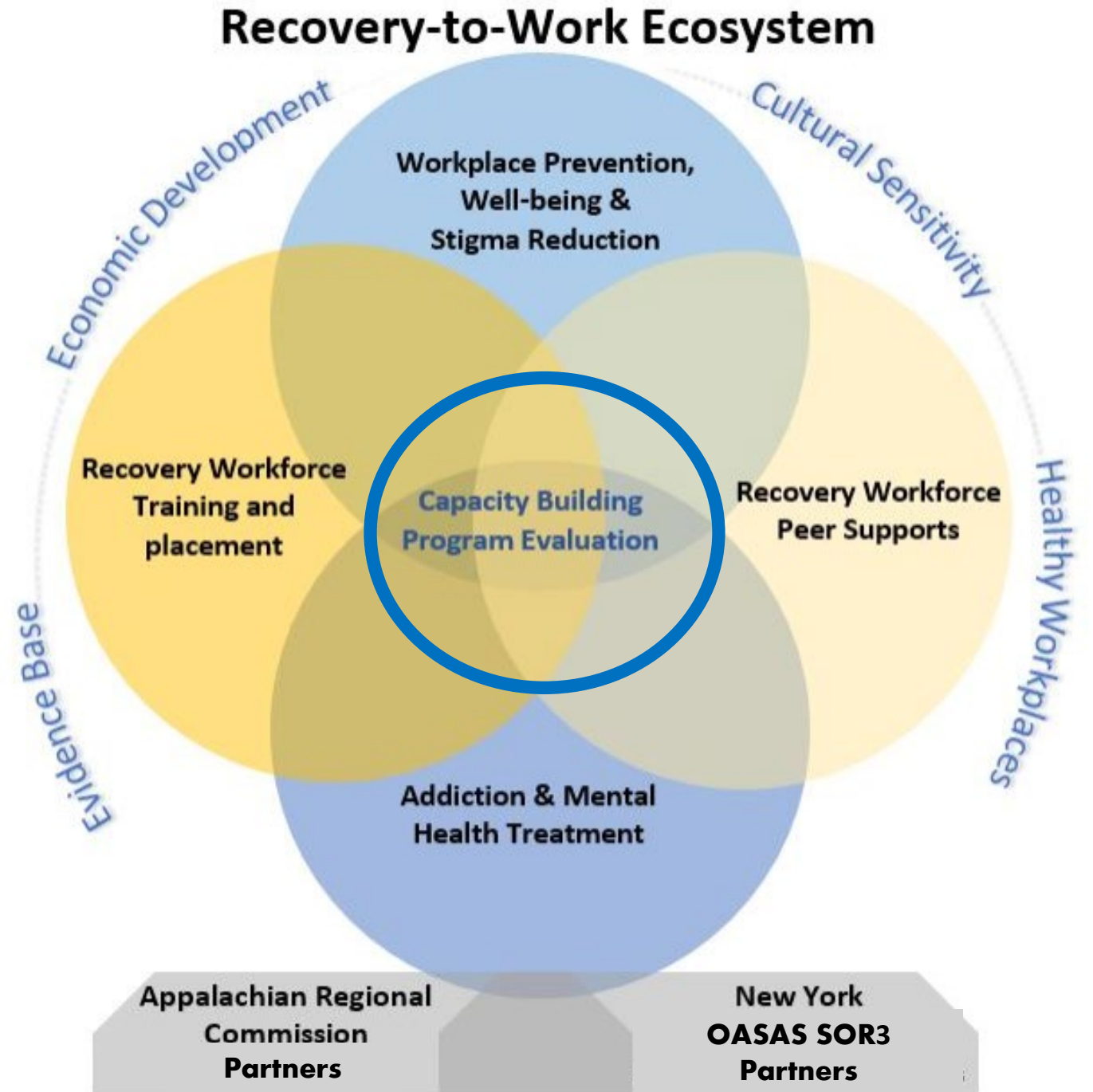
# A Network Approach to Prevention



- 12 Counties
- 8 Prevention Partners
- 15 Trainers
- 2 Funding Partners
- 9,300 Square Miles  
(larger than Vermont)
- 31 Businesses
- 1,493 Employees

Prevention,  
Treatment, and  
Recovery:

Building an  
Ecosystem of  
Successful  
Recovery and  
Healthy  
Workplaces



# PREVENTION IN THE WORKPLACE IS ECONOMIC DEVELOPMENT

## ECONOMIC ESTIMATES FROM CAPACITY BUILDING EFFORTS (PILOT STUDY)

Lost Time & Productivity due to mental health-related exposures*	Small Businesses (less than 100 employees)	Medium and Large Businesses (100 or more employees)
Managers & Supervisors Average Annual Cost Per Business	\$25,134	\$41,996
Employees Average Annual Cost Per Business	\$108,313	\$3,400,000



\*Stress, burnout, mental health concerns, lack of sleep, fatigue, general health concerns, alcohol misuse, other drug use.

Bennett, J. B., Chan, A., Abellanoza, A., Bhagelai, R., Gregory, J., Dostal, J. M., & Faringer, J. (2022). More vulnerable, more to gain? A pilot study of leader's perceptions of mental health programs and costs in small workplaces. *American Journal of Health Promotion*.

# Prevention in the Workplace Improves Team and Individual Coping





(data from 44 businesses served)

Data prepared by:  OWLS  
ORGANIZATIONAL WELLNESS  
AND LEARNING SYSTEMS

Pre

Post

## Survey Item:

I know ways to get help should I have difficulty with stress, mental health, or alcohol/drug concerns.	82%	94%	 15%
My coworkers (team) contribute to my resilience.	61%	83%	 36%
I can recognize when I am engaging in unhealthy coping and correct the situation.	56%	72%	 29%
I have tools to help me cope with stress.	64%	87%	 36%



# RECOVERY READY WORKPLACE

NEW YORK SYMPOSIUM

## DECEMBER 4-5, 2023

CROWNE PLAZA (DESMOND HOTEL) ALBANY, NEW YORK



OR SPONSOR



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# Treating the “Black Box” of Recovery Friendly Workplace

## An Evidence-Informed Approach

Joel B. Bennett, PhD

[owls@organizationalwellness.com](mailto:owls@organizationalwellness.com)

## Organizational Wellness & Learning Systems





# RECOVERY READY WORKPLACE

NEW YORK SYMPOSIUM

## DECEMBER 4-5, 2023

CROWNE PLAZA (DESMOND HOTEL) ALBANY, NEW YORK

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NEW YORK STATE Office of Addiction Services and Supports hikma. WDI

healthcare education project capital ny MDB, Inc. Doing Well by Doing Good

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NON-PAID SUPPORTERS

CDC NIOSH The Alliance for Workforce Health and Recovery NIH National Institute of Environmental Health Sciences Center for Disease Control and Prevention HEALTH @ WORK

# SETTING THE STAGE

## KEY IDEAS AND INTRODUCTIONS



People don't care how much you know  
until they know how much you care  
~ *Theodore Roosevelt*

Once people know something really  
works, they also know how to care  
~ *Veritas Maximianus*



# Recovery Friendly Programs

Lipstick on a pig?



Hidden gems?





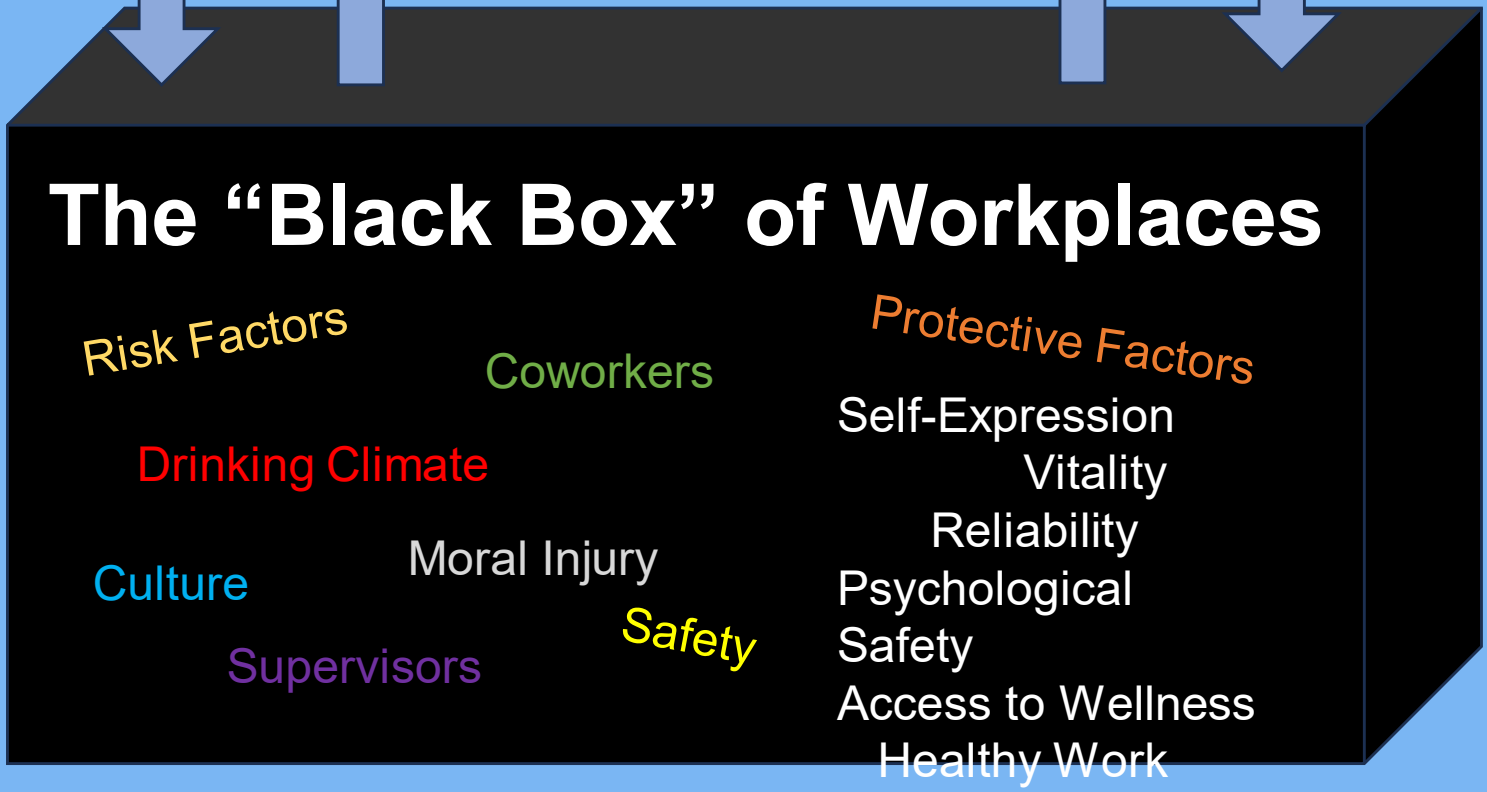
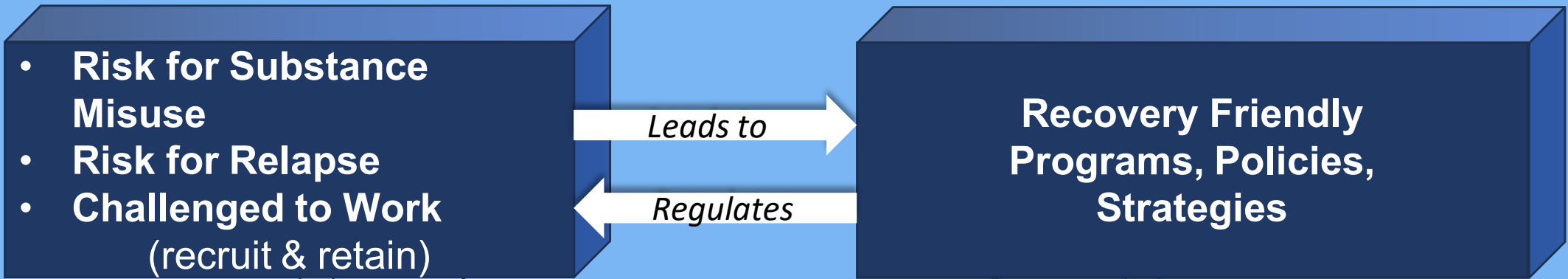
- **Risk for Substance Misuse**
- **Risk for Relapse**
- **Challenged to Work**  
(recruit & retain)

