

# Disability Management: Addressing the Multigenerational Workforce

**For the first time in history, a minimum of four generations are in the U.S. workforce. These groups represent a wide span of ages and a spectrum of habits, work ethics, learning styles, and communication preferences.** Much has been written on the generations, especially the large demographic of Baby Boomers, who are now in their 50s and 60s. In this paper, we will narrow the focus, addressing the multigenerational workforce strictly from a disability management perspective, from a context of health, wellness, prevention, and return to work.

Workplace and population demographics have captured attention broadly from employers to policymakers. Trends such as delayed retirement, a projected “experience gap” when baby boomers exit the workforce, and concern over the availability of younger replacements are being discussed in many venues. Although much of the attention in workforce demographics is on the aging baby boomers, it is essential to see that the workplace is actually multigenerational, with a range in ages from 70s and 60s to 20s and even teens. Meeting the needs of these populations requires increased awareness, strategic planning, and improved coordination among disability management, human resources, safety, occupational health, and other related disciplines.

## The Aging of the Workforce

The population is aging, a phenomenon that has been documented in the United States as well as in other developed nations. According to the U.S. Census Bureau, nearly one in five people in the U.S. will be aged 65 or older in 2030. The Census Bureau has also projected that by 2050, the number of Americans aged 65 and older will be 88.5 million, more than double the estimated population for this group of 40.2 million in 2010.<sup>1</sup>

Not only is the population getting older, it is also staying in the workforce longer—beyond what has been viewed as the typical retirement age of 65. According to a summer 2010 report from the Carsey Institute, University of New Hampshire, retirement patterns have changed, especially the trend toward early retirement. As the report notes:

“Many older Americans are staying in the labor force longer. When this change first became apparent it was unclear whether it would be a temporary halt or a reversal of the decades-long decline in work at older ages. However, recent data indicate that the proportion of older adults working for pay is still growing. Although the trend began in the 1990s, the current economic

recession may be an important reason that it continues.”

The report also made the following observations about older workers in the labor force:

- The more educated a person is, the more likely he/she will continue working. College graduates have the highest participation rates among those aged 65 and older.
- The reasons educated workers tend to work longer include: those with higher education are typically healthier; older, educated workers tend to have higher earnings; and these individuals are less likely to perform physically demanding jobs that become difficult to perform as one ages.
- Divorce tends to keep many older women in the workforce longer.
- Although the majority of older workers work part time, the percentage working full time and year-round is increasing, currently at 48% for men aged 65 and older and 37% for women aged 65 and older.<sup>2</sup>

The trend toward more mature adults staying employed is expected to continue into the foreseeable future, in part because

### Disability Management Perspectives on:

#### Age

by Ronald S. Leopold,  
MD, MBA, MPH  
VP of Institutional  
Business  
at MetLife

#### Aging Out

by Diane Sikora Shaub, RN  
Director of HR  
at OhioHealth

#### Outreach

by Barton Margoshes, MD  
Senior Medical Director,  
Health & Productivity  
for Aetna

#### Safety

by Ed Staton,  
Director of Transmission  
at E.ON U.S.



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of the economic recession, losses suffered in retirement and investment portfolios, and declines in home equity values. Another factor is the desire among many mature adults to stay active and remain connected with the workforce. Other contributing reasons include the trend toward less demanding jobs and changes in Social Security rules that gradually raise the age at which people can collect full monthly benefits from 65 to 67 for those born in 1960 or later. Those who delay collecting Social Security receive retirement credits, which increase the amount of benefit they receive when they do retire. Life expectancy, too, plays a role. Over the past century, life expectancy in the U.S. has risen from 51.1 years to 78.2 years. People living longer want to stay active longer and also fear that their retirement savings won't last long enough if they stop working too soon.

