International Union of Operating Engineers
A Roadmap for Development of a Local Union Members Assistance Program

We Raise Ourselves by Lifting Others –
A New Beginning is Here
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BACKGROUND & SIGNIFICANCE

Often without the comforts of an air-conditioned office, comfortable dress, and predictable workplace conditions, construction proves to be one of the more challenging professions out there. While construction is difficult, challenging, and laborious work, as an industry, we are always aiming to create a culture that promotes and champions safety – both on and off of the job.

The seasonality and unpredictability of construction work makes placing an emphasis on total worker health difficult. Some workers are known to chase turnarounds and bounce from company to company in search of the most lucrative position. Other employers might be placed under restrictions due to the labor needs differing throughout the year. While contractors might want to keep all their skilled labor on board, project and budget limitations might make this goal unrealistic. Ultimately, employers and contractors could be put under budget, employment, and time constraints therefore hindering the ability to dedicate limited resources on improving the total health of their varying workforce. This is not to mention the questionable presence of financial incentives when a contractor’s workforce changes with the season. While many employers are committed to providing their employees with reasonable pay, benefits, and safe working conditions, one can’t help but wonder if contractors hedge their bets and restrain investments in total worker health when there is no guarantee of the employee making a long-term commitment to the contractor.

Therefore, given the dynamic conditions of the construction labor market, labor unions offer a unique intervention point. Initially and primarily serving to facilitate collective bargaining efforts among workers, labor unions ultimately provide a platform for workers to work towards common goals and objectives, in some cases, goals that are not being satisfied by the current employment market. An organization by the worker and for the worker provides a route for construction and industrial occupations to provide total worker health benefits and move the entire tripartite team in the appropriate direction to ensure the sustained health of this population.

With data backed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC) it becomes clear that there are issues existing outside of the workplace that this industry must face. When stratified by industry, construction is consistently in the top industries of heavy alcohol use, illicit drug use, and substance use disorder (SAMHSA, 2015). Additionally, tobacco use is disproportionally high in construction as 29.7% of construction workers reported smoking and 7.9% of construction workers reported engaging in smokeless tobacco use (CDC, 2016). With a vast majority of Americans reporting daily caffeine use, it is not a far stretch to assume that the grueling hours, physically demanding work, early mornings, late nights, and varying schedules could encourage caffeine use in the construction industry (Mitchell et al., 2014). However, there are health and safety concerns with the means of caffeine consumption if there is no corresponding behavior to offset the dehydrating effects of popular caffeinated energy beverages.
While on the job safety is important and relatively well understood by workers, Strickland et al. (2017) displayed that workers are still unaware of the influences of personal health behaviors on workplace safety. Therefore, educational and training efforts have been shown to be effective in making workers aware of risky work-related behaviors, a similar approach could be used to make workers aware of how personal health behaviors like alcohol consumption, tobacco use, caffeine intake, and drug use can influence the safety of their work environment.

In addition to the substance use and misuse issues facing the construction safety community, the culture of the industry should be paid attention to as well as it could worsen the problems discussed above. Many blue-collar occupations have a “suck-it-up, get the job done, tough guy” culture which can contribute to workers in a male dominant field such as construction to overlook personal physical and mental health (thorzt.com). In a study conducted on Australian blue-collar workers, researchers found that a strong majority of males in a laborious profession understand the importance of talking about mental health, but if they were struggling with mental health, only half of those workers would actually have and initiate a conversation regarding their own mental health (O’Donoghue, 2013). Workers reported the main reasons for them not reaching out to appropriate support and resources were stigma and self-blame, being unaware of available resources, and being unsure that they had a problem (O’Donoghue, 2013). It was also reported that about 20% of study participants believed that those that seek out mental health help are weak or soft (O’Donoghue, 2013). Instead of reaching out to health management resources, about 30% reported alcohol use as a coping mechanism and 15% using illicit drugs to cope with mental health issues (O’Donoghue, 2013). Additionally, this study reported that protective strategies like quality time with friends and family, exercise, and regular sleep schedules were uncommon for this population occasionally attributed to tough work schedules (O’Donoghue, 2013). All this considered, blue-collar employees are at risk for unhealthy mental health conditions and unlikely to reach out for appropriate help due to stigma, being unaware of resources, and lack of education of the overall issue (O’Donoghue, 2013). To further shift the culture of this industry, improve total worker health, and improve jobsite safety, we should improve education efforts relating to personal health and mental health behavior.

