



HealthPartners® Institute

Health and Well-Being in the Workplace

The Search for Relevant Indicators

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GLOBAL ALLIANCE for Healthy Workplaces

Melbourne, Australia

October 30 , 2019

Agenda

- What data matters to the workplace setting?
- Leveraging the rest of society—the case of Healthy People 2030
- Multi-sectoral action and partnership
- A message to leaders

What Data Matters?

- **Safety** from job-related physical and psychosocial risks
- **Health promotion** for workers on-and-off the job
- **Business involvement in the community** to address environmental determinants of health and well-being



WHO Healthy Workplaces

Issues Relevant to Advancing Worker Well-being Through Total Worker Health*

<p>Control of Health and Exposure</p> <ul style="list-style-type: none"> • Chemicals • Physical Agents • Biological Agents • Ergonomics/Hazards • Human Factors • Risk Assessment and Risk Management <p>Organization of Work</p> <ul style="list-style-type: none"> • Workload/Workload Imbalance • Work Scheduling/Patterns • Job Design • Control Management • Health and Safety • Health and Safety from Work Environment • Health and Safety from Work Environment • Health and Safety from Work Environment <p>Health Assessment/Exposure</p> <ul style="list-style-type: none"> • Health and Safety • Health and Safety from Work Environment • Health and Safety from Work Environment • Health and Safety from Work Environment • Health and Safety from Work Environment <p>Leadership</p> <ul style="list-style-type: none"> • Health and Safety from Work Environment • Health and Safety from Work Environment • Health and Safety from Work Environment • Health and Safety from Work Environment • Health and Safety from Work Environment 	<p>Compensation and Benefits</p> <ul style="list-style-type: none"> • Accurate Wages and Prevention of Wage Theft • Employee Performance Appraisal and Merit-based • Work-Life Programs • Employee Self-Care, Wellness, Coping/Resilience • Disability Insurance (Short & Long Term) • Employee Compensation/Benefits • Affordable, Comprehensive Healthcare and Insurance • Prevention of Cost Shifting between Health Insurance • Retirement Planning and Benefits • Career & Training and Development • Access to Language, Quality Healthcare Services • Career and Skills Development <p>Community Support</p> <ul style="list-style-type: none"> • Healthy Community Design • Safe, Healthy and Affordable Housing • Safe and Healthy Workplaces • Safe and Healthy Workplaces • Safe and Healthy Workplaces • Safe and Healthy Workplaces 	<p>Changing Workforce Demographics</p> <ul style="list-style-type: none"> • Multi-generational and Diverse Workforce • Aging Workforce and Labor Mobility • Vulnerable Worker Populations • Workers with Disabilities • Occupational Health Disparities • Increasing Number of Part-time/Temporary and Multiple Simultaneous Workplaces <p>Policy Issues</p> <ul style="list-style-type: none"> • Health Information Privacy • Research/Innovation • Career Mobility • Social Inequality/Opportunity • Health and Safety from Work Environment • Prevention of Bullying, Violence, Harassment and Discrimination • Prevention of Sexual Harassment/Assault • Worker-Centered Occupational Policies • Promoting Productive Aging <p>Basic Employment Patterns</p> <ul style="list-style-type: none"> • Contracting and Subcontracting • Permanent and Contingent Employment • Multi-Company Workplaces • Organizational Restructuring, Downsizing and Layoffs • Homebased and Gig Economy
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Revised 2014
Total Worker Health™ is a registered trademark of the U.S. Department of Health and Human Services.