The Government Accountability Office (GAO), in a study of more Americans remaining in the workforce at older ages, found several societal benefits, including: increased opportunity for individuals to bolster their retirement savings; a larger pool of workers to address a projected labor shortage; and more federal revenues to help defray anticipated costs associated with increased Social Security and Medicare claims.<sup>3</sup>

As more retirement-age workers stay in the labor force, there will be an impact on employers' workforce management programs, as well as health, wellness, prevention, and disability initiatives. As the Carsey Institute study noted, "If more Americans are to work longer, employers may need to adapt to their needs. Older workers often prefer fewer hours and flexible scheduling, but not all employers provide such an option. In addition, employers must be willing to hire and retain older workers."<sup>4</sup>

Health, wellness, and prevention programs are especially relevant to the population of older workers who may be higher users of employers' group health plans, causing an increase in overall costs. Some senior employees may also be using their employer's plans as their Medicare supplement. How employers meet the needs of a large population of maturing workers within a multigenerational workforce will be a major factor in workforce management programs.

### Addressing Generational Perceptions in the Workplace

The aging of the labor force has contributed to the complexity of the multigenerational workforce. Now, employers need to address the needs of workers who are over age 60 as well as those who are in their 20s or even younger. To do so requires some broad assumptions. However, assumptions can become stereotypes, which is a danger when dealing with any group.

Perceptions are also compounded by the fact that every person belongs to a generation. Whether someone is a Boomer, Gen X'er, or part of another group, he/she most likely has preconceived ideas about what it means (or doesn't mean) to belong to a particular generation and what other groups are like. Therefore, it is essential to keep in mind that generational groups are composed of individuals who vary greatly on everything from health status to technology usage. Although certain generalities are helpful in becoming aware of trends and needs in health and disability, it cannot be assumed that just because two people were born the same year their needs are identical.

To deal most effectively with the multigenerational workplace, certified disability management specialists must keep in mind the approach of their practice; that is, to address the specific needs of individuals from the perspective of their abilities, as well as their employers' needs to facilitate safe and successful return-to-work or stay-at-work. Just as two people with a back injury are not necessarily the same, neither are two 30-year-olds or two 60-year-olds. In other words, manage the person—not the disability. To be most effective in achieving desired outcomes, disability managers must take a balanced approach to the multigenerational workforce that is mutually beneficial to the impacted employee and his/her employer.

"Put the individual first, and the generational issues second," observed Carol A. Harnett, MS, GBDS, a physiologist and consultant in healthcare and disability management. "While you can certainly paint generational tendencies and frameworks, you shouldn't apply

*"Put the individual first, and the generational issues second."*

— Carol A. Harnett,  
MS, GBDS

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the same methodology to 20- or 50- or 75-year-olds. People's individual responses can be very different."

Harnett compared this approach to lessons learned from the Americans with Disabilities Act (ADA) and the recently adopted ADA Amendments. "Using an ADA mindset, the first thing you do is ask the person: 'What do you need?'" she observed. This thinking extends to the multigenerational workforce where basic questions can keep the focus on the individual and not his/her age group. For example, what is the person's preference of how to be contacted by the disability manager who is managing his/her return to work? Do not merely assume that an older worker would prefer a phone call and a younger one an email or text message. Individual preferences prevail, which can only be determined by asking.

That being said, there are issues that tend to be relevant to certain demographic groups. Awareness of the generational differences will give certified disability managers a common knowledge base from which to draw, while tailoring interventions to individual needs.

### **Understanding Age, Work, Disability, and Productivity**

Age is a strong determinant in workplace programs. Companies that have a higher median age, for example, will likely have greater incidence of musculoskeletal disorders than those with a younger population. Although individual differences exist—for example, the 60-year-old marathon runner and the physically inactive 20-year-old—age must be taken into account when designing and implementing workplace programs.

"Without a doubt, when it comes to disability, age itself is extremely relevant," observed Ronald S. Leopold, MD, MBA, MPH, Vice President of Institutional Business at MetLife. "When you look at short-term disability and long-term disability, the reasons for people to be out of work at age 25, 45, or 60 are going to be very different."