Outlined above are some of the major health concerns the construction industry must address to generate momentum leading to a culture where comprehensive total worker health is a paramount priority. There are clear trends of substance use and misuse that have the potential to translate into unsafe work behaviors and impairment while on the job site – not to mention the negative influence behavioral and lifestyle habits can have on workers’ personal lives and financial wellbeing. Additionally, there is a pervasive issue of mental health bleeding its way through this population with widespread structural and sociocultural barriers preventing workers from engaging in appropriate mental health management strategies. While the long hours, shift-work, and physically demanding nature of the work may never change, employers, contractors, and unions can begin to move towards building a healthier and more productive work place and workforce by promoting improved educational efforts and shifting the safety culture to encompass these issues.
Throughout the industry, safety training revolves around the Focus Four – falls, struck by, caught in or between, and electrical hazards. These four hazards are thought to be the most prevalent causes of workplace injuries. Aiming to eliminate all deaths and injuries in the workplace remains a top priority for the construction industry. However, when you compare the statistics, there are actually more annual construction worker deaths due to suicide and behavioral health issues than deaths caused by the Focus Four. No one is suggesting we do away with safety training addressing falls, struck by, caught in or between, and electrical hazards. Instead, it is time to add a new focus and add behavioral health, suicide, and addiction into traditional safety training because these safety hazards are more intertwined than previously thought. If a worker becomes hurt, perhaps as a result of a fall or struck by accident, they might be prescribed pain killers to cope with the pain. Workers’ compensation usually does not pay the same rate as what full time employment does. The worker could be incentivized to return to work prematurely or before fully healed so they can make more money. However, pain killers are extremely addictive and can impair workers. When painkiller use is stopped suddenly, withdrawals and swings in behavior and mood are not uncommon. These are all considerable risk factors for workers in construction, not to mention the dangers of prescription opioid use leading to more severe street drug addiction like heroin, fentanyl, etc. Additionally, when engaging in injection drug use the health risks are more severe and the subsequent health care costs to treat things like addiction, Hepatitis C, Human Immunodeficiency Virus (HIV) /Acquired Immunodeficiency Syndrome (AIDS) are much higher.

Given the prevalence of behavioral health risks in the construction worker population, it is time for a new focus and a shift to the “Focus Five.” Engaging workers with a “Focus Five” safety culture demonstrates we are placing an emphasis on doing more than just providing employees with safety training and mental and personal health resources, but we are making those resources well-known and universally accessible and we are demonstrating that we support long-term recovery by engaging in advocacy.
SIGNIFICANCE TO UNIONS & EMPLOYERS

While a recent Gallup poll has noted that labor unions are seeing a spike in approval, the political landscape has placed unions under mounting pressures to continue to deliver quality workers to employers. The recent Janus decision from the Supreme Court of the United States (SCOTUS) has alarmed many pro-union leaders and is thought to be a result that will weaken organized labor efforts in the coming years. If that proves to be the case, unions must continue to position themselves correctly to ensure that they are the trusted source of well-trained, professional, dependable, and safe employees amidst a relatively volatile political and economic backdrop. As outlined above, construction as an industry must begin to face growing challenges of curbing substance use and improving mental health within the workforce. Unions pride themselves on their ability to train and deliver quality employees and it is time that we stop ignoring the behavioral dangers happening outside of the jobsite – because chances are they aren’t just happening outside of the workplace.