NIOSH Total Worker Health

Leveraging the rest of society—the case of Healthy People 2030

- Provides a strategic framework for a **national agenda** that communicates a vision for improving health and achieving health equity
- Identifies *science-based*, **measurable objectives with targets** to be achieved by the end of the decade
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action
- Offers model for international, state, and local **program planning**



DEVELOPING
HealthyPeople
2030

Healthy People Evolution

Healthy People
1990



Objectives: 226

Healthy People
2000



312

Healthy People
2010



~1,000

Healthy People
2020



~1,200

Healthy People
2030

DEVELOPING
HealthyPeople
2030

<600

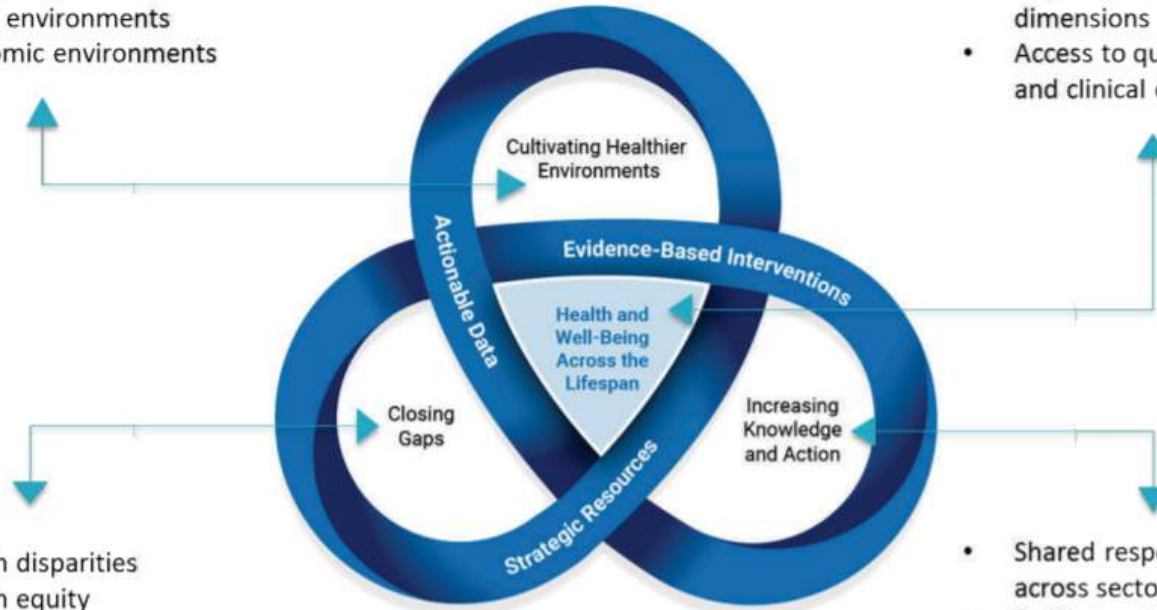
Currently at 355

Healthy People 2030 Framework

DEVELOPING
HealthyPeople
2030

- Physical environments
- Social environments
- Economic environments

- Physical, mental, and social dimensions
- Access to quality public health and clinical care systems



- Health disparities
- Health equity
- Health literacy

- Shared responsibility across sectors
- Public health successes
- Evidence-based laws, policies, and practices
- Objectives and data

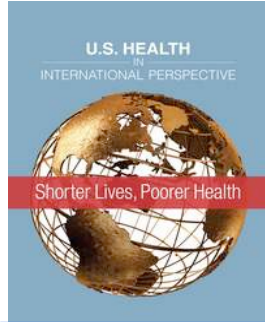


ODPHP

Office of Disease Prevention
and Health Promotion

June 2019

Healthy People Objectives in International Perspective



276 U.S. HEALTH IN INTERNATIONAL PERSPECTIVE

TABLE 10-1 National Health Objectives That Address Specific U.S. Health Disadvantages

Disadvantages Relative to Other High Income Countries	Examples of Relevant <i>Healthy People</i> 2020 Objectives
Chapters 1-2: Shorter Lives, Poorer Health	
Higher prevalence and death rates from cardiovascular disease	HDS-2: Reduce coronary heart disease deaths. HDS-16: Increase the proportion of adults age 20 and older who are aware of, and respond to, early warning symptoms and signs of a heart attack.
Higher prevalence and death rates from diabetes	D-4: Reduce the annual number of new cases of diagnosed diabetes in the population. D-3: Reduce the diabetes death rate.
Higher prevalence and death rates from chronic lung diseases	RD-10: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.
Higher homicide rates	IVP-29: Reduce homicides.