For younger workers, injuries and pregnancy are the dominant causes of short-term disability. With older workers, the common causes are chronic conditions, and most

notably cardiovascular disease, cancer, and arthritis. These commonalities have not changed over the years, Leopold added. "The 55-year-old in 1960 and the 55-year-old today and the 55-year-old 50 years from now are likely facing similar challenges."

It is presumed that more than half of all workers, and an even greater number of baby boomers, will have to stay in the workforce beyond age 65. This will have a tremendous impact on the health, wellness, prevention, and productivity programs put in place by employers. "Employers and everyone in the disability management business must anticipate the needs of older workers; that means the needs of a 55-year-old, 60- and 65-year-olds, and even a 68-year-old in the workforce," Leopold added.

Leopold cited the incidence and prevalence of chronic conditions, which typically doubles between the ages of 50 and 60. "So what we know is that older workers don't submit more [short-term disability] claims, but when they do they are for more serious reasons and the length of disability is far more extended than with younger workers," he added.

Rather than seeing the aging workforce as a challenge, the prospect of older, more mature and experienced employees in the workplace is a welcome development for many employers, particularly in industries such as healthcare that are facing labor shortages. A 2006 Towers Perrin *World at Work* report entitled "The Aging Workforce: Challenge or Opportunity" observed: "Thus far, the reported worker shortages have emerged in fields like nursing, engineering (e.g., in the energy industry) and even long-haul trucking. For just about every industry, however, today's demographic realities raise important issues about what it will take to meet critical business needs for workers, skills and knowledge in the future."

Analyzing the business case for hiring and retaining workers aged 50 and older, Towers Perrin concluded that "organizations that adhere to the conventional wisdom about older workers—specifically, the notion that older workers are more expensive and less productive than younger groups—may miss a critical opportunity to maximize their talent base."<sup>6</sup>

*"While Baby Boomers represented 36% of the population at their peak, Gen X and Gen Y together represent closer to 27%, a proportion that is likely to remain constant based on birthrates and trends in the past 20 years. So, at the same time as considerations for younger worker are rising in importance, the American workforce is skewing older. ..."*

— excerpted from  
*The Benefits Edge:  
Honing the Competitive  
Value of Employee  
Benefits*, by Ronald S.  
Leopold, MD, MBA, MPH<sup>5</sup>

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### Case Study: Addressing “Aging Out” in the Workforce

According to the U.S. Department of Health and Human Services, approximately 1.8 million workers in the U.S. suffer each year from musculoskeletal disorders, about one-third of which are serious enough to result in time off work. One industry that is particularly affected by musculoskeletal injuries is healthcare, costing employers billions of dollars and impacting the productivity and diminished quality of life for employees.

In testimony before the Senate in 2000, Rachael Weinstein, RN, Clinical Standards Group Director, Health Care Financing Administration, for the U.S. Department of Health and Human Services, addressed concerns for healthcare workers who are aging out of their jobs. As she stated: “Worker health and safety are of paramount importance, and when these individuals give of themselves to care for others, at the least they deserve safeguards against suffering bodily injury.”<sup>7</sup>

To respond, healthcare organizations have been addressing the risks of injury to staff, particularly those who are seen as prone to aging out of their jobs due to physical demands. One of those firms is OhioHealth, a nationally recognized, not-for-profit, charitable, healthcare organization based in Columbus, Ohio. OhioHealth consists of 17 hospitals, 23 health and surgery centers, and other facilities and services in a 40-county area.

The challenge, as recognized by OhioHealth, was an increasing number of registered nurses (RNs) who were becoming unable physically to do their jobs because of illness and injuries. “We held focus groups for RNs who were 46 years of age and older to ask them what they would do if they could no longer perform their duties due to the physical nature of their jobs,” commented Diane Sikora Shaub, RN, Director of Human Resources for OhioHealth. “Some had made plans and actually moved to less demanding jobs, while others had not even considered the possibility.”

As OhioHealth began to expand its disability management program, one of the objectives was to educate its RNs about how they could continue their careers after

they were no longer able to handle their job demands physically. For example, the company’s tuition program and education vouchers made it possible for RNs to explore continuing education in order to pursue an advanced job that was less physically demanding. “We wanted them to be more proactive before they could no longer do their jobs,” added Chris Moranda, MA, LSW, CDMS, CCM, Manager, Disability Services, at OhioHealth.

