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Symposium

Know “What Matters” in Global Workplace Wellbeing

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Summary

- Judgments about a workforce may not be true
- Focus first on the culture (attitudes, customs, beliefs)
- A multinational should analyze risks and measure the general country attitude toward health promotion



What We Hear

"We want a global smoking cessation program, which vendors do that?"

"I don't have a big budget for global wellness, but I need to put something in place, what should I do?"

"Diabetes is a risk we want to address globally."



"We decided to focus on global resiliency this year"

"We need a global wellness strategy."

U.S. Wellbeing Today

- Workplace wellness is a \$6 billion industry in the US, with an estimated 500 vendors selling the programs.
(Begley, May 2013)
- Affordable Care Act (U.S.)
- “Companies are taking employee wellness more seriously now. They are truly trying to figure out the right solution to combat rising health issues and healthcare costs”
(Forbes 2013)
- Participating in work-based wellness programs does not lower blood pressure, blood sugar or cholesterol and rarely leads to (sustained) weight loss *(UC study; Begley May 2013)*
- Employers saved \$3.78 in medical costs for every dollar invested to help employees manage chronic illness—
(Fortune Magazine 2014)

A Reduction in Medical Costs Can be Significant for U.S. Employees



(SOURCE: International Federation of Health Plans. GRAPHIC: Wilson Andrews - The Washington Post. Published March 2, 2012.)

Globally Other Wellbeing Goals Can Be Considered

- Recruitment
 - Attracting the best talent through competitive benefits
 - But, is a wellbeing program attractive to shift workers in the Philippines?
- Retention
 - Potential impact to retention through management of worksite risks
 - But, is an HRA going to drive retention at a factory in China?
- Productivity
 - U.S. sales and profits are predicted by employee feelings about the organization (including management) (Gallup, Harter et al. 2010)
 - But, what kind of a wellbeing program can increase employee perception of the company? Would a walking challenge in a highly air polluted city send the right message?

Being an **employer of choice** can have a positive impact on employees and productivity globally.

U.S. Wellbeing Is Heavily Focused on Medical and Psychosocial Issues

- **Disease management**
- **Health Risk Assessments (HRAs)**
- **Lifestyle management (smoking, exercise)**
- **Employee Assistance Programs (EAPs)**

The most frequently targeted behaviors are exercise, smoking, and weight loss.

But typically less than 20% of those eligible participate in the programs. *(Mattke, Schnyer, Van Busum—Rand 2012)*

Generalizations Often Drive Global Wellbeing Decisions

- Worldwide, **NCDs** account for 60% (35 million) of global deaths. The largest burden—80% (28 million)—occurs in LMICs, making NCDs a major cause of poverty and an urgent development issue. They will be the leading global cause of disability by 2030 (*NCD Alliance*)
- **Chronic diseases** (including cardiovascular disease, diabetes, cancer and chronic respiratory disease) are the leading causes of death and disability around the world—causing double the number of deaths each year from all infectious diseases including HIV/AIDS, tuberculosis and malaria. (*Global Business Group on Health*)
- The United Nation's International Labor Organization has labeled occupational **stress** a "global epidemic."



"Sure, we can spend all day nitpicking specifics but aren't sweeping generalities so much more satisfying?"

Image was sourced from www.CartoonStock.com

U.S. Wellbeing Is Heavily Focused on Medical and Psychosocial Issues

We need to vet the environments in non-US settings in considering medical and psychosocial risks:

- In emerging markets, there is a strong correlation between physical risks and weakly enforced workplace safety, among other things
(Kortum and Leka 2013)
- The prevalence of inactivity is related to cultural factors and stage of economic development
(Haase, Steptoe, Sallis, Wardle 2004)