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Continued

Disadvantages Relative to Other Countries	Examples of Relevant <i>Healthy People</i> 2020 Objectives
Higher pregnancy rates of sexually active women	FP-1: Increase the proportion of pregnancies that are intended. FP-8: Reduce pregnancy rates among adolescent females.
Higher rates of mental illness	STD-1: Reduce the proportion of adolescents and young adults with chlamydia trachomatis infections. STD-6: Reduce gonorrhea rates. MHMD-4: Reduce the proportion of persons who experience major depressive episodes (MDE).

U.S. HEALTH IN INTERNATIONAL PERSPECTIVE

Examples of Relevant *Healthy People* 2020 Objectives

C-12: Increase the number of central, population-based registries from the 50 states and the District of Columbia that capture case information on at least 95 percent of the expected number of reportable cancers.

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Examples of Relevant *Healthy People* 2020 Objectives

NWS-17: Reduce consumption of calories from solid fats and added sugars in the population age 2 and older.

PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity.

PA-8: Increase the proportion of children and adolescents who do not exceed recommended limits for screen time.

SA-2: Increase the proportion of adolescents never using substances.

SA-19: Reduce the past-year nonmedical use of prescription drugs.

FP-9: Increase the proportion of adolescents age 17 and under who have never had sexual intercourse.

FP-6: Increase the proportion of females or their partners at risk of unintended pregnancy who used contraception at most recent sexual intercourse.

FP-10: Increase the proportion of sexually active persons aged 15-19 who use condoms to both effectively prevent pregnancy and provide barrier protection against disease.

FP-11: Increase the proportion of sexually active persons aged 15 to 19 years who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease.

IVP-15: Increase use of safety belts.

SA-1: Reduce the proportion of adolescents who report that they rode, during the past 30 days, with a driver who had been drinking alcohol.

HH-5: Increase educational achievement of adolescents and young adults.

ECBP-6: Increase the proportion of the population that completes high school education.

HT-2: Increase use of alternative modes of transportation for work.

Potential Workplace Indicators:

- Work hours and employment protections
- Consumption of calories from dietary fat
- Use of drugs
- Prevalence of sedentary activity
- Prevalence of mental illness
- Prevalence of obesity
- Electronic medical records capabilities
- Registry capabilities
- Longevity at birth
- Job satisfaction
- Life satisfaction

Examples of Relevant *Healthy People* 2020 Objectives

IID-7: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

AHS-1: Increase the proportion of persons with health insurance.

AHS-6: Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

AHS-3: Increase the proportion of persons with a usual primary care provider.

AHS-5: Increase the proportion of persons who have a specific source of ongoing care.

HDS-24: Reduce hospitalizations of older adults with heart failure as the principal diagnosis.

D-5: Improve glycemic control among the population with diagnosed diabetes.

D-9: Increase the proportion of adults with diabetes who have at least an annual foot examination.

D-10: Increase the proportion of adults with diabetes who have an annual dilated eye examination.

D-11: Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.

D-12: Increase the proportion of persons with diagnosed diabetes who obtain an annual urinary microalbumin measurement.

HCHIT-10: Increase the proportion of medical practices that use electronic health records.

Less use of front seatbelts
Less use of motorcycle helmets
More traffic deaths attributable to alcohol

SA-1: Reduce the proportion of adolescents who report that they rode, during the past 30 days, with a driver who had been drinking alcohol.