A Members Assistance Program (MAP) is a worthwhile investment from the union’s point of view for several reasons. First, it helps to improve the membership and their families. Offering this kind of sensitive and culturally appropriate support is going to ensure that these workers have the comprehensive care they need to get their job done and to care for their families. Second, it helps to take some of the burden off of employers. Like all of us, employers care about safety. However, employers might not take risks on employees with shoddy track records when it comes to safety or failed drug tests. The success of their business is dependent on safety so who can blame them? Employers care about safety, non-impaired workers, and substance abuse just as much as we do, but they might not have the resources to fully educate their workforce or support recovery of those struggling. That’s where the Members Assistance Program comes in. By providing a Members Assistance Program to your members, we help to take that burden off of the employer and continue to build strong relationships between unions and employers. While they might not have the resources to educate and treat those at risk of substance abuse and mental illness, by offering these programs to our members we are able to make a case that our members are more fit to work safely and sustainably than non-union workers. Next, this can help to save you money. Unions are famous for their benefits package and these benefits packages become more difficult to maintain when members are involved in negative health habits. Investing in the membership, working to prevent substance abuse and mental illness, catching it as early as possible, and supporting recovery can offer a return on investment more than the costs of maintaining the Member Assistance Program. Last, but certainly not least, it’s the right thing to do. There are members and employees in the industry that are struggling with behavioral health issues with no idea where to turn next. Programs like this help contribute to the total health of the workforce and generate momentum to move the whole industry towards a more health-conscious trade.
ADDITIONAL SIGNIFICANCE TO EMPLOYERS

As mentioned previously, employers main concern of safety can be addressed by a Members Assistance Program. Additionally, programs like this that help address substance abuse can help save employers money. In a report issued by the Midwest Economic Policy Institute, Jill Manzo displays evidence that untreated substance use disorders cost employers almost $7,000 per year per employee with an untreated disorder. However, when these employees move into recovery it helps save employers almost $2,500 per year. While this program at its core serves to benefit the membership, the membership’s families, and improve the health and safety of the industry, it also has positive economic implications for the union’s health fund as well as the employers.
BASELINE ASSESSMENTS

Initial assessments are important to gauge the direction of your Member Assistance Program and to learn from your membership what resources they think will be useful. Ideally, you want to make sure that the membership will be receptive to any of these new ideas before you invest money into them. These assessments can be as casual or as formal as you like. We have included some suggestions below.

*Introduction to the ideas at a General Membership Union Meeting.* Local leadership can begin to raise awareness about a MAP and addiction and new behavioral health resources by bringing it up at a general membership union meeting. This can be a good place to start the conversation and see if folks are interested. Remember, this is for more people than just employees. Your membership might want information and resources on these topics for family members.

*Use Technology.* Technology has made gathering and dispensing information easier than ever. There are a number of online survey generators that are free and can be used to gather information from the membership. For example, Google Forms is a great outlet to create a survey that has multiple choice and free response formats. It is anonymous. It can be used to discover who is interested in helping out in a behavioral health support program and in gauging the needs of your specific population. These can be sent out over email and are fully compatible with mobile smart phones, smart devices (iPads, tablets, etc.) and laptops. As your MAP develops, technology is also a wonderful resource that can be used to disseminate information. It can alert your membership of local resources for behavioral health help and link them to the care that they deserve.

*Casual Meeting in Comfortable Setting.* In other local unions, these topics are discussed openly, casually, and non-judgmentally through weekly dinners provided by the union. These take place at the union’s hall with pizza being provided. This can be a way to determine where the membership stands with these topics and to allow them to voice their opinions, concerns, and experiences with these complex topics.
TRAINING

Peer training and peer support is the end goal. However, these are not things that can happen overnight so training should be rolled out in phases. The local’s health and safety director should take charge in rolling out the MAP since all of the issues discussed previously fall under health and safety. First, it is important for local union leadership to be familiar with behavioral health issues facing their membership. There is plenty of research on the subjects discussed previously and there will be more training and educational materials coming down the IUOE pipeline in the near future. There are efforts endorsed at the International level that are currently being developed.