Country and Workplace Environments Impact Health Risks

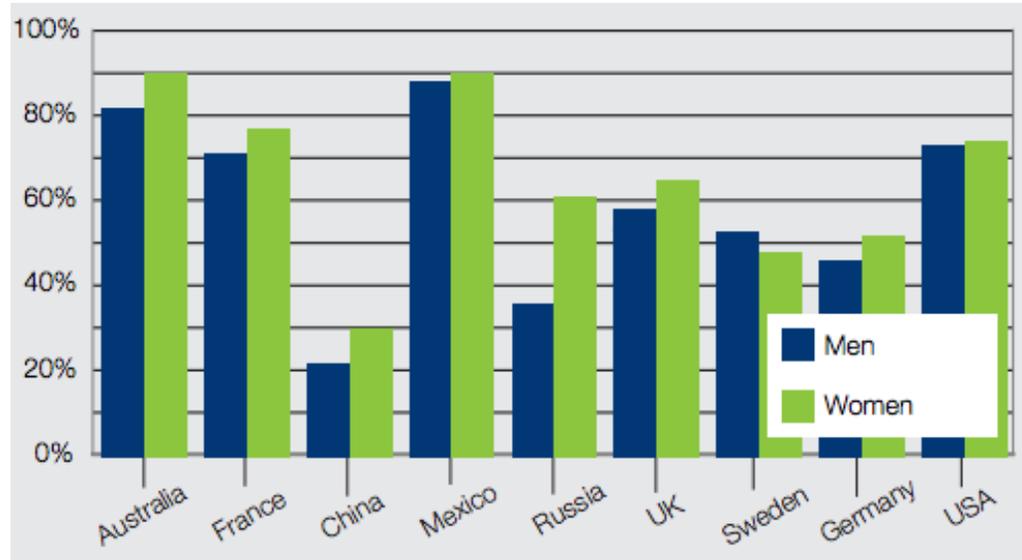


The Guardian 2013

- *Air pollution* is correlated with diabetes 2, not just food and exercise (*Eze et al, May 2015*)
- *Occupational* health risks in China include:
 - *Pneumoconiosis* (workers exposed to silica containing dusts),
 - *Occupational poisoning* (represented 13-20% of occupational diseases,)
 - *Musculoskeletal disorders*,
 - *Work stress*,
 - *Allergies*,
 - *Occupational tumors, and occupational ear, nose, throat and mouth injuries.*

*(“The current status of occupational health in China”
Xueyan Zhang, Zhongxu Wang, and Tao Li. Environmental
Health and Preventive Medicine 2010
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921040/>)*

Behavior Also Varies. % Who Shower Once Per Day—And So Does The “Why”