*Leads to*

*Regulates*

**Recovery Friendly  
Programs, Policies,  
Strategies**

**General Assumption**  
*(needs clarity & articulation)*



# The "Black Box" of Workplaces

Risk Factors

Drinking Climate

Culture

Supervisors

Coworkers

Moral Injury

Safety

Protective Factors

Self-Expression

Vitality

Reliability

Psychological

Safety

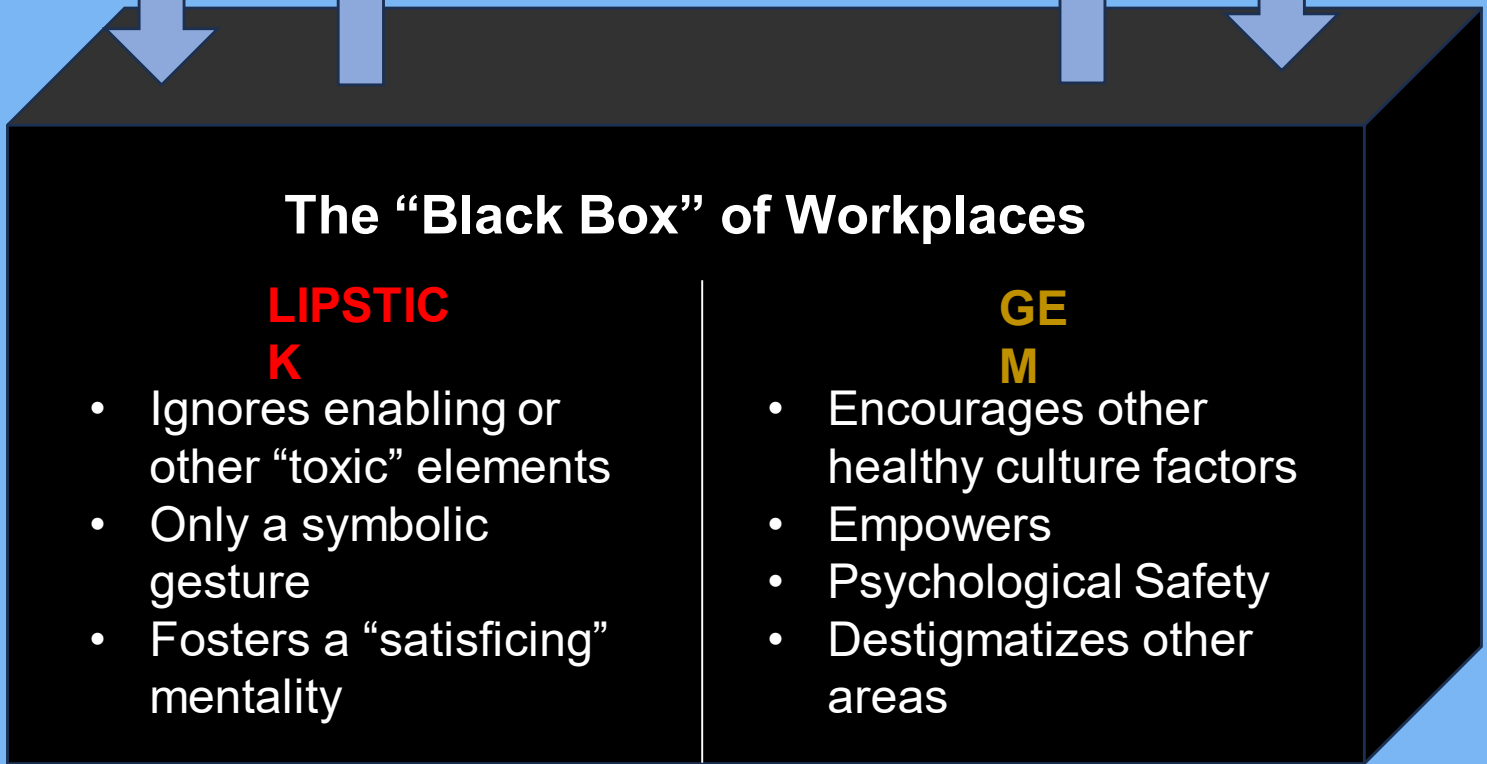
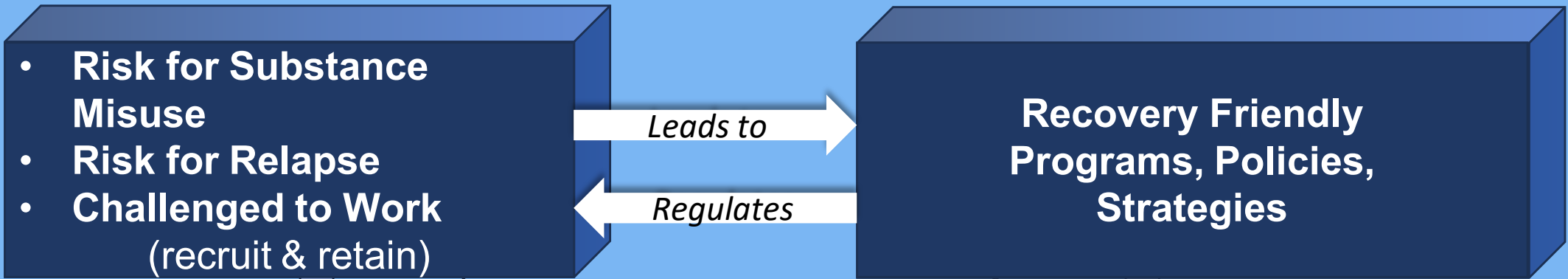
Access to Wellness

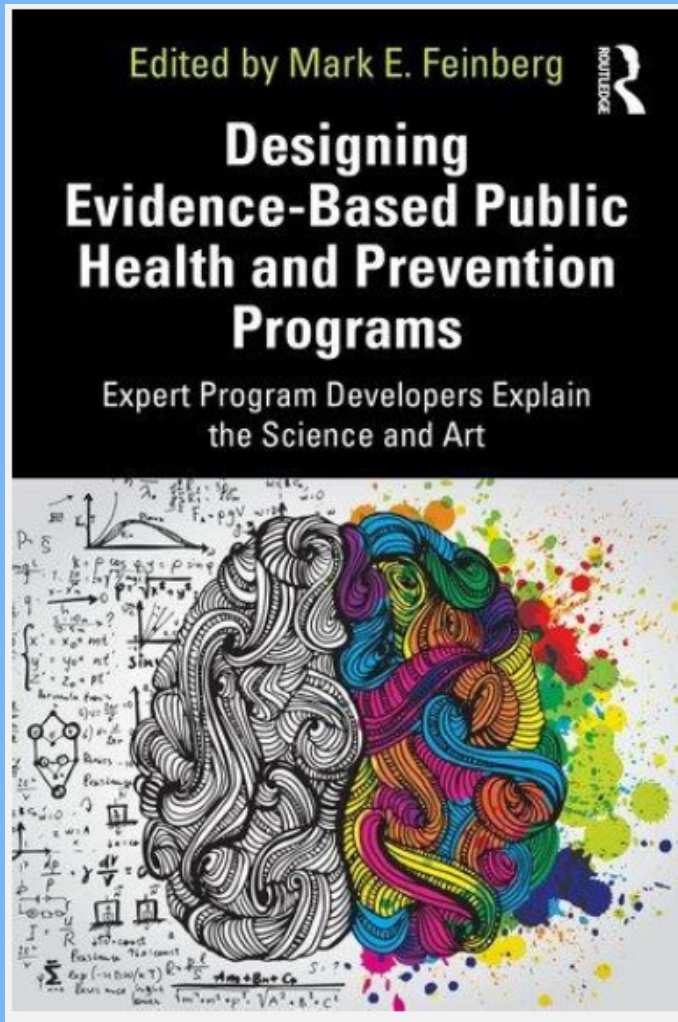
Healthy Work

Recovery



ORGANIZATIONAL WELLNESS AND LEARNING SYSTEMS





Joel B. Bennett, Brittany D. Linde, G. Shawn Reynolds and Wayne E. K. Lehman (2020). *Building Prevention For The Workplace: An Integral And Process-Oriented Approach* IN Feinberg, M. E. (Ed.). (2020). *Designing Evidence-Based Public Health and Prevention Programs: Expert Program Developers Explain the Science and Art*. Routledge