OhioHealth also created a “mission budget” to assist with disability-related issues. Through this budget, a “workplace RN” was hired to mentor nurses on how to pursue different career paths in nursing through education. The workplace RN, herself, was no longer able to be a surgical nurse due to a disability. “What is so inspiring about our workplace RN is that she is over 60 and will complete her BSN online this October [2010] and go on to get her BA in Information Technology, which she sees as the way of the future for hospitals,” Sikora Shaub added.

As the OhioHealth example shows, a best practice in the multigenerational workforce is to plan ahead, offering assistance to older employees who are at risk of aging out of their jobs before illness or injury becomes an issue. Empowering employees to plan for their own career succession involves continuing education and retraining.

Career ladders are also an excellent way to provide opportunities that may be less physically demanding. In addition, there may be non-traditional roles for employees to explore. For example, in nursing, a non-traditional role would be working as a liaison to help the information systems department coordinate with clinical staff to implement electronic medical records.

Other considerations may be to build partnerships with schools to promote retraining. Or, employers may allow employees to have a portion of their paychecks deducted and put into an education savings fund. Reimbursement from the fund is then made by presenting receipts for education-related expenses. Employers may also match funds up to a certain percentage to encourage continuing education and retraining.

*OhioHealth has a workplace accommodation specialist on staff who works closely with HR employment specialists to assist with placement for RNs who are unable to maintain their jobs due to an illness or injury.*

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As employees explore and prepare for less physically demanding jobs, they discover new opportunities in the workplace. By transitioning into new positions, including with retraining, mature workers are able to continue contributing their valuable knowledge and experience to their employers and co-workers.

### **Working Together: Multiple Generations on the Job**

The workplace today is truly multigenerational, comprised not only of the major groups but also subgroups, such as within the huge Baby Boomer demographic. One's generation is not just about age, but also about attitudes regarding work, benefits, and how people believe they should be rewarded. These factors make it imperative to understand the commonalities among generations in order to devise and implement workplace strategies that apply to, or can be tailored for, a range of employees across multiple generations. Equally important is to understand the variety of learning styles (auditory, visual, kinesthetic, interactive, etc.) and communication preferences (newsletters, email blasts, posters and flyers, phone calls/voicemail, text messages) among generations and individuals. For employers, the key is to reach out to people in as many different ways as possible, particularly when communicating about health, wellness, and prevention, in order to increase employee buy-in and participation.

Barton Margoshes, MD, Senior Medical Director, Health and Productivity for Aetna, advised that the health, wellness, and disability management industry as a whole needs to become more creative in reaching out to and engaging with employees. Rather than communicating in only one way, such as through voicemail or email (which to some younger workers may be considered passé), employers should use a variety of media. "It's all about reaching people with whatever means is most comfortable for them," he added. "Today, that means using more texting, social networking, and mobile technology. Tomorrow? Who knows!"

Disability managers need to know employees' communication preferences

in order to initiate and maintain contact. Communication is the key to successful return-to-work and stay-at-work strategies.

Examining the multigenerational workforce, experts divide and label groups differently. Some may describe Baby Boomers as one group, although it has become more common to divide them into at least two subgroups. In this paper, we are using labels and age groups that were suggested by those who are active in and knowledgeable about disability management. What is most important is not the specific label, but understanding the characteristics associated with each generation, although as previously stated these commonalities can never take the place of a focus on the individual.

### **The Silent Generation**

The first group is the Silent Generation, born 1927 to 1945. The youngest of this group, in their late 60s and 70s, have been in the workforce far longer than anyone expected. "They are still working because they couldn't afford to retire or they retired and had to return," Harnett observed. "Many times, the ones who returned are in jobs that are below what they used to do."