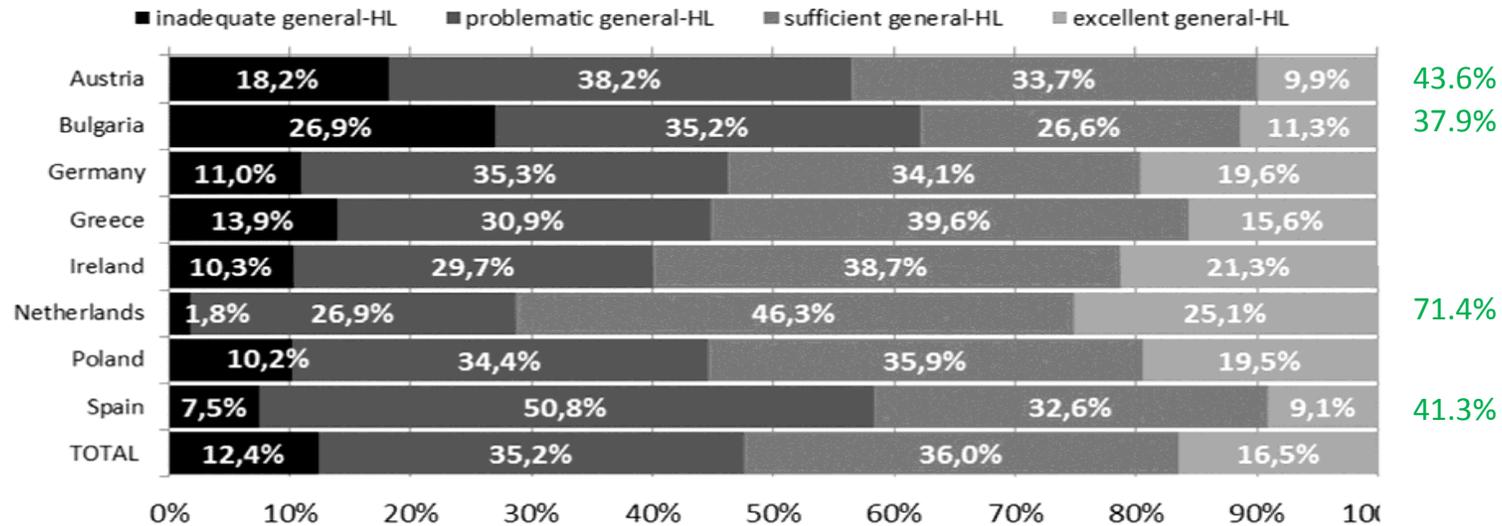


SCA 2008 Hygiene Study

http://www.sca.com/Documents/en/Publications/SCA%20Hygiene%20matters_ENG.pdf?epslanguage=en

- 61% of the people in Mexico are often anxious about becoming sick because of hygiene.
- In the USA 29% worried about getting sick because of poor hygiene.
- In China the youngest shower far more often than the older.
- In the United Kingdom it is instead the youngest that shower the least.

And Health Literacy Measurements Vary



“Health Literacy in Europe: comparative results of the European health literacy survey (HLS-EU) Kristine Sorensen, et al. European Journal of Public Health first published online 5 April 2015. <http://eurpub.oxfordjournals.org/content/early/2015/04/04/eurpub.ckv043.long>

As of 2014, monitoring showed that public health literacy among the Chinese population was on the rise from 6.8% in 2008 to 8.8% in 2012, to **9.5% in 2013**

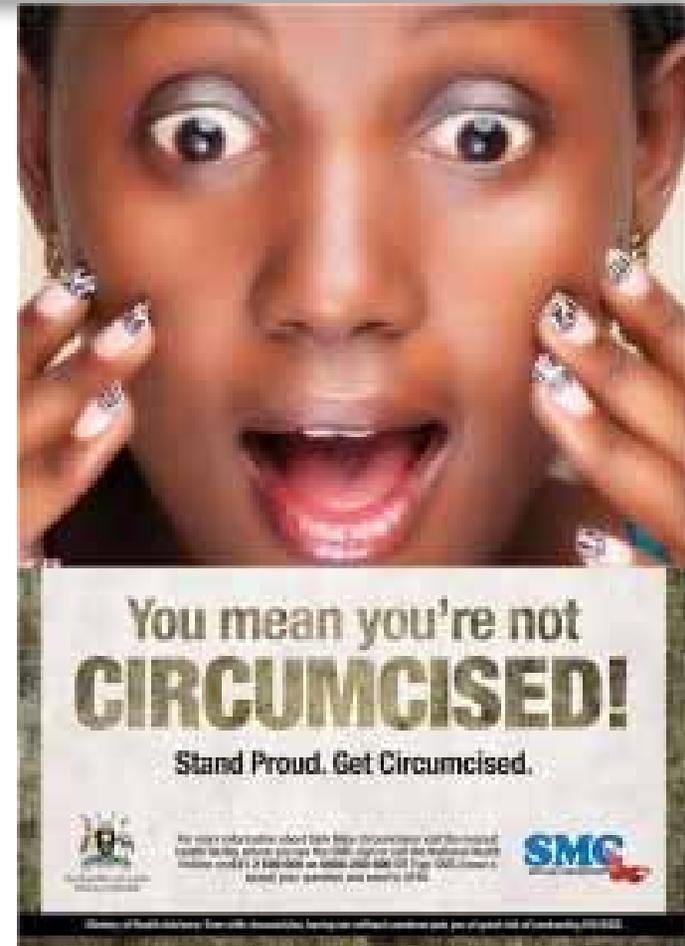
China’s literacy rate rises to 9.48%” National Health and Family Planning Commission December 2014
http://www.chinadaily.com.cn/m/chinahealth/2014-12/19/content_19128208.htm

A study in Turkey in 2009 measured adult literacy in medicine and **58.6%** adequate health literacy.”Health literacy among adults: a study from Turkey” H. Ozdemir, Z. Alper, Y. Unca and N. Bilgel. Oxford Journals, Health Education

Research, Volume 25. Issue 3 <http://her.oxfordjournals.org/content/25/3/464.short>