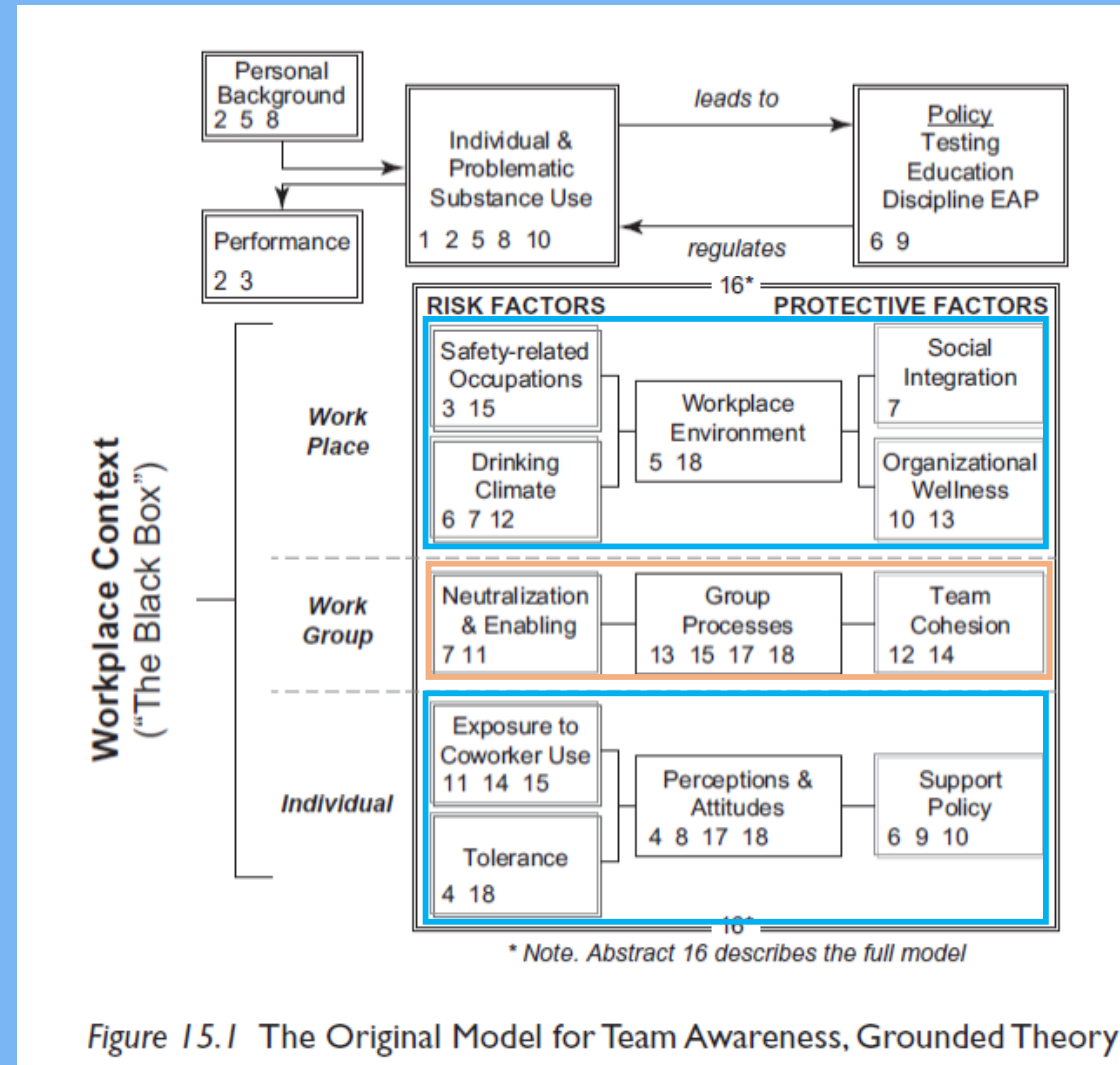



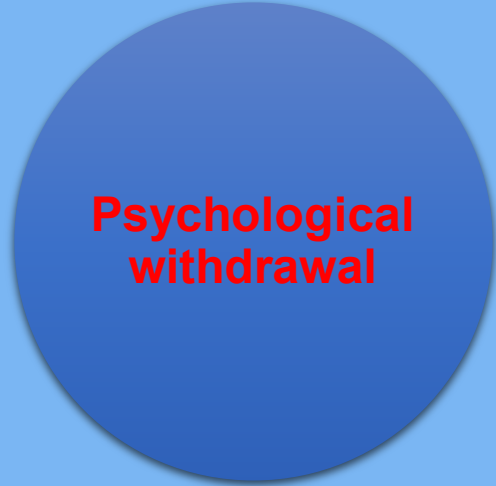
Figure 15.1 The Original Model for Team Awareness, Grounded Theory

Note: The numbers in the right figure refer to supporting research articles. An online version of these articles and abstracts can be found at <https://www.wslideshare.net/JoelBennettWayneKLehman>

(1) Lehman & Simpson, 1990; (2) Lehman & Simpson, 1992; (3) Holcom, Lehman, & Simpson, 1993; (4) Holcom, Lehman & Lord, 1993; (5) Lehman, Farabee, Holcom & Simpson, 1995; (6) Bennett & Lehman, 1996a; (7) Bennett & Lehman, 1996b; (8) Forst & Lehman, 1997; (9) Bennett & Lehman, 1997a; (10) Bennett & Lehman, 1997b; (11) Lehman, Farabee & Bennett, 1998; (12) Bennett & Lehman, 1998; (13) Bennett, Lehman & Forst, 1999; (14) Bennett & Lehman, 1999a; (15) Bennett & Lehman, 1999b; (16) Bennett, Lehman & Reynolds, 2000

# Original Findings (1992 – 2002)

- Coworkers are often aware of “problems” in peers
- Social norms (enabling, stigma) can inhibit taking action, tolerate counterproductivity, subvert policy, and reinforce behavior
- These social norms are supported by “drinking climates” and fuel *psychological withdrawal* (loafing, presenteeism, “quit thoughts”)
-  Healthy work climates (local), employee “voice” (psych safety/empowerment), promoted access to benefits (EAP), team cohesion, social integration can buffer against and reduce these norms
- Policy and programmatic efforts are important but positive social dynamics are integral to sustained success

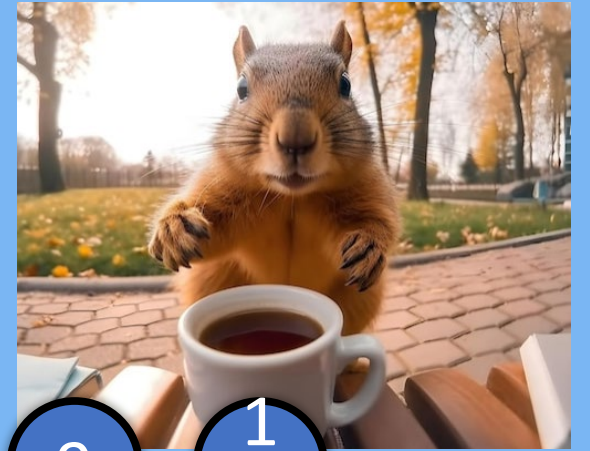


- Loafing
- Browsing Internet
- Think of Absence
- Doing Non-work Tasks
- Distracted
- Making Less Efforts
- Let Others Do The Work



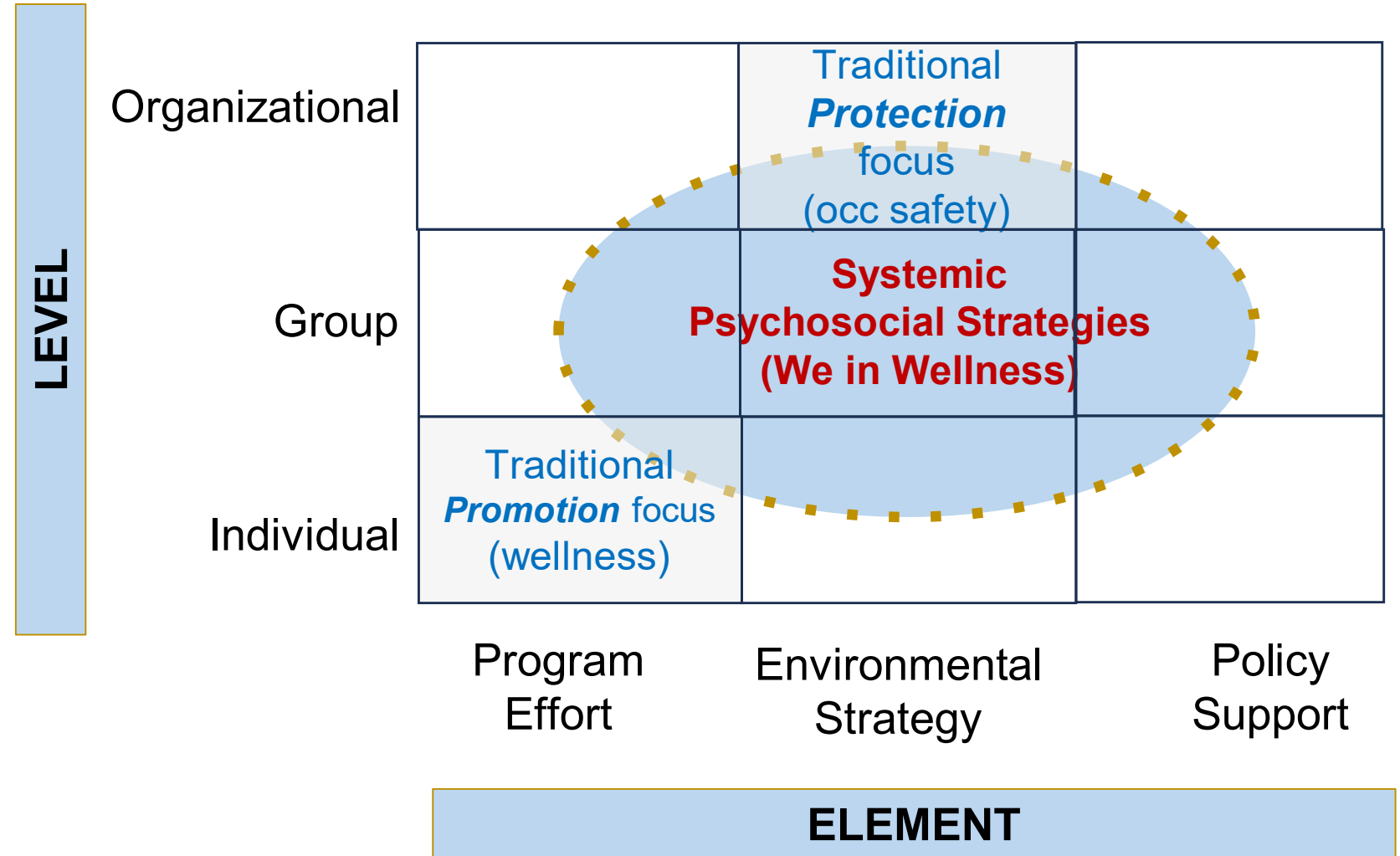
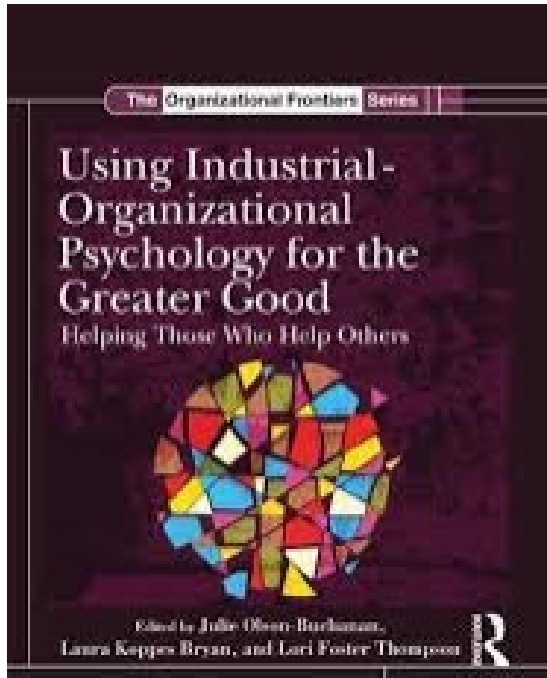
# Introductions

