Background

On October 30 2019, the Global Alliance for Healthy Workplaces hosted the 4th Roundtable meeting at Monash University, Melbourne. The Global Alliance brings together leading international stakeholders in the field of workplace health, safety and wellbeing in order to craft a global strategic plan and deliver effective actions.

Hosted by the Global Centre for Healthy Workplaces
The Global Centre for Healthy Workplaces (GCHW) supports the advancement of workplace health and wellbeing. Through a series of initiatives designed to enhance shared learning, recognition and replication, the Global Centre seeks to create a healthier and more productive working experience for all employers and employees, irrespective of their size, location or circumstances. https://www.globalhealthyworkplace.org
Vision of the Global Alliance for Healthy Workplaces

The Global Healthy Workplace Alliance is leading a consultation process among leading stakeholders to craft a global strategic plan for the improvement of healthy workplaces and the promotion of worker health worldwide.

Goals of the Roundtable:

• To facilitate information sharing and networking among stakeholders in the field of workplace health, safety and wellbeing;

• To create a shared vision for the Global Alliance;

• To build consensus and alignment for a joint global platform among the roundtable participants.
Opening

**Tommy Hutchinson** and **Wolf Kirsten**, Co-Directors of the Global Centre for Healthy Workplaces, opened the Roundtable by asking participants to introduce themselves (see attached list of participating organizations).

Wolf Kirsten provided an overview of the Global Alliance vision and goals as well as briefly recap the past roundtables in Washington, DC, Singapore and Bergamo. The Global Alliance brings together global leaders in the field from multiple disciplines and sectors such as academia, government, private sector, as well as non-governmental organizations (NGOs) to facilitate a consultation process and create a shared vision for the field of workplace health.
**Topic#1:** Finding Relevant Indicators for Healthy Workplaces

**Nico Pronk,** President of Health Partners Institute, presented on relevant indicators for health and wellbeing. Nico is Co-Chair of the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (DHHS) in the United States and shared the process of *Healthy People 2030.* The strategic framework informs the national agenda and includes science-based, measurable objectives with targets to be achieved by the end of the decade. One of the present challenges is to scale down the amount of objectives from more than 1200 to less than 600. 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 and Tobacco Use. The NIOSH Worker Wellbeing Survey addresses the workplace physical environment and safety climate, workplace policies and culture, health status, work evaluation and experience, home, community, and society.
Workplace Indicators Considerations...

The following indicators were discussed:

**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
Wolf Kirsten updated on GCHW’s research and initiatives on healthy workplace reporting. Globally, an increased focus on CSR (corporate social responsibility) and ESG criteria (environment, social, governance) can be observed, which has triggered a demand for sustainability reporting from consumers, investors and public agencies. A growing number of large corporations now publish sustainability reports. Health is still underreported and undervalued but there is a growing interest in the financial community with regard to incorporating health-related criteria in investment analysis.

GCHW has been tracking this development and examining existing reporting standards and initiatives, and, as a result, crafted recommendations for reporting and health metrics (see below). The following three initiatives were discussed at the Roundtable:

1. Global Reporting Initiative (GRI)
2. Business for Social Responsibility (BSR)
3. International Finance Corporation (IFC)
Global Reporting Initiative (GRI)

GRI Sustainability Reporting Standards:

- 93% of the world’s largest 250 corporations report on their sustainability performance, 74% of these use GRI’s Standards
- Principles: multi-stakeholder input, record of use & endorsement, governemental references & activities, independence, shared development costs
- Investors and regulators are now calling for more and better performance data

www.globalreporting.org
GRI 403: Occupational Health & Safety

• Management approach disclosures
  • Disclosure 403-1 Occupational health and safety management system
  • Disclosure 403-2 Hazard identification, risk assessment, and incident investigation
  • Disclosure 403-3 Occupational health services
  • Disclosure 403-4 Worker participation, consultation, and communication on occupational health and safety
  • Disclosure 403-5 Worker training on occupational health and safety
  • Disclosure 403-6 Promotion of worker health
  • Disclosure 403-7 Prevention and mitigation of occupational health and safety impacts directly linked by business relationships

• Topic-specific disclosures
  • Disclosure 403-8 Workers covered by an occupational health and safety management system
  • Disclosure 403-9 Work-related injuries
  • Disclosure 403-10 Work-related ill health

Recently added health promotion to GRI 403: Occupational Health and Safety
Disclosure 403-6
Promotion of worker health

Reporting requirements

The reporting organization shall report the following information for employees and for workers who are not employees but whose work and/or workplace is controlled by the organization:

a. An explanation of how the organization facilitates workers’ access to non-occupational medical and healthcare services, and the scope of access provided.

b. A description of any voluntary health promotion services and programs offered to workers to address major non-work-related health risks, including the specific health risks addressed, and how the organization facilitates workers’ access to these services and programs.