Local Risks Offer Insight Into “What Matters”

- \$10 billion a year is spent on kerosene in sub-Saharan Africa alone to illuminate homes, workplaces and community areas. (World Bank)
- Households often spent more than 10% of their income on kerosene, and other studies have put the figure as high as 25%.
- Kerosene is expensive and dangerous. Kerosene lanterns are fire hazards. The wicks smoke, the glass cracks, and the light may be too weak to read by.
- The World Health Organization says the fine particles in kerosene fumes cause chronic pulmonary disease. Burning kerosene also produces climate-changing carbon-dioxide emissions
- Solution: Solar-powered lights— inexpensive used in Africa and India



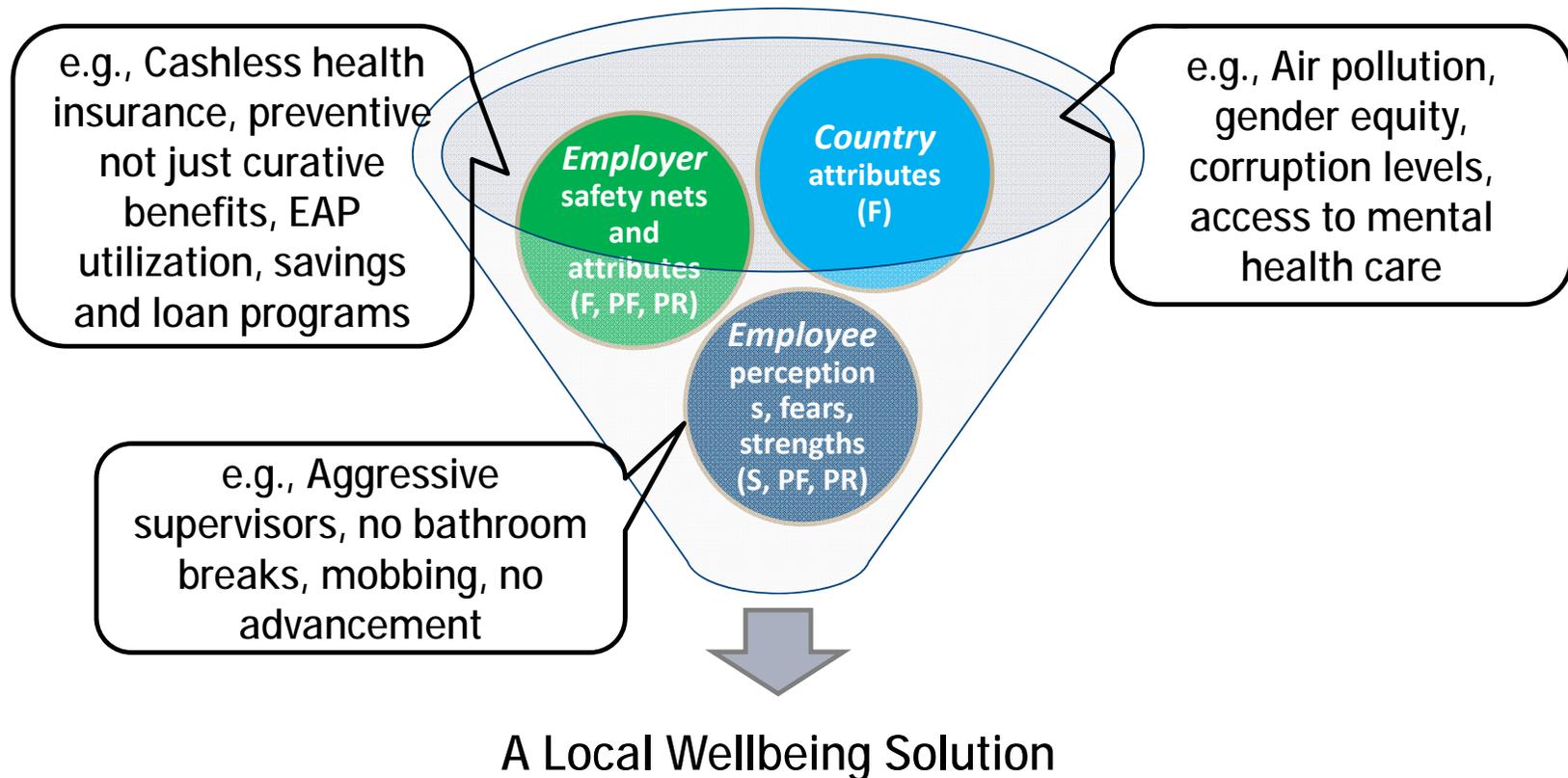
India, “we did some interviews with some women that were stitching garments for international markets I suppose, and they were working long hours and they suffered a lot of eye problems as a result of actually not having access to glasses.” (Kortum and Leka 2013)