- 1) Name
- 2) Current Work Status/Job/Employer
- 3) Interest in this work
- 4) Presence Check-In # 1



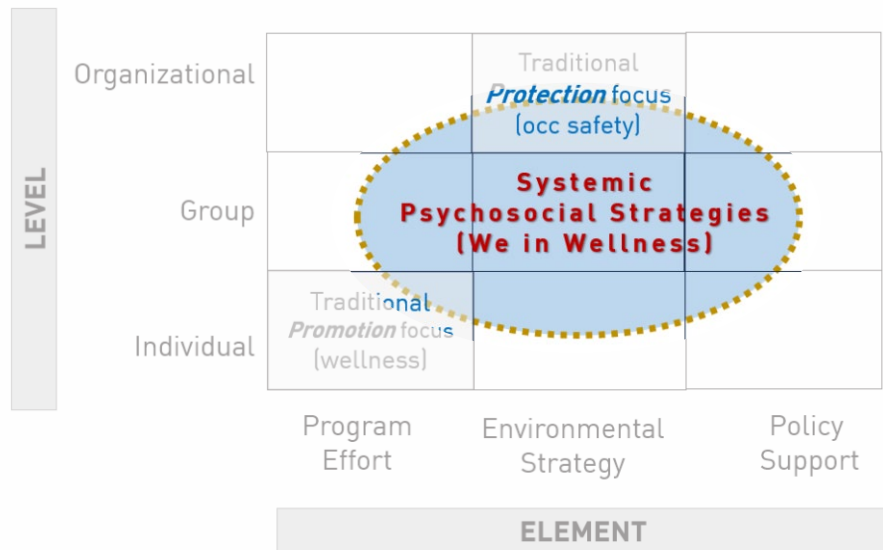
1 2 3 4 5 6 7 8 9 10

# The “We in Wellness” -- The Under-utilized “Sweet Spot” of Prevention



Bennett, J.B. & Tetrick, L. (2013). The We in Wellness: Workplace Health Promotion as a Positive Force for Health in Society. In Olson-Buchanan, J. B., Bryan, L. L. K., & Thompson, L. F. (Eds.). *Using Industrial Organizational Psychology for the Greater Good: Helping Those who Help Others*. Routledge.

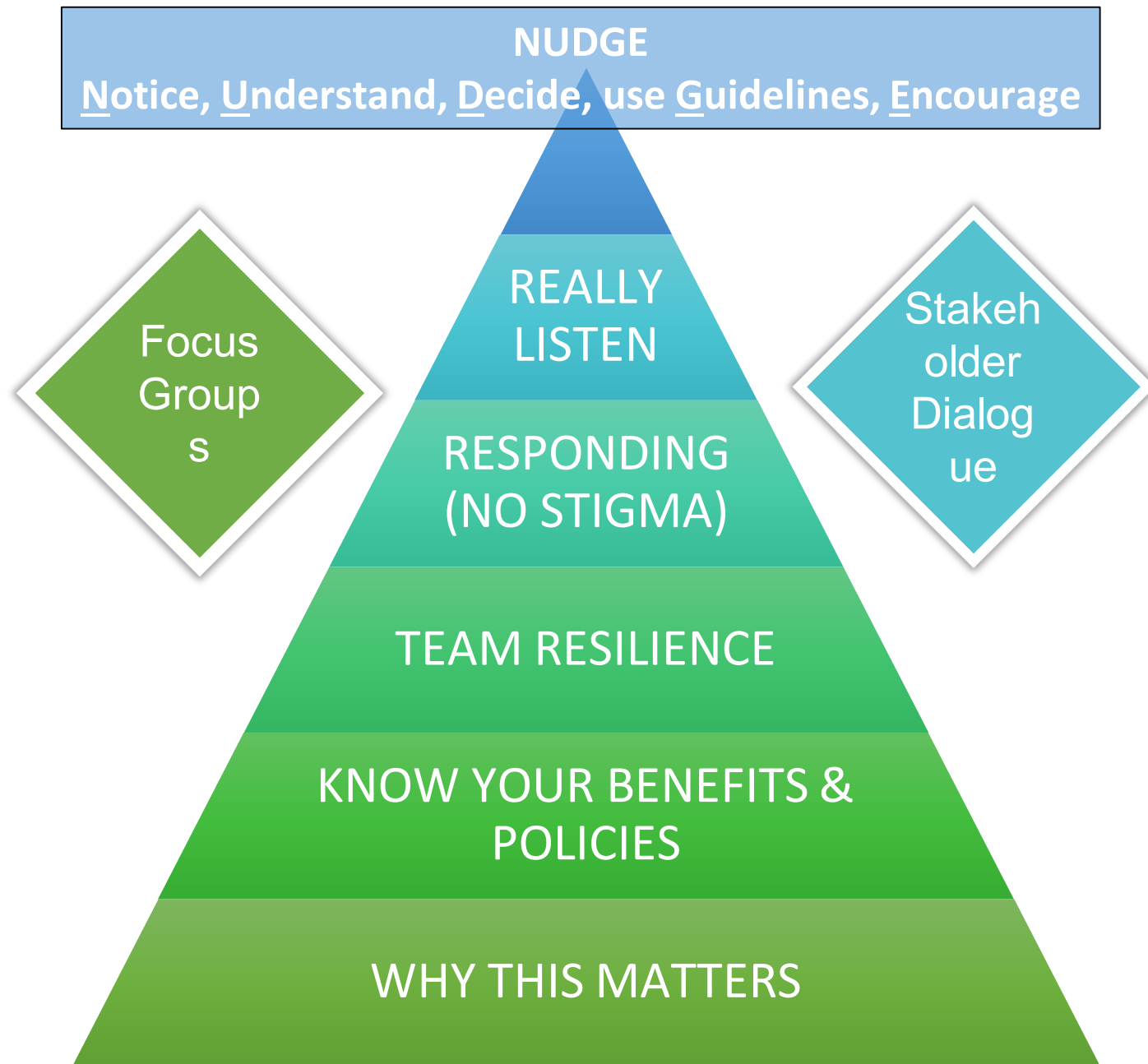




## Team Awareness (and other adaptations)

Motto:

Usually no one person is responsible for the problems we face; more often we are all responsible for the solution



# Team Awareness/Resilience is an APPROACH

(diverse adaptations depend on local context)

Native Program	Population	Estimated Reach
<b>Original Team Awareness</b>	Municipal Employees	500+
<b>Team Resilience</b>	Restaurant Workers (TGIF)	500+
<b>Team Readiness</b>	National Guard	10,000 +
<b>Team Vigilance</b>	NECA/IBEW	300
<b>Small Business Wellness</b>	SB in Safety Sensitive	400
<b>Resilience &amp; Thriving</b>	Train-Trainers (500+)	10,000 +
<b>Empowered Health Consciousness</b>	Train-Trainers (100+)	2,000
<b>Veteran Wellness (SAFE Project)</b>	Veterans	200
<b>Team Awareness Workplace Wellness (NY) TAWW-NY</b>	Diverse, Rural, Small Businesses	700 to date



# RECOVERY READY WORKPLACE

NEW · YORK · SYMPOSIUM

## DECEMBER 4-5, 2023

CROWNE PLAZA (DESMOND HOTEL) ALBANY, NEW YORK

TO REGISTER  
OR SPONSOR

SPONSORED BY

NEW YORK STATE Department of Health AIDS Institute

NEW YORK STATE Office of Addiction Services and Supports hikma. WDI

healthcare education project capital ny MDB, Inc. Doing Well by Doing Good

ROCHESTER LABOR COUNCIL MRP solutions FCA THRIVE -HFM- PREVENTION COUNCIL LE INYSARR

NON-PAID SUPPORTERS

CDC NIOSH The Alliance for Workforce Health and Recovery NIH National Institute of Environmental Health Sciences Center for Health & Safety at WORK