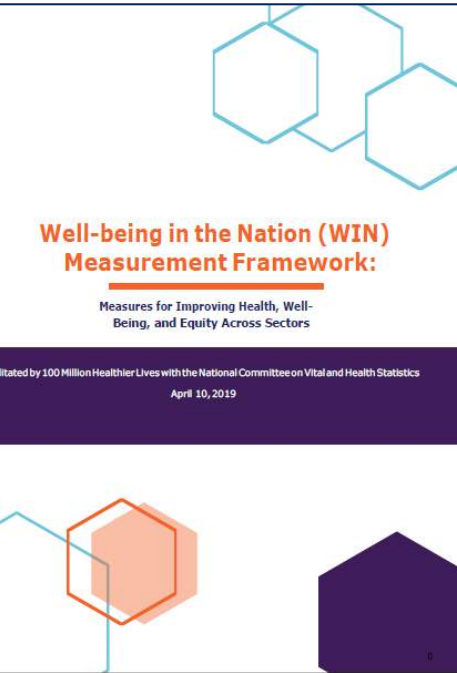
Leveraging Healthy People 2030 for the Workplace



- To date, 12 **proposed Healthy People 2030 measures** come from Healthy People 2020 and are directly related to the workplace
 - Educational and Community-based Programs
 - Occupational Safety and Health
 - Social Determinants of Health
 - Tobacco Use
- Proposal for **Leading Health Indicators** (LHIs) is forthcoming from the national Academy of Medicine
- **Foundation Health Measures** forthcoming
- **Data partnership** recommendations are included in the Advisory Committee's recommendations:
 - Increase data resources
 - Establish data guidance group
 - Establish a data partnership network
 - Create a Healthy People Data Partnership Learning Collaborative

Example of Leveraging Healthy People 2030 for the Workplace:

The Well-Being in the Nation (WIN) Measurement Framework



- The National Committee on Vital and Health Statistics (NCVHS) worked with partners (federal and nonfederal) to develop the framework
- The Institute of Healthcare Improvement supported the engagement and facilitation of over 100 communities and organizations identify, select, and test measures
- Similar criteria were used as in the proposed Healthy People 2030 measure development recommendations
- WIN measures include 3 levels:
 - 9 core measures of well-being (people, places, and equity)
 - 12 Leading Indicators by domain (community vitality, economy, education, environment & infrastructure, equity, food & agriculture, health, housing, public safety, well-being, demographics)
 - A flexible expanded set (e.g., broadband access, absenteeism, etc.)
- Sources of data include Census/American Community Survey, County Health Rankings, Gallup Well-being Assessment, City Health Dashboard, US News & World Report, among others