Enabling Factors For Workplace Wellbeing

To maximize a global health and wellbeing initiative, these 4 factors must be developed:

- **FOUNDATION (F)**: There is a legal framework to support the employees' rights, there is a culture of prevention, health insurance is cashless and adequate, work and living environments are safe and clean, employees are not afraid of supervisors.
- **STIGMA (S)**: For example, employees believe smoking is bad for personal health, and families and peers generally share this belief.
- **PREVENTIVE FOCUS (PF)**: Health insurance provides preventive benefits, there is access to vaccinations and testing, it's acceptable for a woman be tested for cervical cancer.
- **PERSONAL RESPONSIBILITY (PR)**

Determine What Global Wellbeing Means Through Big Data

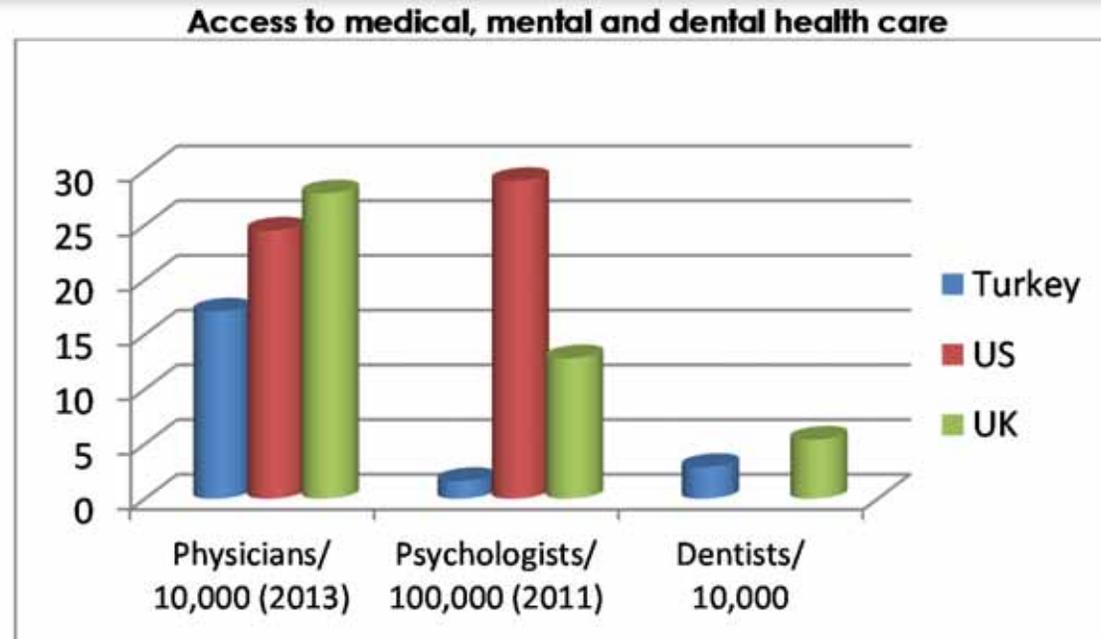


Step 1: Collect Country Data

Country data
from
international
research
organizations

1. Access to medical doctors, dentists radiotherapy, psychologists and psychiatrists (WHO)
2. Mortality causes, lifestyle attributes like smoking, raised blood pressure, tobacco use (WHO)
3. Gender equity (World Economic Forum), Intentional Homicide rates (UN)
4. Financial inclusion (Findex database—World Bank)
5. Environmental risks of air pollution, sanitation, potable water (WHO)
6. Corruption Perceptions (Transparency International)