# PART 1

# BACKGROUND AND RESEARCH BASIS



# References of Intervention Studies (sample)

From most recent



Small  
Business



Rx  
Prevention



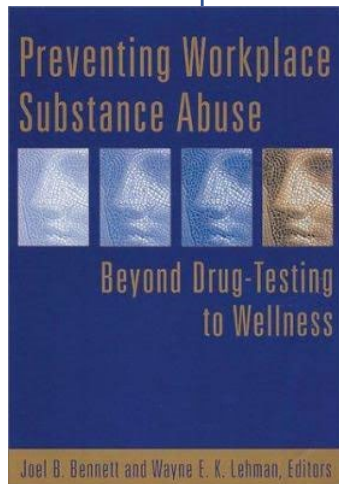
Team  
Resilience

- ★ 1. Reynolds, G. S., & Bennett, J. B. (2023). The Role of Wellness Climate in Small Business Health Promotion and Employee Wellbeing. [Occupational Health Science](#), 1-36.
2. Reynolds, G. S., & Bennett, J. B. (2019). A Brief Measure of Organizational Wellness Climate: Initial Validation and Focus on Small Businesses and Substance Misuse. [Journal of Occupational and Environmental Medicine](#), 61(12), 1052-1064.
- ★ 3. Bennett, J. B., Lucas, G. M., Linde, B. D., Neeper, M. A., Hudson, M., & Gatchel, R. J. (2018). A process model of health consciousness: Its application to the prevention of workplace prescription drug misuse. [Journal of Applied Biobehavioral Research](#), 23(3), e12130.
- ★ 4. Bennett, J. B., Neeper, M., Linde, B. D., Lucas, G. M., & Simone, L. (2018). Team resilience training in the workplace: E-learning adaptation, measurement model, and two pilot studies. [JMIR mental health](#), 5(2), e35.
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- ★ 6. Neeper, M., Bennett, J. B., Galvin, D. M., & Lucas, G. (2016). Workplace prevention of prescription drug abuse: Pilot assessment of a new psycho-educational program.
- ★ 7. Reynolds, G. S., & Bennett, J. B. (2015). A cluster randomized trial of alcohol prevention in small businesses: a cascade model of help seeking and risk reduction. [American journal of health promotion](#), 29(3), 182-191.
- Replication 8. **Burnhams, N. H., London, L., Laubscher, R., Nel, E., & Parry, C. (2015). Results of a cluster randomised controlled trial to reduce risky use of alcohol, alcohol-related HIV risks and improve help-seeking behaviour among safety and security employees in the Western Cape, South Africa. [Substance abuse treatment, prevention, and policy](#), 10(1), 1-14.**
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- Replication 10. **Cadiz, D. M., O'Neill, C., Butell, S. S., Epeneter, B. J., & Basin, B. (2012). Quasi-experimental evaluation of a substance use awareness educational intervention for nursing students. [Journal of Nursing Education](#), 51(7), 411-415.**
- Most cited 11. Ames, G., & Bennett, J. (2011). Prevention Interventions of Alcohol Problems in the Workplace: A Review and Guiding Framework. [Alcohol Research & Health](#), Volume 34, 2
- ★ 12. Broome K, Bennett JB (2011). Reducing heavy alcohol consumption in young restaurant workers. [Journal of Studies Alcohol & Drugs](#), 72, 117-124, 2011
- ★ 13. Bennett, J.B., Aden, C. A., Broome, K & Mitchell, K., & Rigdon, D. (2010). Team Resilience for Young Restaurant Workers: Research-to-Practice Adaptation and Assessment. [Journal of Occupational Health Psychology](#), 15(3):223-236.
- ★ 14. Patterson, C.R., Bennett, J.B., & Wiitala, W.L., (2005). Healthy and unhealthy stress unwinding: Promoting health in small businesses. [Journal of Business and Psychology](#), 20(2), 221-247.
15. Bennett, J.B., Patterson, C.R., Reynolds, G.S., Wiitala, W.L., and Lehman, W.E.K., (2004). Team Awareness, Problem Drinking, and Drinking Climate: Workplace Social Health Promotion in a Policy Context. [American Journal of Health Promotion](#), Nov-Dec;19(2):103-13.
- Original 16. Lehman, W. E. K., Reynolds, G. S., & Bennett, J. B. (2003). Team and informational trainings for workplace substance abuse prevention. In J. B. Bennett & W. E. K. Lehman, (Eds.), Preventing workplace substance abuse: Beyond drug testing to wellness (pp. 165-201) Washington, DC: American Psychological Association.
- Team 17. Bennett, J.B. & Lehman, W.E.K. (2001). Workplace substance abuse prevention and help-seeking: Comparing a team-oriented and informational training. [Journal of Occupational Health Psychology](#), 6(3), 243-254
- Awareness 18. Bennett, J.B., Lehman, W.E.K., Reynolds, G.S., (2000) Team awareness for workplace substance abuse prevention: The empirical and conceptual development of a training program. [Prevention Science](#), 1(3), 157-172.

# Intervention Studies Published in Peer Reviewed Journals

(\*independent replications; +adaptations)

2002



- + Bennett, J. B., Lucas, G. M., Linde, B. D., Neeper, M. A., Hudson, M., & Gatchel, R. J. (2018). A process model of health consciousness: Its application to the prevention of workplace prescription drug misuse. *Journal of Applied Biobehavioral Research*, 23(3), e12130.
- + Bennett, J. B., Neeper, M., Linde, B. D., Lucas, G. M., & Simone, L. (2018). Team resilience training in the workplace: E-learning adaptation, measurement model, and two pilot studies. *JMIR mental health*, 5(2), e35.
- Lucas, G., Neeper, M., Linde, B., & Bennett, J. (2017). Preventing prescription drug misuse in work settings: efficacy of a brief intervention in health consciousness. *Journal of medical Internet research*, 19(7), e242.
- \*\* Burnhams, N. H., London, L., Laubscher, R., Nel, E., & Parry, C. (2015). Results of a cluster randomised controlled trial to reduce risky use of alcohol, alcohol-related HIV risks and improve help-seeking behaviour among safety and security employees in the Western Cape, South Africa. *Substance abuse treatment, prevention, and policy*, 10(1), 1-14.
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- \*\* Cadiz, D. M., O'Neill, C., Butell, S. S., Epeneter, B. J., & Basin, B. (2012). Quasi-experimental evaluation of a substance use awareness educational intervention for nursing students. *Journal of Nursing Education*, 51(7), 411-415.
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- Bennett, J.B., Lehman, W.E.K., Reynolds, G.S., (2000) Team awareness for workplace substance abuse prevention: The empirical and conceptual development of a training program. *Prevention Science*, 1 (3), 157-172.

2023



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- Fellbaum, L., Mojzisch, A., Bielefeld, L., Benit, N., & Soellner, R. (2023). The effectiveness of workplace interventions for the prevention of alcohol use: A meta-analysis. *Addiction*, *118*(11), 2043-2061.
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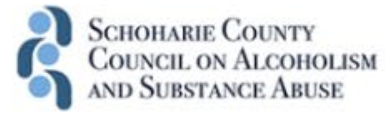
# Real World Applications/Recognitions