There is no expectation that everyone involved with a MAP and behavioral health initiatives will be experts on these topics. They should, however, be aware of local resources, effective, sensitive communication techniques, and risk factors that could influence unhealthy behaviors.

Training and educating the local health and safety leadership should be the first step in developing this program. This can be facilitated by connecting to local resources, like addiction and mental health treatment centers, academic institutions, and health care providers. Additionally, as previously mentioned, there are materials being developed that will be rolled out from the International level to assist in educating leadership. Classes at different levels and seminars to be held at the ITCC in Crosby, TX and presentations and videos that can be sent out to all local unions are being planned. These educational initiatives will focus on baseline information, statistics, and effects of behavioral health issues and their prevalence in this industry. Additionally, they aim to inform leadership on how to communicate this information to others and how to communicate with members that might be struggling with addiction or mental health issues and how to communicate the importance of these issues to employers.

Following the education of local union leadership, it becomes the local leader’s responsibility to inform and educate employers and their general membership. In the past, contractors have been invited to safety symposiums at the local’s hall. The event showcased industry leaders and their efforts to address these issues. Additionally, local treatment centers and advocacy groups were brought in to educate and inform attendees. A similar tactic can be used to inform and educate the general membership by bringing in similar leaders and speakers for general union meetings.
IDENTIFY RESOURCES

Resource identification is where the rubber meets the road. It does not matter how well intentioned these efforts are if they are not funded, if workers are not receptive to them, and if they are not comprehensive. All local unions have different benefit plans so it is important to understand what is offered in yours and where there are inefficiencies. This can be done by contacting the appropriate personnel that run the benefit plans. You can see what is currently covered and then consult with local treatment centers and local addiction medicine health care providers to determine what changes would be worth making to improve cost effectiveness and the health of your membership.

In addition to identifying what is available for you to cover with the benefit plan, it is also important to see who is active in advocating for recovery in your local area. These can be great resources for education, training, and support group purposes. It is easy to start to identify what is available to you by looking at:

SAMHSA
https://findtreatment.samhsa.gov/

or

Facing Addiction
https://resources.facingaddiction.org/

or

The “IMPORTANT LINKS” section on the front page of the Labor Assistance Professionals Website https://www.laborassistanceprofessionals.com/

Furthermore, a web search of local researchers, addiction treatment specialists, advocacy groups, and treatment centers could yield promising results.
Future Vision for MAP Roadmap

- Streamlined on internet through IUOE, Labor Assistance Professionals (LAP), Building Trades, or standalone website
- Similar to the Anthem Employee Assistance Program (EAP) Website but more suited for construction and labor professionals and more specific to MAP development and recovery advocacy
- Website will have collection of
  - Overall timeline
  - Websites to find local resources
  - Training programs and training timelines
  - Videos and testimonials
  - Behavioral Health Statistics
  - Collection of articles documenting this issue
  - Archive of presentations and slides
  - Forum for discussion among Health and Safety Directors
  - Key personnel’s contact information – perhaps one per state or a small team for each geographic region
  - Tab of success stories and testimonials of members and family members that have been helped
  - Partners – schools, treatment centers, Facing Addiction, LAP, etc.
  - Employer packet
REFERENCES:


Three Components of a Successful Member Assistance Program:

1. Generate Interest
2. Training and Education
3. Engage with Local Resources

Estimated time table to rollout: 12 months

<table>
<thead>
<tr>
<th>Introduce to Local</th>
<th>Begin Local Leadership Training</th>
<th>Identify Local Resources</th>
<th>Educate Employers &amp; Membership</th>
<th>Ensure Benefit Plan is Appropriate</th>
<th>Identify Members That Want to Help</th>
<th>Engage in Training Peer Advocates</th>
<th>Support Peer Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ First month</td>
<td>Generate interest at the local union level by showing videos and testimonial videos to union members. Make clear that this is part of a shift in the safety culture, this encompasses behavior on and off the job, and exists for members and their families.</td>
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<tr>
<td>□ First 3 months</td>
<td>Next step is to begin training local union health and safety leaders. There are classes, resources, and seminars offered through IUOE at training facilities. Contact other IUOE Behavioral Health Leaders for more direction.</td>
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<td>□ First 2 months</td>
<td>Begin looking into local substance abuse treatment and behavioral health centers. It will be useful to have consultation from those working in addiction medicine and it is advised to have a clinician on retainer. Building these relationships early helps find the best treatment options for your membership and finds professionals to aid in subsequent education initiatives.</td>
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<td>□ Begin after local union leadership is trained, (approx. month 3-6)</td>
<td>Begin taking educational materials to employers and demonstrate that a program like this helps alleviate workplace safety concerns and that supporting recovery will save them money. An employer packet is being developed to facilitate this conversation. Another option for employer training is a Safety Symposium. Begin membership training by hosting speakers during general membership meetings, showing testimonial videos, and incorporating these topics into apprenticeship training.</td>
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<tr>
<td>□ First 3 months</td>
<td>Benefit plans differ between locals so begin talking to the appropriate personnel that run your benefit plan to see what options are available and what options could be made available in terms of treatment.</td>
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<td>□ Approx. month 3-6</td>
<td>During initial education of the membership and program rollout there is a chance that there are members with experience dealing with substance abuse and/or mental health in the past. Create an avenue for them to identify themselves and get involved as peer advocates. Workers are more receptive to these messages and initiatives when coming from a fellow worker or union member.</td>
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<td>□ Months 6-9</td>
<td>After identifying members interested in being an advocate, assist in training them. They should be trained in effective, sensitive communication and be aware of local resources or next steps to send those that are struggling and looking for help. Additionally, they can start and participate in support groups hosted at the hall.</td>
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<td>□ Through entirety of MAP</td>
<td>Peer training is an important aspect of a MAP because it makes the material and conversations more comfortable to the members. Further peer training and certifications can be facilitated through Labor Assistance Professionals and Facing Addiction. IUOE specific peer training initiatives are currently being explored.</td>
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**EXAMPLES**

- **First month**
  - Show videos at a general meeting, make a point that the union supports recovery, and the union will continue to advocate for members in recovery to employers. Plan a pizza night at the hall in the coming months where union members and their families can come together to discuss substance misuse and mental health issues facing the industry. It could be useful to have a behavioral health expert on site.

- **First 3 months**
  - Identify specific sources within IUOE, Labor Assistance Professionals, or other local treatment centers that have educational programs. Read up on the numerous articles addressing the issues and treatment options. Additionally, there are many videos and news clips regarding this issue in construction.

- **First 2 months**
  - Look into Facing Addiction’s local resource locator. Go to findtreatment.samhsa.gov to identify local resources. Reach out to leaders at those centers and begin discussing next steps in terms of education and treatment options.

- **Begin after local leadership is trained, (approx. month 3-6)**
  - Continue pizza dinners with treatment professionals and continue to lead discussions related to behavioral health and safety in construction. Offer educational opportunities locally or support and promote workers engaging in educational opportunities at the international level. Have a month themed around behavioral health and substance abuse. Have speakers from treatment centers and advocacy groups at meetings during this month and follow them up with emails and newsletters focusing on the issue.

- **First 3 months**
  - Fully understand what treatment options are available in your benefit plan, consult with health care and behavioral health professionals to determine if what you have is the most effective in terms of treatment and cost.

- **Approx. month 3-6**
  - Engage with workers that are interested in helping. Some may want to share their story at meetings or start participating in support groups.

- **Months 6-9**
  - Look into IUOE specific peer advocacy training resources for members interested in helping. These could be online or local. Additionally, Labor Assistance Professionals and Facing Addiction might have certifications. Finally, local treatment centers might know where certifications and certificates can be obtained allowing members to be advocates, lead support groups, and/or offer guidance to struggling members.

- **Through entirety of MAP**
  - Support members showing exemplary dedication and commitment to peer advocacy groups. Perhaps sponsor further addiction counseling training, involvement and training at the international level, and/or further education at the Labor Assistance Professionals conference.