Reporting recommendations

1.5 The reporting organization should report the following additional information:

1.5.1 How the organization maintains the confidentiality of workers’ personal health-related information;

1.5.2 How the organization ensures that workers’ personal health-related information and their participation in any services or programs is not used for any favorable or unfavorable treatment of workers.
Business for Social Responsibility (BSR)

Global nonprofit organization with a network of more than 250 member companies and other partners (offices in Asia, Europe, and North America)

Sustainable business strategies and solutions through consulting, research, and cross-sector collaboration

Healthy Business Coalition: collaborative initiative among BSR, the Robert Wood Johnson Foundation and leading companies

HBC Toolkit with Metrics Guide: How to measure the near-term outcomes and long-term impacts of healthy business products, services, and programs

www.bsr.org
The Healthy Business Metrics Framework

Here is a process for companies to integrate their Healthy Business strategy, programs, and metrics to achieve their Healthy Business visions.

Healthy Business Strategy

Corporate perspective for improving health and well-being through a broader understanding of health

- Access to Care
- Disease Burdens
- Economic & Social Determinants
- Healthy Behaviors
- Physical Environment
- Work Environment

Healthy Business Programs

Holistic corporate efforts that select direct and enabling opportunities among companies’ four scopes of action

- Workforce & Operations
- Products & Services
- Community Engagement
- Policy & Advocacy

Metrics

Near-Term Outcomes

Outcomes that support new awareness, increased access, and positive behavior change

- Workforce & Operations
- Products & Services
- Community Engagement
- Policy & Advocacy

Long-Term Impacts

Impacts that demonstrate lasting change on population health issues and evidence greater health equity

Healthy Business Vision

The entirety of objectives, activities, and metrics that satisfy a company’s ambition to positively impact population health.
# Workforce & Operations – Outcome Metrics (1/3)

The following list of metrics apply to the Workforce & Operations scope of action.

<table>
<thead>
<tr>
<th>Healthy Business Category</th>
<th>Outcome</th>
<th>Outcome Definition</th>
<th>Connected Impacts</th>
<th>Outcome Derivation (Sources)</th>
</tr>
</thead>
</table>
| Access to Care            | Workforce coverage | % of workforce covered by adequate health coverage | • Years of Potential Life Lost Rate  
 • Affordability of Healthcare | SDGs; WHO Core Health; Global Burden of Health; Just Capital; CDC Work-site, County Health Rankings; America Health Rankings; RWJF - Culture of Health |
| Disease Burdens           | Flu Vaccinations  | % of workforce receiving annual flu vaccinations | • Years of Potential Life Lost Rate  
 • Infant Mortality Rates  
 • Maternal Mortality rates  
 • Breastfeeding rates | Derived from Healthy Business consultations |
| Disease Burdens           | Parental Leave Access | % of new parents among employees, contract workforce, and supply chain workers with access to paid family leave | • Infant Mortality Rates  
 • Maternal Mortality rates  
 • Breastfeeding rates | RWJF - Culture of Health |
| Disease Burdens           | Parental Leave Usage | % of new parents among employees, contract workforce, and supply chain workers taking full advantage of available family leave policy | • Infant Mortality Rates  
 • Maternal Mortality rates  
 • Breastfeeding rates | RWJF - Culture of Health |
| Economic & Social Determinants of Health | Harassment & Discrimination | Total number of incidents of discrimination and corrective actions taken. | • Crime and Violence Rates | GRI |
| Healthy Behaviors         | Access to Recovery | % of employees with access to services and programs that support recovery from alcohol and substance abuses | • Substance Abuse  
 • Suicide Rates | RWJF - Culture of Health |
| Healthy Behaviors         | Access to Healthy Foods | % of workforce with healthy and affordable food options in company cafeterias and local area. | • Diabetes Rates  
 • Healthy Eating Choices  
 • Obesity Rates | Mariposa Healthy Living Initiative |
| Healthy Behaviors         | Biometric Screenings | % of employees regularly visiting health professionals for necessary tests, screenings, and observation | • Years of Potential Life Lost Rate  
 • Diabetes Rates  
 • Cancer Mortality | WHO Core Health; America’s Health Rankings; CDC Worksite Health; Healthy People 2020, |
| Healthy Behaviors         | Volunteering | % of workforce volunteering | Depends on volunteering activity | GRI; RWJF - Culture of Health |
Workforce & Operations – Outcome Metrics (2/3)

The following list of metrics apply to the Workforce & Operations scope of action.