## RECOGNITIONS

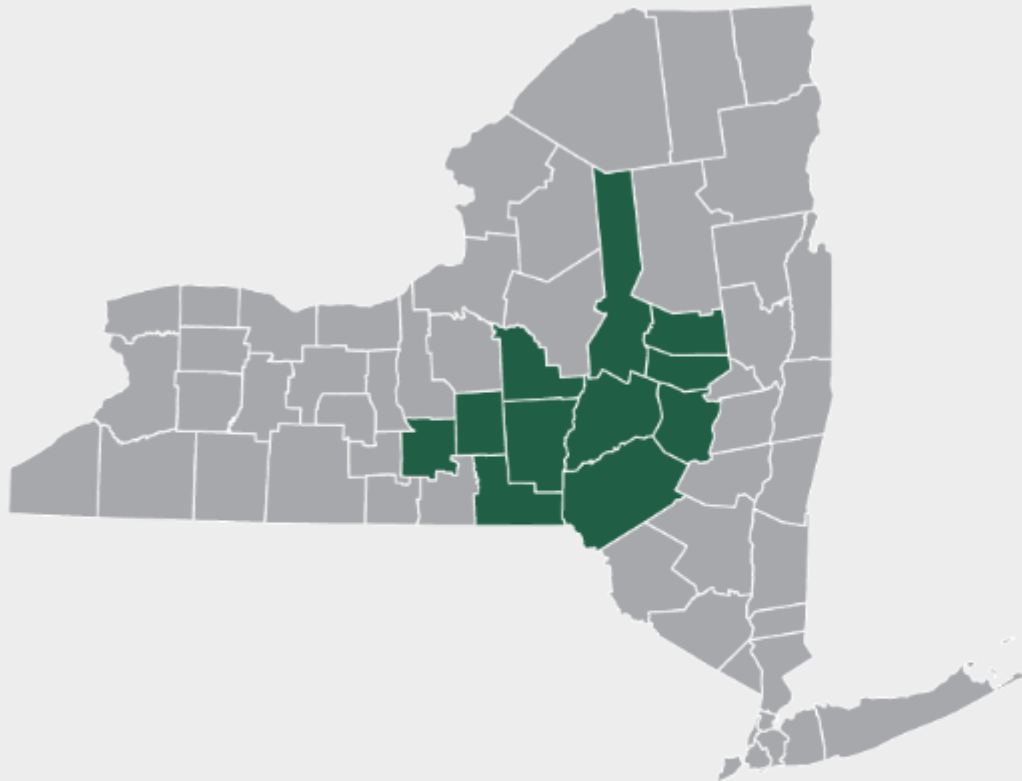


# New York Efforts



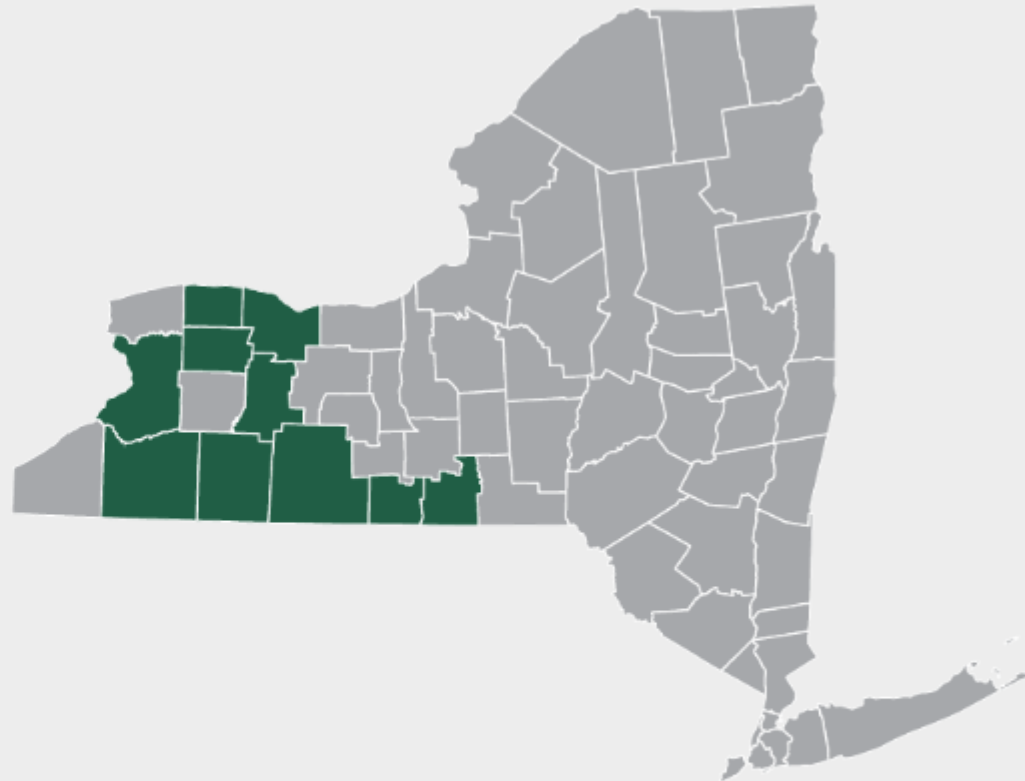


# New York Research: Leader Survey + Efficacy



## **Mohawk/Central Region**

*(Broome, Chenango, Cortland, Delaware, Fulton, Herkimer, Madison, Montgomery, Otsego, Schoharie, and Tompkins Counties)*



## **Finger Lakes/Western Region**

*(Allegany, Cattaraugus, Chemung, Erie, Genesee, Livingston, Monroe, Orleans, Steuben, and Tioga Counties)*

# Published Studies from New York

**STUDY 1. "Workplace Well-Being: A Real Strategy to Increase Your Business Productivity."** A white-paper was produced for counties in the NY Southern Tier with the Collaborative Recovery Empowerment of the Southern Tier (CREST), a cooperative effort between several workforce development organizations including Southern Tier 8 Regional Board to develop a community culture of wellness in the workplace and a recovery-to-workforce pipeline for eligible jobseekers in recovery for their substance use disorder. Get the white paper [here](#) or [here](#). [Please also watch this recorded webinar that reviews the study.](#)

**STUDY 2. "More Vulnerable, More to Gain? A Pilot Study of Leader's Perceptions of Mental Health Programs and Costs in Small Workplaces."** Small workplaces (less than 100 employee) often do not receive mental health promotion and substance abuse prevention programs. The current study asked workplace stakeholders about their own and their employee's exposures to mental health-related (MHR) problems, the impact of those problems on lost productivity, and the presence of programs that could mitigate risks. Analysis (n = 130) showed leaders dealing with MHR problems, leading to significant financial costs. Smaller workplaces report less MHR exposure but small business leaders were more likely to become financially vulnerable as MHR concerns accumulate. Access [here](#). Watch presentation [here](#).  
Citation: Bennett JB, Chan A, Abellanoza A, et al. More Vulnerable, More to Gain? A Pilot Study of Leader's Perceptions of Mental Health Programs and Costs in Small Workplaces. *American Journal of Health Promotion*. 2022;36(7):1223-1228. doi:<https://pubmed.ncbi.nlm.nih.gov/36003012/>

**STUDY 3. "Toward A Public-Private Collaboration: Listening to Leadership's Needs for Mental Health, Substance Use and Opioid Solutions."** This article describes important differences between leaders in public versus private organizations in their perceptions of MHR and resources. Public sector leaders report more problems and have more resources to address problems. Access the study [here](#).  
Original citation: Bennett JB, Toward A Public-Private Collaboration: Listening to Leadership's Needs for Mental Health, Substance Use and Opioid Solutions. *Public Sector HR Association | Public Sector HR News* | 2022; released October 13, 2022.

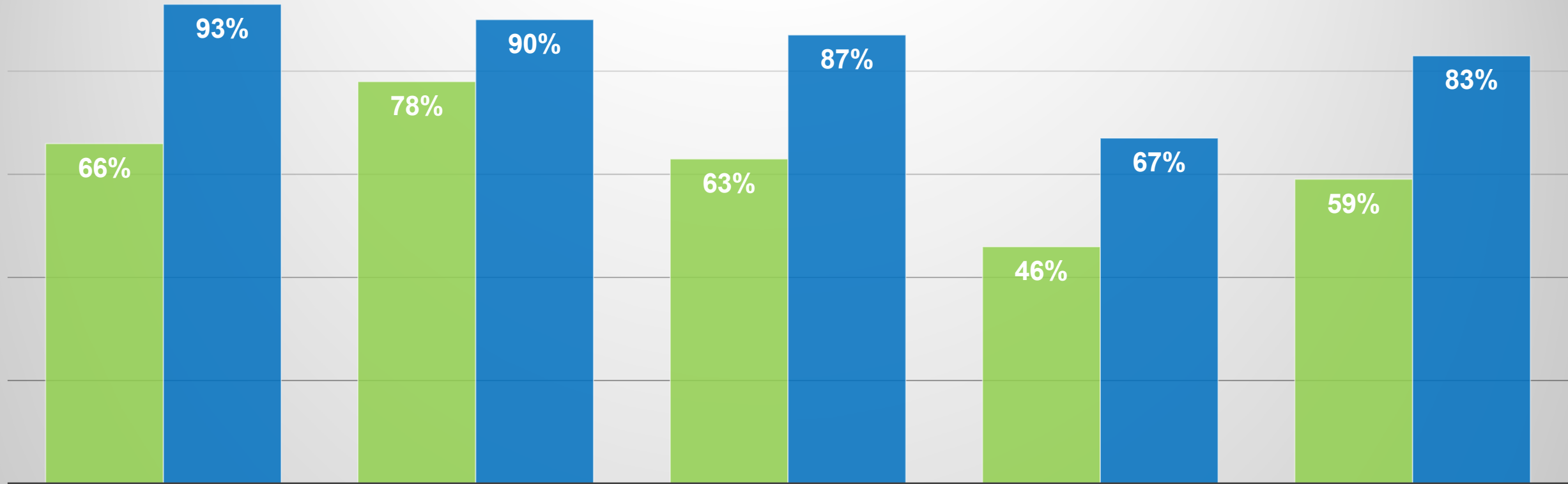
**STUDY 4. "How to Leverage Your EAP for a Mentally Healthy Workplace."** Describes leader views of their Employee Assistance Programs; specialty vendors make a greater impact on leaders than insurance or health plan EAPs. Article contains lots of tips on how to best utilize your EAP. Access [here](#) or [here](#).  
Original citation: Bennett JB, Chan A, Attridge M, How to Leverage Your EAP for a Mentally Healthy Workplace: What Leaders Need to Know and Do. *Benefits Magazine* | International Foundation of Employee Benefits Plans | 2023; July/August issue.

# Results from Application In New York

- In 2021 and 2022, LEAF led capacity building efforts (e.g., stakeholder interviews, focus groups) to lay the foundation for curricula that has, **since May of 2022, reached 1622 employees from 49 work settings through eight TAWW trained facilitators.**
- LEAF coordinated with several prevention agencies to host train-the-trainer efforts, data collection, facilitator meetings, and continuous learning.
- Work settings reached include non-profit, for-profit, public, and private sector, including conferences, chambers of commerce, and higher education.
- The programs (and numbers reached) include TAWW Fundamentals (Ripple Effect) (n = 674); Resilience to Thriving (n = 948).

N ≈ 700

■ PRE ■ POST



1. I know how I can contribute to a positive well-being ripple effect in my life.

3. I am in touch with values that guide my life and well-being.

5. I have tools to help me cope with stress.

7. I avoid using unhealthy coping habits (such as alcohol, over-working).

8. I can recognize when I am engaging in unhealthy coping and correct the situation.

Contribution

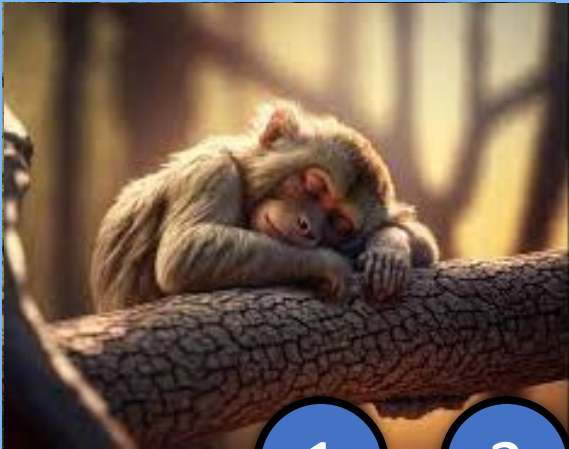
Values

Resilience

Health

Presence  
(health conscious)