The attitude of the Silent Generation tends to be gratitude to have a job. For them, life satisfaction stems from those things outside of working. The typical desire of the Silent Generation is to do the right things for their families and themselves, which usually involves working hard. Given this mindset, from a return-to-work perspective, the Silent Generation "absolutely wants to go back and as quickly as possible," Harnett explained.

For the certified disability manager, the challenge may be balancing the Silent Generation's eagerness to work with the reality that these workers may have chronic health conditions or even more serious issues such as cancer, stroke, or heart attacks. If medical restrictions prevent Silent Generation employees from going back to their regular jobs, one way to accommodate them is by placing them in positions where they can act as subject-matter experts, such as training and mentoring others. These positions include helping younger workers on a production line to work smarter and more safely, or supporting a younger manager in an office environment.

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### True Boomers

Within the huge demographic known as the Baby Boomers there are subgroups. The first is the True Boomers, born 1946 to 1955, who tend to be very hard workers with a “whatever it takes” attitude. As Leopold of MetLife observed, “They like to work; they live to work. This group is more apt to want to get back to work and will stay until eight or nine at night to get things done.”

For the certified disability manager who is helping a True Boomer return to work, the loyalty and old-fashioned work ethic of this group must be balanced with physical and medical realities, including limitations in range of motion, strength, and stamina. Furthermore, True Boomers who are in their 60s typically experience a rising incidence of cancer and arthritis at this stage of their lives. Thus, this group in particular may benefit from employee health initiatives, such as health coaching. “There is a real opportunity for disability managers to play a role in helping these older workers to navigate whatever their employers offer in terms of additional resources,” Leopold added.

### Generation Jones or Younger Boomers

Generation Jones or Younger Boomers, born 1956 to 1964, do not share the same characteristics as older boomers, thus making them a different demographic group. “If I gave this group a new moniker, it would be the frustrated generation. They have the hardest time in a traditional working role. They went to college in huge numbers, but have hit a ceiling head-on because of the huge boomer group ahead of them and the Silent Generation before them,” Harnett said.

Unable to move into the positions they view as being rightly theirs because the True Boomers and Silent Generation are still occupying them, Generation Jones/Younger Boomers often feel thwarted. They perceive that they have not partaken of the promise of a world of unprecedented opportunity as was realized by the older boomers. “The younger boomers say, ‘We got a raw deal, here.’ With younger boomers there are a lot of frustration, depression, and stress issues,” Leopold noted. “They may also have issues such as substance abuse, as well as hypertension, obesity, and diabetes, as co-morbidities.”

Disability managers working with Generation Jones/Younger Boomers should realize that, for many in this group, being out of work on disability may be a relief—a welcome break. To help these employees return to productivity, disability managers should consider referrals to supportive resources such as an Employee Assistance Program (EAP). In addition, these employees may be open to retraining and new opportunities.

### Generation X

Born 1965 to 1980, Generation X is characterized by the desire to “work to live” in contrast with True Boomers, who “live to work.” Although Generation X is sometimes described as being less loyal than other groups, it may be a reflection of the fact that Generation Xers usually are juggling several issues including work/life balance. As with the younger boomers, Generation Xers who are off work due to disability may benefit from EAP resources for creative solutions to work/life concerns.

Generation X is sometimes known as the “forgotten generation” because it is overshadowed by the huge baby boomer demographic. Health, wellness, prevention, and disability plans cannot make the same error: focusing so much on the needs of those who are older that this younger generation is neglected. Indeed, Generation X has health issues including an uptick in stroke and heart attack at a younger age. Furthermore, there is a statistically significant increase in the incidence of Type 2 diabetes among people in their 30s.

“The diabetes trend took off around the year 2000, with a huge change in the incidence of diabetes—rising from three or four percent of the population to six percent within five years,” Harnett added. “The biggest driver over the past ten years has been people in their 30s.”

These disturbing health trends call for greater awareness, education, and emphasis on prevention for younger workers. As will be discussed shortly, workplace interventions must be holistic in nature, also taking into account environmental changes to support healthier choices.