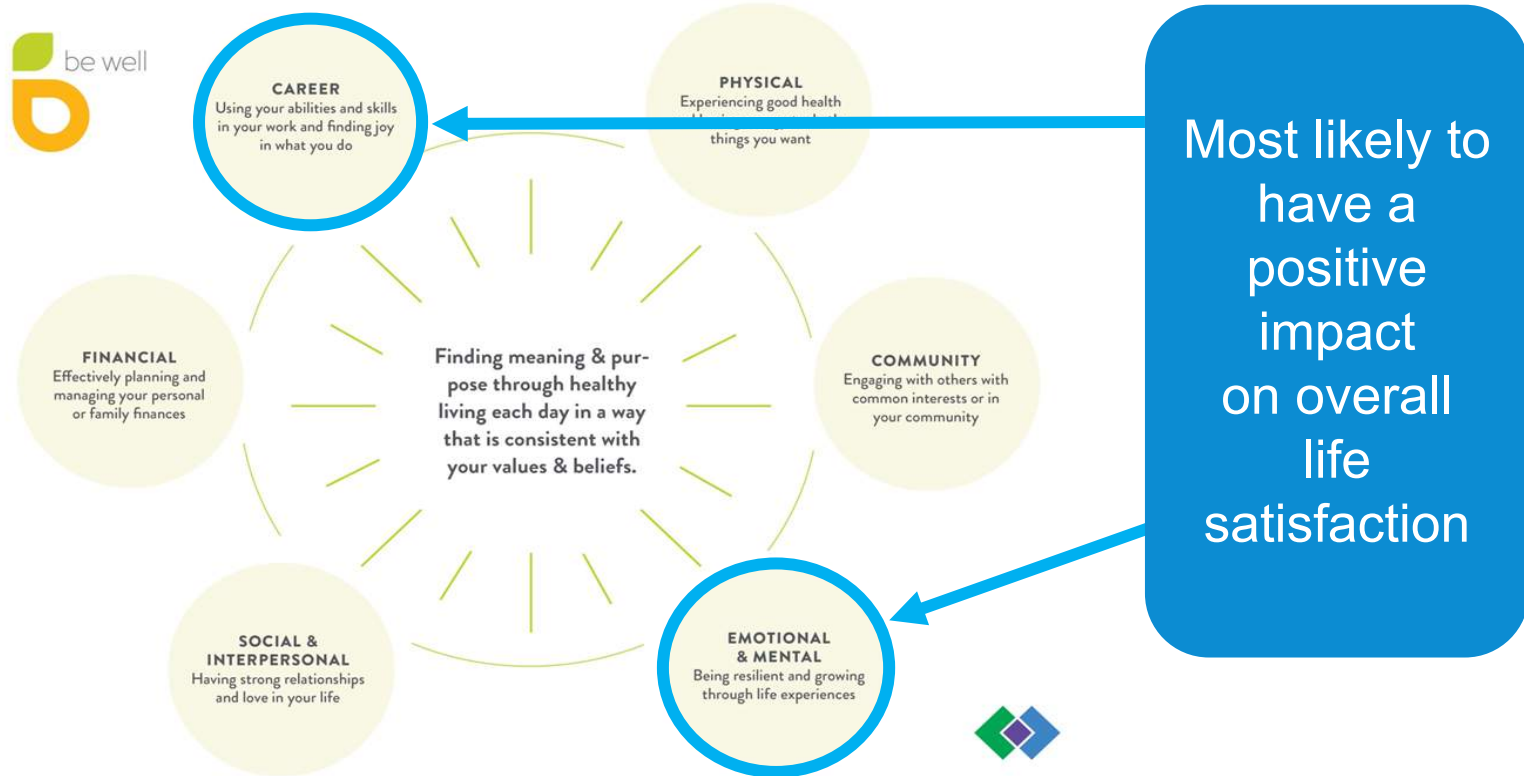
Worker Well-Being Survey from NIOSH

NIOSH Total Worker Health

- **Workplace physical environment and safety climate** includes factors that relate to physical and safety features of the work environment.
- **Workplace policies and culture** relates to organizational policies, programs, and practices that have the potential to influence worker well-being.
- **Health status** involves aspects of individuals' lives relating to their physical and mental health and welfare.
- **Work evaluation and experience** refers to individuals' experiences and evaluations relating to the quality of their work life.
- **Home, community, and society** encompasses the external context or aspects of individuals' lives that are situated outside of work but may still influence worker well-being.



Life Satisfaction, Well-Being, and the Workplace



HealthPartners data:

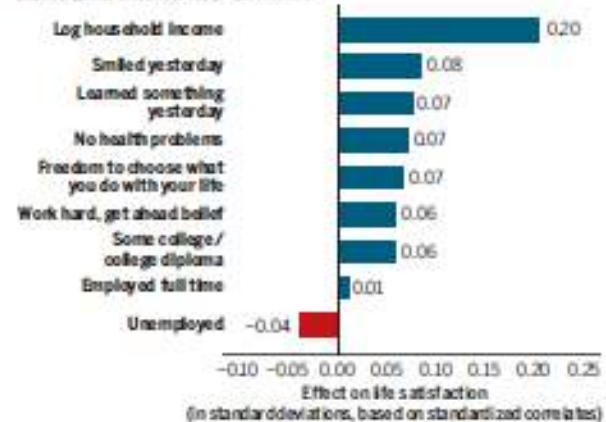
- N = 650,275
- Commercially insured members

In Addition, Consider...