# Presence Check-In # 2



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# RECOVERY READY WORKPLACE

NEW YORK SYMPOSIUM

## DECEMBER 4-5, 2023

CROWNE PLAZA (DESMOND HOTEL) ALBANY, NEW YORK



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# PART 2

## HOW THIS WORKS

### (The Black Box)



## Workplace Wellness Program



## Workplace Climate



## Outcomes



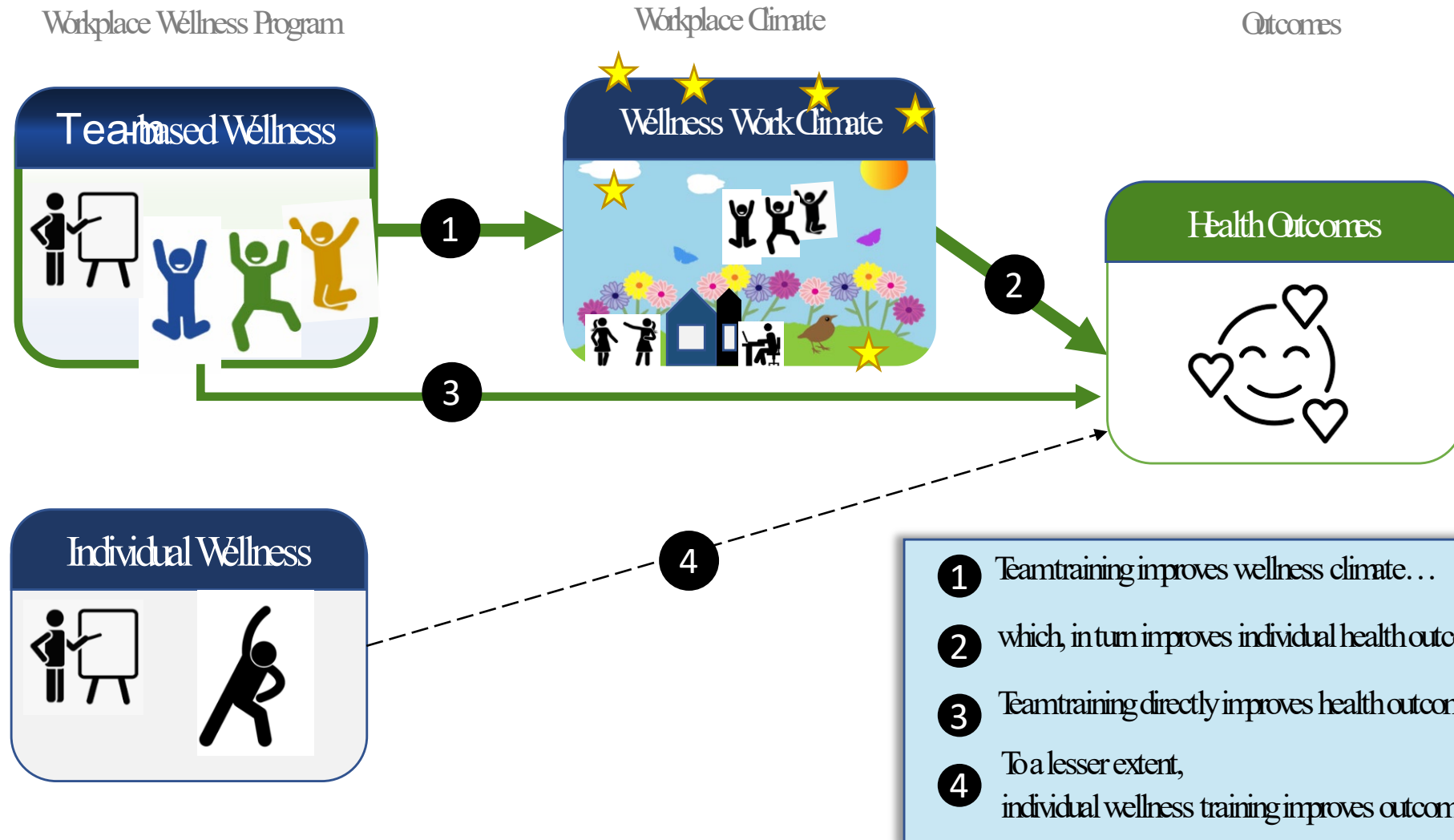
Health Symptoms (-)  
Perceived Wellbeing (+)  
Positive Unwinding (+)  
Work-Family Conflict (-)  
Stress (-)  
Help-Seeking Attitudes (+)  
Alcohol Frequency (-)  
Drug Use (-)

**SIMILAR TO PREVIOUS STUDIES**

Reynolds, G. S., & Bennett, J. B. (2023). The Role of Wellness Climate in Small Business Health Promotion and Employee Wellbeing. *Occupational Health Science*, 1-36.

<https://link.springer.com/article/10.1007/s41542-023-00148-w>

# The Study Compared Team Awareness with Individual Wellness





# What actually happens in Team Awareness?



*Usually no one person is responsible for the problems we face. More often, we are together responsible for the solution*

# Team Awareness Program Elements

Purpose:  
**improve coworker  
communications in  
order to reduce team risks and  
improve team strengths**

8 hours

6 hours

4 hours (Small Business)

## MODULE

### 1 MEANING & RELEVANCE

- Group drawing exercise for prevention principles
- Rating local wellness dimate
- Sharing a personal stressor

### 2 TEAM OWNERSHIP OF POLICY AND BENEFITS (EAP)

- Policy quiz
- Review EAP resources
- Play "Risks/Strengths" board game

### 3 RESPONDING TO TOLERANCE & STIGMA

- Rate tolerance scenarios
- Group consensus task
- List ways to respond

### 4 STRESS & RESILIENCE

- List stressors and ways of coping
- Assess current health lifestyle
- Develop a goal to address stress

### 5 COMMUNICATION SKILLS (LISTENING)

- Review specific guidelines
- Review communication norms
- Practice really listening

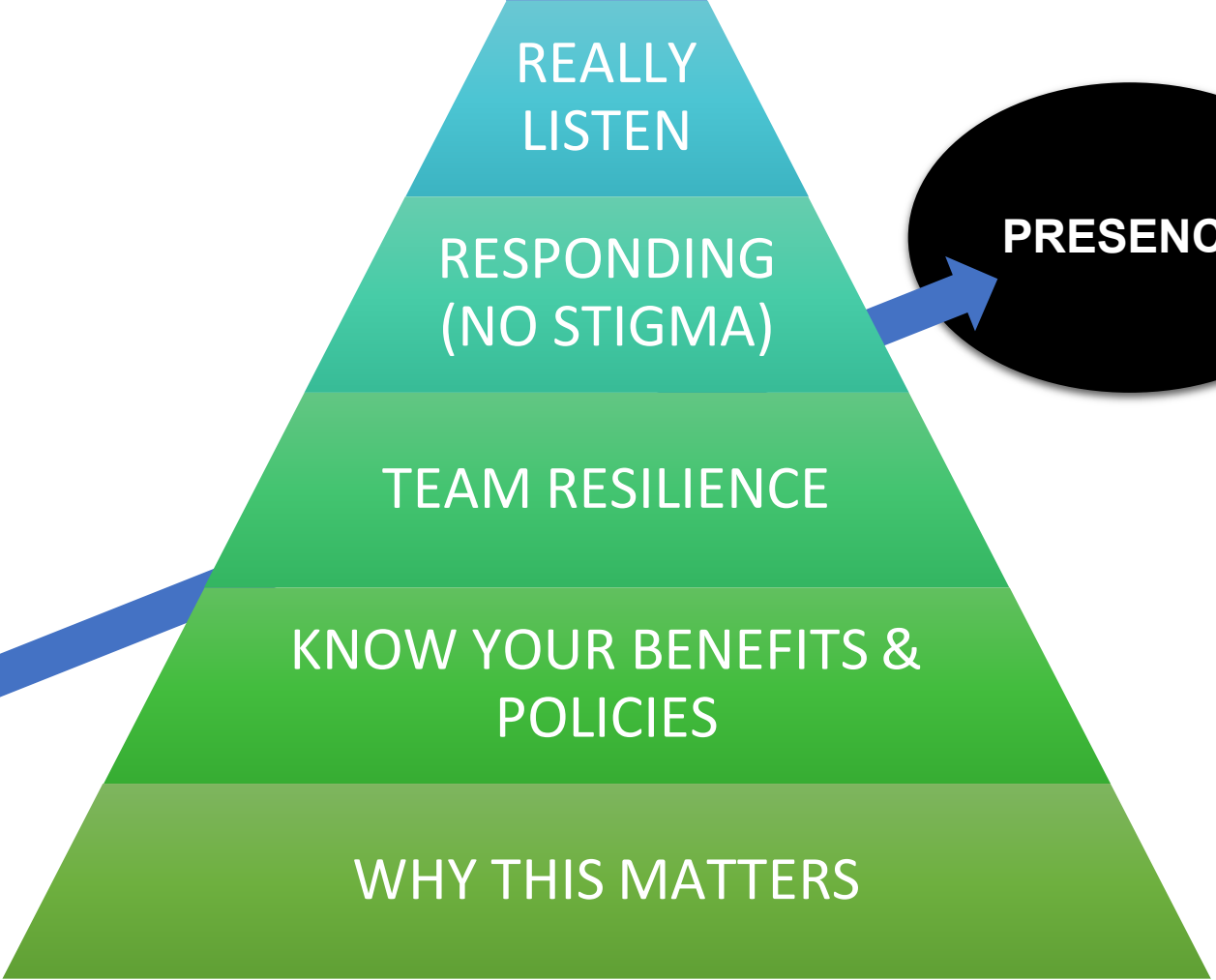
### 6 PEER REFERRAL (NUDGE)

- Work through case studies
- Role-play nudging
- Debrief and review EAP

- |   |   |
|---|---|
| 1 | Be willing to expand your (personal & team) capacity for greater health & abundance |
| 2 | Reduce risks & increase strengths to enhance capacity                               |
| 3 | Hold values that guide & inspire; policies that keep us present and accountable     |
| 4 | Understand your tolerance and adjust as necessary (See #1)                          |
| 5 | Work together as a team to stay engaged & communicate to solve problems             |
| 6 | Develop or enhance skills for work-life balance, coping, and thriving from stress   |
| 7 | Support and encourage others to get needed help (don't isolate and withdraw)        |
- www.organizationalwellness.com