*“...The other generations such as the baby boomers can learn from the mature [Silent] generation, which is over 65... ‘This was the master that taught you your job. This was the generation that was running the workplace when you entered and probably the ones that promoted you to the position you’re in today.’”*

– Cam Marston  
generational specialist,  
quoted in “Discord  
among generations  
dissected”  
AARP.org<sup>8</sup>

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### Generation Y/Millennials

Born 1981 to 1994, Generation Y may be the most flexible demographic when it comes to working. As far as they are concerned, it does not (and should not) matter when or where the work gets done as long as it gets done. Often, this attitude puts Generation Y on a collision course with Boomers who may not have the same degree of trust and acceptance of alternative ways of working. Interestingly, Generation Y—which sometimes are labeled as or included in the generational group known as the Millennials or Echo Boomers—are the children of middle to late Boomers.

For Generation Y, excluding pregnancy, common causes of disability are injuries and safety lapses. Thus, from a prevention standpoint, safety training for this group is particularly important. Regarding disability management approaches for Generation Y, Leopold suggests clear communication regarding the return-to-work process, including the expectation that the employee will return to work at a time that is determined by the physician—not the employee.

Once they are in a return-to-work program, Generation Yers are typically open to telecommuting and flexibility, as well as taking on transitional assignments. Harnett added that one possibility that may be particularly appealing to Generation Y is to take a temporary assignment with a local charity—an arrangement that became more popular during a more robust economy. With these types of placements, employers who are unable to offer transitional work onsite make arrangements whereby a worker who is recovering from an illness or injury is able to take a light-duty assignment at a charity and be paid by the company.

Across the generations, the approach to wellness and prevention must be environmental—meaning significant changes in the workplace environment should support a healthier lifestyle. Examples include healthier food choices and smaller, more appropriate portions in the cafeteria and healthier snacks in vending machines. This is particularly important with the Generation Y/Millennial group that grew up with a “super size” mindset and greater consumption of fast food. “If you are going to go down the road of talking

about prevention and disease management, the major thing employers have to do is implement environmental changes,” Harnett observed. “There is no difference among generations when it comes to need, but there is likely to be greater pushback from the younger generations because they have grown up with unhealthy eating habits and bigger portions.”

### Taking a Multigenerational Approach to Health, Wellness, and Prevention

Employers today need to take a proactive approach to health, wellness, and prevention. These programs should target a variety of objectives, such as: identifying risk factors before a chronic condition or disability results in loss time at work; preventing incidents and mitigating their impact when they do occur; and providing incentives and motivating healthier employee behavior. This is a departure from the more traditional disability case management view in which a disability claim did not exist until it was reported, Barton Margoshes, MD, of Aetna observed. “Yet, we know that there is a history that leads up to a disability claim. So if you want to prevent a disability, you need to identify people who are at risk before a claim is initiated.”

Claims data analysis can identify common causes of disability and unscheduled absences within a particular employee population. In most cases disability managers are not able to access medical claims information for individuals because of privacy concerns. However, a medical case manager who does have access to that data would be able to intervene when a “disability predictor flag” is triggered, such as when an employee utilizes medical care, disease management, or complex case management services. The appropriate disability prevention intervention may be to improve health or to modify the workplace. Margoshes used this example to show the importance of better coordination among benefits plans in order to identify risks and provide access to interventions. “The approach should integrate disability management and health care, with a focus on data,” he added.

On the topic of wellness, Margoshes suggested that these initiatives be viewed as disability prevention as much as illness

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– Barton Margoshes, MD  
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prevention. He cited a recent Harvard study that showed for every dollar spent on wellness programs medical costs fell by about \$3.27 and absenteeism costs fell by about \$2.73. Improvements in absenteeism resulted in annual savings of 1.7 days or \$274 per employee, per year.<sup>9</sup>

Wellness programs that target nutrition, exercise, smoking, and stress management should be multigenerational. The wellness focus and readiness for change may be quite different for a 30-year-old than a 50-year-old. Although employers have typically offered some type of incentive to encourage program participation, Margoshes said that the trend is now shifting to disincentives when employees do not participate. One example might be an employee who pays a higher premium for health insurance unless he/she stops smoking or reduces his/her body mass index.