- Life satisfaction **around the world** correlates with:
 - Household income
 - Smiled yesterday
 - Learned something yesterday
 - No health problems
 - Freedom to choose what you do with your life
 - Work hard, get ahead belief
 - Some college/diploma
 - Employed full-time
 - Unemployed (negative)

Correlates of life satisfaction around the world

The life satisfaction of individuals worldwide correlates with income, health, employment, and education as well as with positive moods, freedom, and beliefs about the benefits of work effort.



The figure is based on standardized coefficients using 2009–2012 Gallup World Poll data (15).

Workplace Indicators Considerations...

Worker-level

- Health behaviors
- Mental health
- Physical health
- Injuries
- Disabilities / function
- Perceived safety climate/culture
- Perceived health climate/culture
- Work evaluation and experience
- Workplace policies
- Physical environment
- Life evaluation
- Health status
- Work ability index
- Social capital and cohesion
- Prosperity indicators (salary, rewards, benefits, etc.)

Enterprise-level

- Health and safety performance
- Workplace policies
- Physical environment
- Health status
- Equity/social justice indicators
- Partnership propensity
- Social capital and cohesion
- Corporate responsibility and Sustainability

Community-level

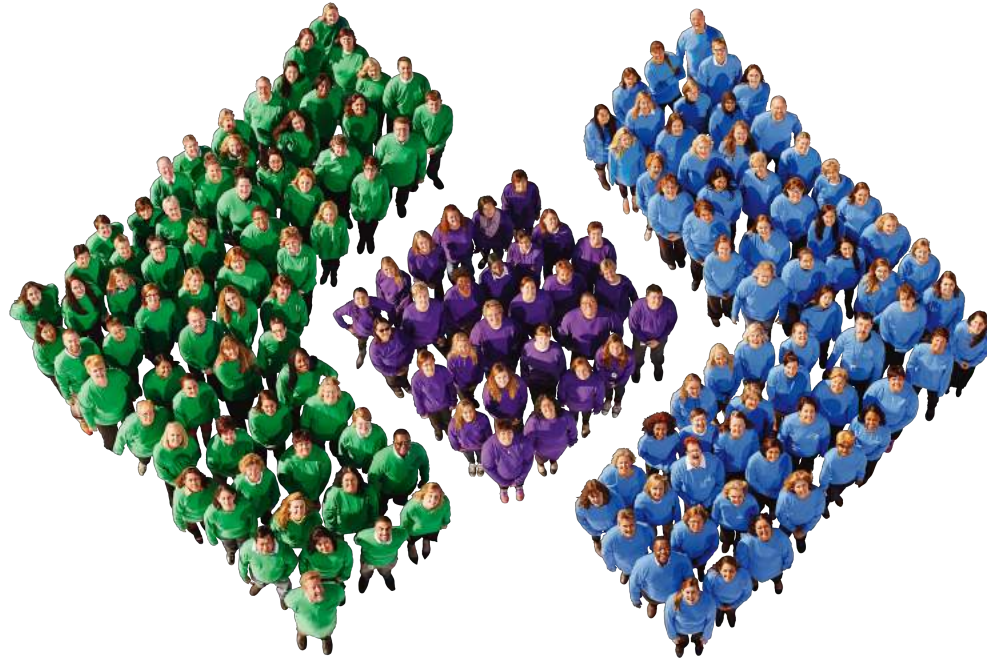
- Physical, social, and economic environment
- Prosperity indicators
- Poverty
- Social support capabilities
- Equity/social justice

Public Health, Business, and the Shared Value of Workforce Health and Well-Being

“Business and industry need to be actively engaged in shaping the narrative around health equity because they represent important partners in preventing a widening of health disparities.”

“The creation of shared value through research, partnerships, and evidence-based solutions will elucidate the connections and alignments between business, community, and prosperity.”

Thank you



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