<table>
<thead>
<tr>
<th>Healthy Business Category</th>
<th>Outcome</th>
<th>Outcome Definition</th>
<th>Connected Impacts</th>
<th>Outcome Derivation (Sources)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Behaviors</td>
<td>Tobacco Cessation Programs</td>
<td>% of employees who currently smoke that are actively engaged in a tobacco-use cessation program</td>
<td>Tobacco Smoking Rates, Chronic Respiratory Illness Mortality, Cancer Mortality</td>
<td>CDC Worksite Health</td>
</tr>
<tr>
<td>Healthy Behaviors</td>
<td>Sleep quality and quantity</td>
<td>% of workforce with access to mindfulness training and programs to improve sleep quality</td>
<td>Obesity Rates, Traffic Accidents, Hypertension and Control</td>
<td>America’s Health Rankings</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Availability of Public and Pedestrian Transportation</td>
<td>% of employees with access to convenient and frequent local transit services, as well as walkable options for commute and with convenient and frequent local transit services and</td>
<td>Traffic Accidents, Air Quality Index</td>
<td>AARP</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Well-Being Building Standards</td>
<td>% of employees working regularly within buildings with improvements made to improve indoor air quality and access to natural light</td>
<td>Hypertension and Control, Air Quality Index</td>
<td>Derived from Healthy Business consultations</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Travel Time and Cost</td>
<td>Average length of commute and ratio of travel costs compared to average income</td>
<td>Traffic Accidents, Air Quality Index</td>
<td>SDGs; County Health Rankings; AARP Livability Index; Mariposa Health</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Housing Affordability</td>
<td>Average household expenditure on housing (or % of families spending 50% or more of monthly income on rent or mortgage)</td>
<td>Crime and Violence Rates, Healthy Eating Choices, Inequality Ratios</td>
<td>SDGs; OECD Better Life; AARP Livability Index; RWJF - Culture of Health</td>
</tr>
<tr>
<td>Work Environment</td>
<td>Diverse Leadership</td>
<td>Senior Leadership by percentage of gender, race, and other diverse indicators</td>
<td>Inequality Ratios, Unemployment Rates</td>
<td>SDGs; GRI; Just Capital</td>
</tr>
<tr>
<td>Work Environment</td>
<td>Diversity Hiring</td>
<td>Total workforce by percentage of gender, race, and other diversity indicators (depending on local context)</td>
<td>Inequality Ratios, Unemployment Rates</td>
<td>SDGs; GRI; Just Capital; CDC Work-site</td>
</tr>
<tr>
<td>Work Environment</td>
<td>Employee Satisfaction</td>
<td>% of employees undertaking engagement surveys who record satisfaction with their job</td>
<td>Hypertension and Control, Suicide Rates, Unemployment Rates</td>
<td>OECD Better Life, GRI; Just Capital; CDC Work-site</td>
</tr>
</tbody>
</table>
# Workforce & Operations – Outcome Metrics (3/3)

The following list of metrics apply to the Workforce & Operations scope of action.

<table>
<thead>
<tr>
<th>Healthy Business Category</th>
<th>Outcome</th>
<th>Outcome Definition</th>
<th>Connected Impacts</th>
<th>Outcome Derivation (Sources)</th>
</tr>
</thead>
</table>
| Work Environment           | Re-Skilling Opportunities               | % of employees with access to and utilizing learning and development opportunities to build skills for evolving workplace | • Unemployment Rates  
• Inequality Ratios | SDGs; GRI; Just Capital |
| Work Environment           | Access to Living Wage                  | % of direct workforce and contractors who are currently receiving a living wage   | • Unemployment Rates  
• Inequality Ratios | Derived from Healthy Business consultations |
| Work Environment           | Injury Rates                           | Type of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities | • Years of Potential Life Lost Rate | Global Burden of Health; GRI; Just Capital; CDC Work-site; America Health Rankings |
| Work Environment           | Ergonomics                              | Proportion of direct and indirect employees who are exposed to ergonomic risk factors for low back pain at work/through their occupation | • Years of Potential Life Lost Rate | Global Burden of Health |
| Work Environment           | Satisfaction with Employee Wellness Programs | % of direct and indirect employees satisfied with the quality of their employee wellness programs | • Years of Potential Life Lost Rates | Overall Satisfaction with Health (Not Employer Program Specific): OECD Better Life; AARP Livability Index; RWJF Culture of Health |
| Work Environment           | Employee Use of Vacation Hours         | % of workforce that fully utilizes available paid-time off                        | • Suicide Rates | Just Capital |
| Work Environment           | Flexibility & Predictable Work Hours   | % of employees satisfied with their work schedule / working shift schedules / worked less than 10 hrs. from previous shift. | • Suicide Rates  
• Healthy Eating Choices | Derived from Healthy Business consultations |
| Work Environment           | Reported Work-Life Balance              | % of employees working over-time hours or identifying lack of work-life balance    | • Suicide Rates  
• Healthy Eating Choices | OECD Better Life; Just Capital; CDC Work-site |