“What we are seeing is a transformation, from employers using carrots to looking at using sticks, or elements of both,” Margoshes said.

Another approach to wellness employers are using targets “metabolic syndrome,” which Margoshes described as “a constellation of risk factors that influences the risk for cardiovascular disease and diabetes.” These factors include waist circumference, cholesterol and triglyceride levels, blood pressure, and blood sugar. Although the required screening is voluntary, employees who do not participate may end up paying higher premiums for health coverage. Those who are tested and identified as being at risk are given access to an array of services, such as health coaching.

Merrill Friedman, Associate Vice President, Advocacy and National Partnerships for Amerigroup, a managed care company with 4,200 employees, advised that employers need to offer events frequently and with a variety of themes in order to attract the broadest range of employees. She gave the examples of Weight Watchers programs, nutritional education series, sign language classes, and community events such as Habitat for Humanity and ALS Walks that are held on-site and locally, across several locations in multiple states. “Programs need to be an ongoing effort to engage and interact with employees. It’s not enough for the employer or meaningful to the employee

if you do only one or two events a year. If you do, you’ll attract the average group in the middle,” Friedman said. “If you do four events a year or two every quarter with different themes, you’ll have a greater ability to attract a diverse range of employees of varying ages with varying interests.”

Workplace health, wellness, and prevention programs complement workplace strategies that seek to reintegrate employees after an illness, injury, or disability. Friedman stressed the importance of working with the employee and the medical team to transition the person back to work in order to maintain the connection with the workplace and to support recovery.

“If you couple that approach with health and wellness programs that you implement within your company, you should further your prevention goals,” she added.

### Addressing Safety Concerns

One major area of concern in the multigenerational workforce is safety—in particular, preventing injuries among younger and less experienced employees. “The hazards don’t change, but the perception, awareness, and experience of the younger generation to those hazards are completely different than for someone who has either experienced them first-hand or who has had the awareness through actual work experience,” observed Skipper Kendrick, president of Kendrick Global Enterprises in Hurst, Texas, and a past president of the American Society of Safety Engineers.

The typical safety-training approach of giving a lecture or presenting a video or PowerPoint presentation may not engage younger workers for whom rote memory and repetition is not an engaging learning experience. Rather, these employees may prefer interaction and experiential learning. One example, Kendrick noted, is a training program for forklift operators that uses simulation before putting someone behind the wheel on the factory floor. Further, management’s emphasis on safety and safe practices in the workforce is crucial to getting the buy-in from younger workers.

Mentoring and coaching by older, more experienced workers can be effective if the mentor/coach exhibits the mindset and behavior that are both safe and desired.

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President, Kendrick  
Global Enterprises

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“All too often, a new employee goes through orientation to learn all the rules, policies, and procedures and then he is assigned to good old Charlie who has been with the company for 30 years. Charlie says, ‘Forget all that stuff. Let me show you how it’s really done on the floor. Follow me and you’ll do fine,’” Kendrick observed. “The best mentor/coach is someone who is on board with the proper procedures and who can communicate in a way that works well with younger workers.”

### **Case Study:** **E.ON U.S. Enhancing Safety in a Multigenerational Workplace**

E.ON U.S., a Louisville, Ky.-based holding company that owns and operates three regulated utilities in Kentucky and Virginia, takes a holistic approach to disability management, bringing together absence management, health (physical and emotional), safety, and wellness. E.ON U.S., which was the 2010 winner of the CDMS Commission’s Quality Leadership Award, has about 3,100 employees, the majority of whom are involved in utility operations. The average age of the operational workforce is 46 years, with an average of 17 years of service.

As E.ON U.S. demonstrates, workplace safety issues must be addressed with training for all workers, particularly those who are younger and lack experience with certain hazards. Heightened awareness is key. “Enhancing their understanding of workplace safety in a ‘global’ sense heightens their awareness of the presence of hazards in all aspects of their job,” explained Ed Staton, Director of Transmission for E.ON U.S.