**Psychological withdrawal**

**NUDGE**  
Notice, Understand, Decide, use Guidelines, Encourage



**PRESENCE**

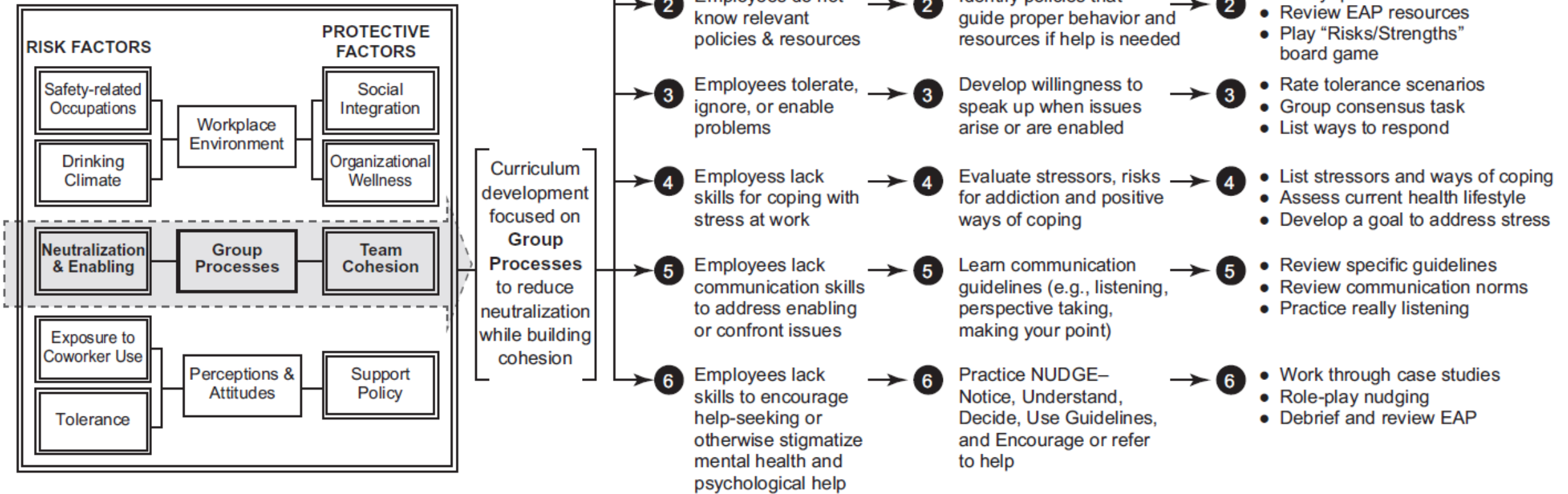
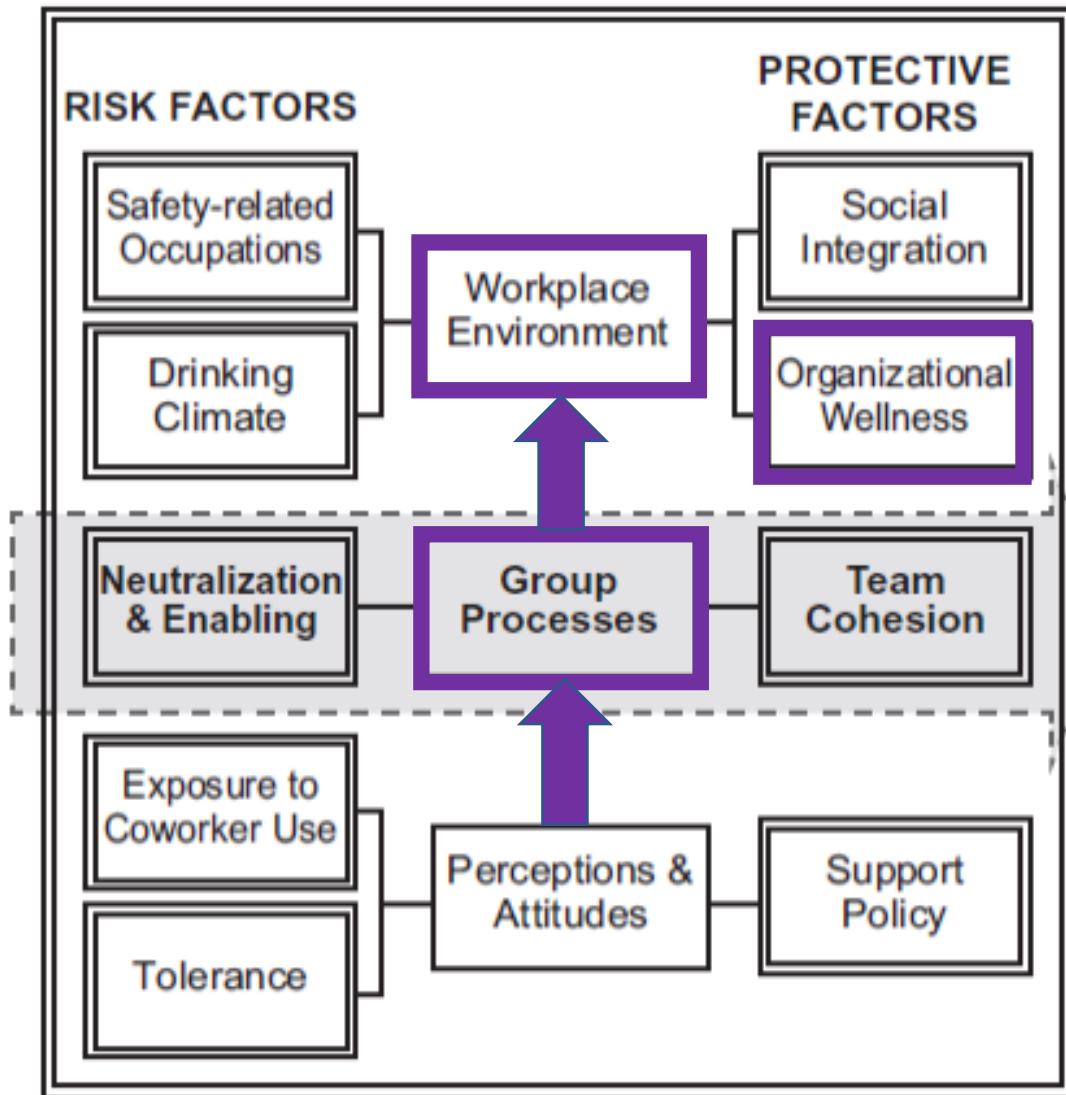


Figure 15.2 Content Derivation: From Grounded Theory to Sample Exercises

# What is Wellness Work Climate?





## Organizational Wellness Climate

A measurable way to capture protective/strengths

“employee perceptions of coworker relationships, policies, and social norms that support optimizing wellness.”

Reynolds GS, Bennett JBA **Brief Measure of Organizational Wellness Climate: Initial Validation and Focus on Small Businesses and Substance Misuse.** *J Occup Environ Med.* 2019 Dec;61(12):1052-1064. doi: 10.1097/JOM.0000000000001739. PMID: 31626071; PMCID: PMC7691977.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7691977/>

- 
1. Even when they differ, people at work are truthful about their personal viewpoints or feelings
  2. People in my work group have a lot of vitality and a healthy outlook on life.
  3. In my work group, differences in lifestyle and culture are appreciated (including minorities, those with disabilities, and elderly employees).
  4. When I face a difficult job, coworkers can be counted on to help me.
  5. People in my work group are able to keep secrets about an employee's personal concerns that they may know about.
  6. My workplace offers health and wellness classes that we can attend (such as smoking cessation clinics, exercise programs, or stress reduction workshops).
  7. Health and safety is a top priority in my work group.
  8. My supervisor says a good word whenever he sees a job done according to the safety rules.
  9. Overall, time, schedules, and work flow seem to be well managed and under control.

**Self-Expression**

**Vitality**

**Inclusiveness**

**Reliability**

**Psychological Safety**

**Access to Wellness**

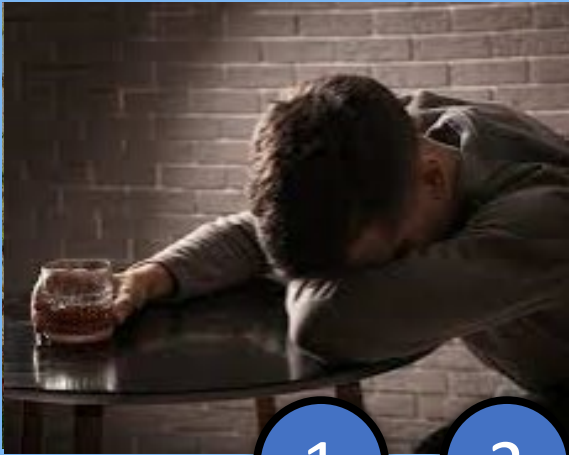
**Valuing Wellness & Safety**

**Supervisor Safety Climate**

**Healthy Time Orientation**

**Q.** Can the work climate measurement tool you used be useful for program evaluation?

# Presence Check-In # 3



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# SOME TAKE-AWAYS

1. We limit ourselves with two biases:
  - a) Individuo-centric bias.
  - b) Putting mental health benefits behind the HR firewall (not in relationship context)
2. It makes a difference when we design approaches that attend to relationships/social norms of the local group.
3. Coworkers often know about the health and well-being of their colleagues.
4. Common, everyday “peers” represent an untapped resource.
5. These peers have shared perceptions (climate).
6. By creating a safe environment we help them help themselves and each other.
7. Climate is much easier to measure – AND CHANGE – than culture.
8. In fact, by focusing on climate you get two flowers for the price of one.
  1. Enhance the culture (one step at a time)
  2. Improve individual employee well-being (holistic)

People don't care how much you know  
until they know how much you care  
~ *Theodore Roosevelt*

Once people know something really  
works, they also know how to care  
~ *Veritas Maximianus*



Joel B. Bennett

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<https://presencequest.life/>

Bennett, J. B. (2023). Treating the “Black Box” of Recovery Friendly Workplace: An Evidence-Informed Approach. Presentation given to “Recovery Ready Workplace: New York Symposium” for PARSE (NYS Coalition to Prevent Addiction and Support Recovery in Employment) (December 4-5, 2023)

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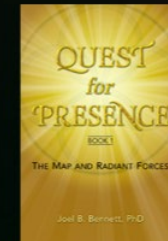
# Quest For Presence

The Soulful Capacities

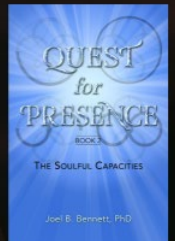
Get the Soulful Capacities



The Connoisseur of Time



The Map and Radiant Forces



The Soulful Capacities