www.bsr.org
sister organization of the World Bank and member of the World Bank Group

largest global development institution focused on the private sector in developing countries

2 goals for the world to achieve by 2030: end extreme poverty and promote shared prosperity in every country

IFC's Environmental and Social Performance Standards define IFC clients' responsibilities for managing their environmental and social risks
IFC Performance Standards
Performance Standard 2 Labor and Working Conditions

**Occupational Health and Safety**

23. The client will provide a safe and healthy work environment, taking into account inherent risks in its particular sector and specific classes of hazards in the client’s work areas, including physical, chemical, biological, and radiological hazards, and specific threats to women. The client will take steps to prevent accidents, injury, and disease arising from, associated with, or occurring in the course of work by minimizing, as far as reasonably practicable, the causes of hazards. In a manner consistent with good international industry practice, as reflected in various internationally recognized sources including the World Bank Group Environmental, Health and Safety Guidelines, the client will address areas that include the (i) identification of potential hazards to workers, particularly those that may be life-threatening; (ii) provision of preventive and protective measures, including modification, substitution, or elimination of hazardous conditions or substances; (iii) training of workers; (iv) documentation and reporting of occupational accidents, diseases, and incidents; and (v) emergency prevention, preparedness, and response arrangements. For additional information related to emergency preparedness and response refer to Performance Standard 1.
Healthy Investments Statement

The GCHW previously examined investors’ perceptions of workplace wellbeing in the “Healthy Investments” study, specifically looking at the relationship between good practices in workplace health promotion and financial performance, global drivers for health and well-being programs (with regional variations) and the inclusion of health and safety criteria in investment portfolios (examples of existing ESG funds and related reports). Subsequently, the Global Alliance expert group on metrics concluded that for an accurate assessment to be made on the underlying factors which drive business performance, company data needs to go beyond merely publishing statistics on occupational injuries and fatalities. Comprehensive assessment requires (but is not limited to):

- a systematic health and wellbeing process which includes a needs assessment and program evaluation
- the addressing of risks in the physical and psychosocial work environment
- measurable employee outcomes in areas such as health risks, engagement, turnover, sickness and presenteeism.

Indicators or metrics should be standardised as best possible and comparable within sectors.
Topic#2: Global Healthy Workplace Survey

The Global Alliance discussed the possibility of a global employer survey. The Global Centre has been collecting good practice data for seven years through its Global Healthy Workplace Awards (GHWA). To complement the existing database and collect quantitative data on workplace health practices GCHW proposes to launch a Global Healthy Workplace Survey.

A number of surveys are currently circulating in the field, however, international surveys mostly focus on US-based multinational corporations and have not been able to provide a true global picture. Employers, academia and international organisations continue to express genuine interest in global data on what employers, large and small, do to improve the health of their employees. The generated data will provide a needed foundation for planning of and direction on future good practice.

The Global Survey will attract employers of all sizes and sectors to participate and receive a full analysis report in return. National organisations will be engaged as partners in order to solicit participation at a local level.
Global Survey Themes

The survey questions will be aligned with the World Health Organization (WHO) Healthy Workplace framework and address the following:

- Leadership commitment, governance and strategy
- Worker involvement
- Planning and evaluation
- Communication and tools
- Physical work environment
- Psychosocial work environment
- Personal and wellbeing programmes
- Enterprise-community involvement

Comprehensive analysis of strategies, trends, practices and programme outcomes will be conducted and summarized in a global report as well as county reports in which enough employers participate.
Partner Engagement

It is envisioned to engage with national organisations which are leaders in the field in their given country, e.g. ABQV in Brazil or the Health Promotion Board in Singapore. The Global Centre regards these partnerships essential for the success of the Global Survey. The national partners will receive the following benefits:

- Visibility as global leader and advocate for healthy workplaces
- Input to survey development and report design
- Dedicated country report (if > 50 responses)
- Access to Global Healthy Workplace Summit
- Extension of organisational mission

In addition, international organisations, such as OECD and IOE (International Organisation of Employers), will be engaged to activate their membership and networks and participate in the survey.
Conclusion & Next Steps

The Global Alliance Roundtable concluded with the recommendation to continue the investigation into relevant indicators for health and wellbeing at the workplace, especially for corporate reporting purposes.