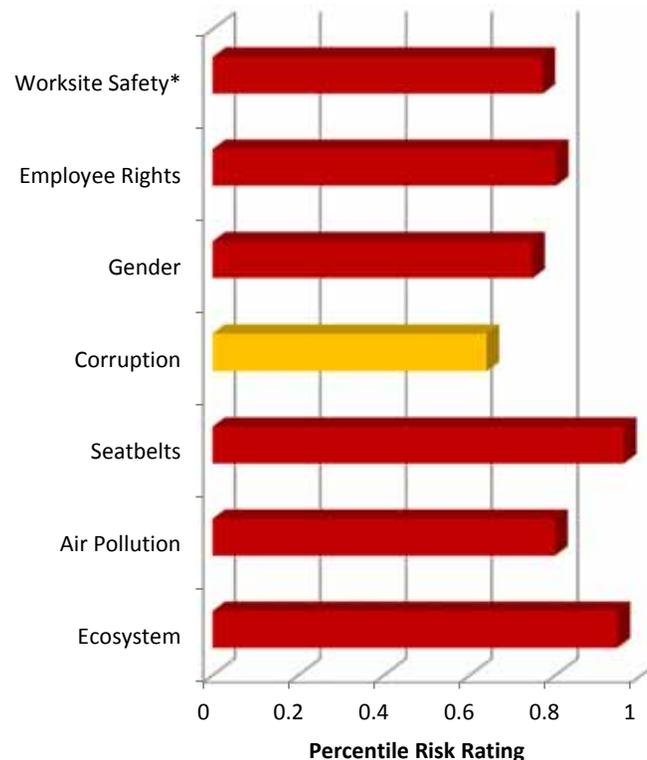
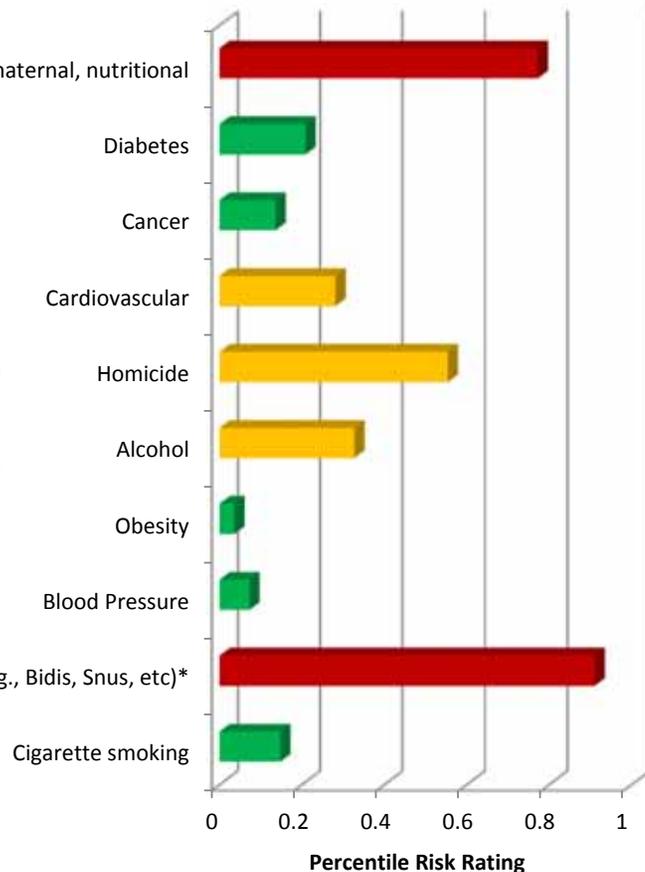
Access to Care in Turkey (WHO)



- There is a strong social stigma against mental health help. There are concerns regarding the impact to family social standing should an individual disclose mental illness.
- Many researchers have reported that disclosure of mental illness is considered “shameful” (*Aloud & Rathur, 2009; Amer, 2006; Erickson & Al-Timimi, 2001; Youssef & Deane, 2006*).
- In spite of the stigma of mental health issues, the concept of life coaching is a new and growing industry in Turkey. Professional life coaching was officially recognized as a profession in June 2013. “Life coaching not well known in Turkey” September 7, 2014. Today's Zaman http://www.todayszaman.com/anasayfa_life-coaching-not-well-known-in-turkey_357927.html