Safety training at E.ON U.S. begins the first day on the job. All employees receive the company’s Health and Safety manual and are required to familiarize themselves with the contents. Further, they must understand that the manual is a reference document to be used throughout their career with the company. “As part of their orientation, they learn that safety is the number one priority for our company and that embracing that priority is essential to their success as an employee,” Staton added. “Safety is everyone’s job, and employees are responsible and accountable for their own and their co-workers’ safety.”

Timothy Hatchett, team leader of line construction and maintenance for Kentucky Utilities Company, a subsidiary of E.ON U.S., observed that in the gas and electric business, hazards are “innumerable,” ranging from potentially hazardous situations working on pipe and wires and in power plants to tripping hazards in an office. The company responds with career-long training for workers of all ages.

The influence of peer behavior—observing and modeling safe work habits that prevent accidents—helps to keep seasoned workers focused, while making a strong impact on younger workers who are learning safety fundamentals and the correct safety behavior, Hatchett said. Safety fundamentals include wearing personal protective equipment (PPE), conducting job briefings, mitigating hazards, and other basic factors that apply to all employees. “There is a risk that the fundamentals can be taken for granted by unseasoned workers, but they are timeless,” Hatchett said. “They will generally prevent most incidents, and are the foundation for addressing other issues through training.”

In order to address different learning styles, E.ON U.S. uses many strategies to educate employees about core safety principles. Because of the highly technical nature of operations training, a variety of training types and methods are used to address various purposes and learning styles. Learning may occur online, in a classroom setting, in open discussions, and with computer-based home study, along with hands-on and experiential training on the job and at company training facilities. In addition, experienced workers mentor and job-coach employees who are less seasoned, helping them to embrace the company’s safety culture.

To share best practices and information cross-functionally and in a multi-generational workforce, the company uses a multi-media communication approach. “People of all ages receive information differently. Varied approaches keep information fresh and interesting,” Hatchett said. “A non-stop flow of safety communication keeps workers on their toes.”

At E.ON U.S., the emphasis is on a safety culture, not a safety program. “Working safely is a requirement for employment.

*“The most effective learning tool we have is our work environment. We have created a very strong culture where hazard awareness and working safely are the expectations and the norm.”*

– Timothy Hatchett  
Team Leader,  
Line Construction  
& Maintenance for  
Kentucky Utilities  
Company, E.ON U.S.

## Disability Management *Continued from previous page*

No operational situation or financial consideration can be rationalized to obstruct the safety commitment of our company and employees. There is no exception,” Staton said. “Wellness and safety go hand in hand when considering both the health of the employee and the company.”

### **Cultivating Respect: The Certified Disability Manager in the Multigenerational Workforce**

Health, wellness, prevention, and disability management in a multigenerational workforce require a multidisciplinary approach. With their focus on addressing the needs of individuals based on their abilities—not their disabilities and limitations—while also furthering the goals of employers, certified disability managers play an important role.

“The multiple generations adds to the richness of diversity in the workplace,” observed Debbie L. Cromwell, CDMS, CPDM, CCMP, chair of the Certification of Disability Management Specialists Commission, and a principal with Integrated Impact

Management, which offers absence management and integrated disability management services.

Just as every individual makes a unique contribution to the workplace, so it is with each generation, resulting in an array of perspectives, experiences, and influences. “It is all about respect, for each person and for each generation,” Cromwell said. “The certified disability manager who focuses on the individual promotes that culture of respect.”

Changes in workforce demographics do present challenges, with multiple generations working together and a large population of maturing workers. In order to improve productivity, employers will need robust health, wellness, prevention, and disability management programs. With increased knowledge of generational characteristics, while taking an individualized approach, certified disability managers will be key to successful strategies to meet the needs of employees and employers.

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The CDMS Commission is the only independent and nationally accredited organization that certifies disability management specialists. Through sound testing backed by scientific research, continuing education, and a strict code of ethics, the Commission validates the core knowledge and competency of these experts.

### How to reach us:

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