The GCHW will explore the realisation of a Global Healthy Workplace Survey with the support of Global Alliance members and national partners.

Furthermore, the GCHW will continue to advocate for a High-Level Global Campaign with the WHO, ILO, OECD and World Bank, which will make a strong case for the significant role of healthy workplaces in human capital development.

With regard to the communication and governance of the Global Alliance participants highly recommended ongoing regular interaction and exchange, mainly via email.

The Global Alliance will continue to advance cross-sectoral and public-private partnerships by broadening the Alliance and inviting new participants to the next Roundtable. The next Global Alliance Roundtable will be held on the occasion of the 8th Global Healthy Workplace Summit in 2020.
## Appendices: Participating Organisations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Country</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABQV</td>
<td>Brazil</td>
<td>Eloir Simm</td>
</tr>
<tr>
<td>Australian Chamber of Commerce &amp; Industry</td>
<td>Australia</td>
<td>Jennifer Low</td>
</tr>
<tr>
<td>American University</td>
<td>USA</td>
<td>Bob Karch</td>
</tr>
<tr>
<td>APEC Digital Hub for Mental Health</td>
<td>Canada</td>
<td>Raymond Lam</td>
</tr>
<tr>
<td>Chevron</td>
<td>Australia</td>
<td>Max Hills</td>
</tr>
<tr>
<td>FZ Safety &amp; Health Centre</td>
<td>Ghana</td>
<td>Edith Clarke</td>
</tr>
<tr>
<td>Global Centre for Healthy Workplaces</td>
<td>USA/Germany</td>
<td>Wolf Kirsten</td>
</tr>
<tr>
<td>Global Centre for Healthy Workplaces</td>
<td>UK</td>
<td>Tommy Hutchinson</td>
</tr>
<tr>
<td>Health Improvement Solutions</td>
<td>USA</td>
<td>Joe Leutzinger</td>
</tr>
<tr>
<td>HealthPartners</td>
<td>USA</td>
<td>Nico Pronk</td>
</tr>
<tr>
<td>Health Promotion Board</td>
<td>Singapore</td>
<td>Simon Lim</td>
</tr>
<tr>
<td>Healthy Workplaces Consultant</td>
<td>New Zealand</td>
<td>Janice Riegen</td>
</tr>
<tr>
<td>IAWHP</td>
<td>Brazil</td>
<td>Alberto Ogata</td>
</tr>
<tr>
<td>IBM Watson Health</td>
<td>USA</td>
<td>Annette Hicks</td>
</tr>
<tr>
<td>International Organisation of Employers</td>
<td>Belgium</td>
<td>Kris de Meester</td>
</tr>
<tr>
<td>Monash University</td>
<td>Australia</td>
<td>Vicki Ashton</td>
</tr>
<tr>
<td>Monash University</td>
<td>Australia</td>
<td>Paul Barton</td>
</tr>
<tr>
<td>New Zealand Treasury</td>
<td>New Zealand</td>
<td>Ruth Shinoda</td>
</tr>
<tr>
<td>Optum</td>
<td>Australia</td>
<td>Kellie Jax</td>
</tr>
<tr>
<td>U of Southern Queensland</td>
<td>Australia</td>
<td>Tracy Kolbe-Alexander</td>
</tr>
<tr>
<td>University West</td>
<td>Sweden</td>
<td>Jan Winroth</td>
</tr>
<tr>
<td>VitaS</td>
<td>Belgium</td>
<td>Chris De Mulder</td>
</tr>
<tr>
<td>World Bank</td>
<td>Australia</td>
<td>Aneesa Arur</td>
</tr>
</tbody>
</table>
Appendices: Agenda

9:00  Welcome & Introductions
     Monash University and Global Centre for Healthy Workplaces

9:30  Finding Relevant Indicators for Healthy Workplaces – Lessons Learnt from Healthy People 2030
     Nico Pronk, Health Partners Institute

10:00 Healthy Workplace Reporting – Update from the Global Centre
     Tommy Hutchinson & Wolf Kirsten

10:30 Discussion

11:00 Break

11:30 Global Healthy Workplace Survey
     Wolf Kirsten & Tommy Hutchinson, GCHW

12:00 Discussion

12:30 Revisiting the Global Alliance mission and Next Steps

13:00 Close & Lunch