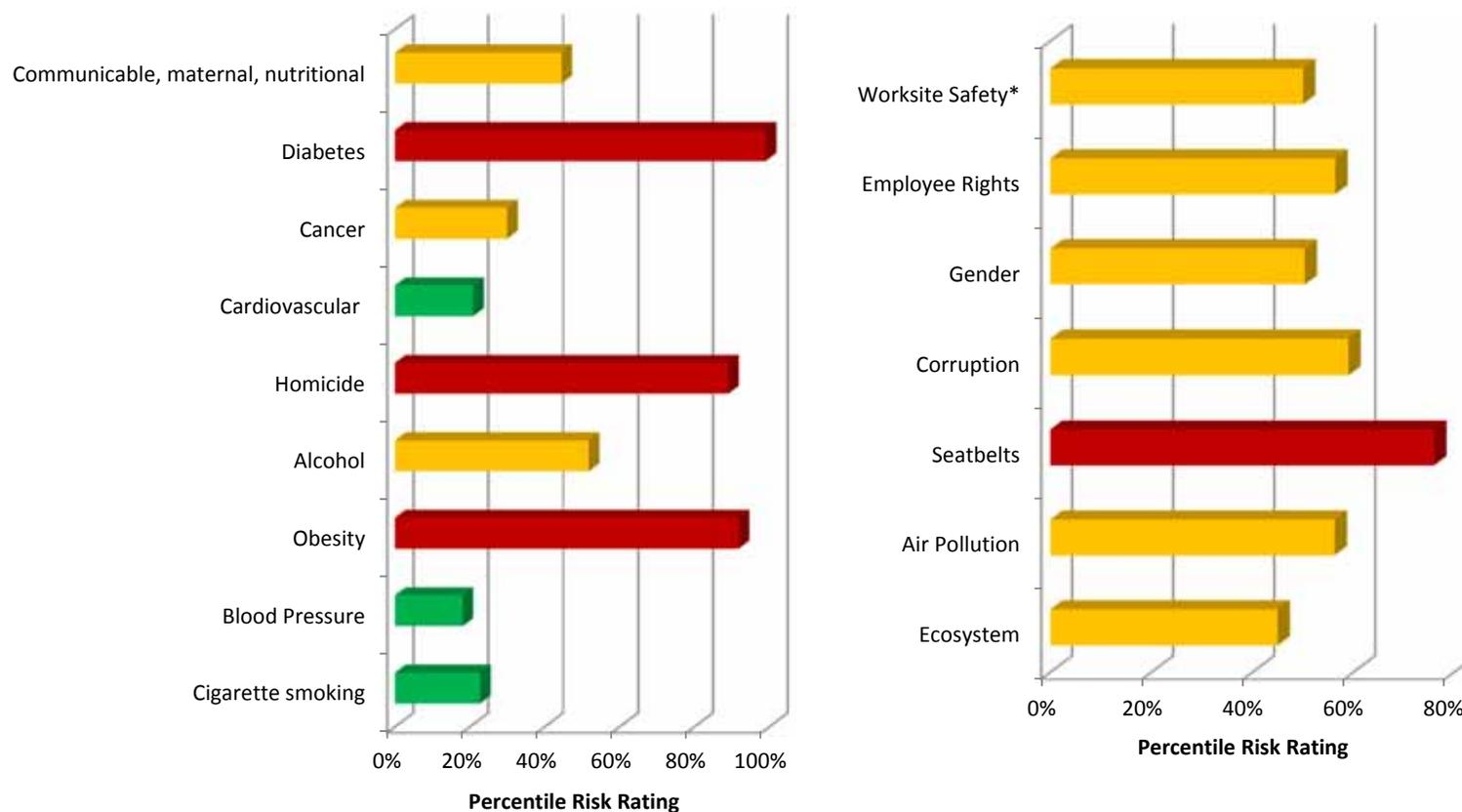
India Physical, Environmental and Workplace Factors

India has an effective literacy rate (among people aged 7 and above) of 74.0%, an increase from the 2001 literacy levels of 64.8%.



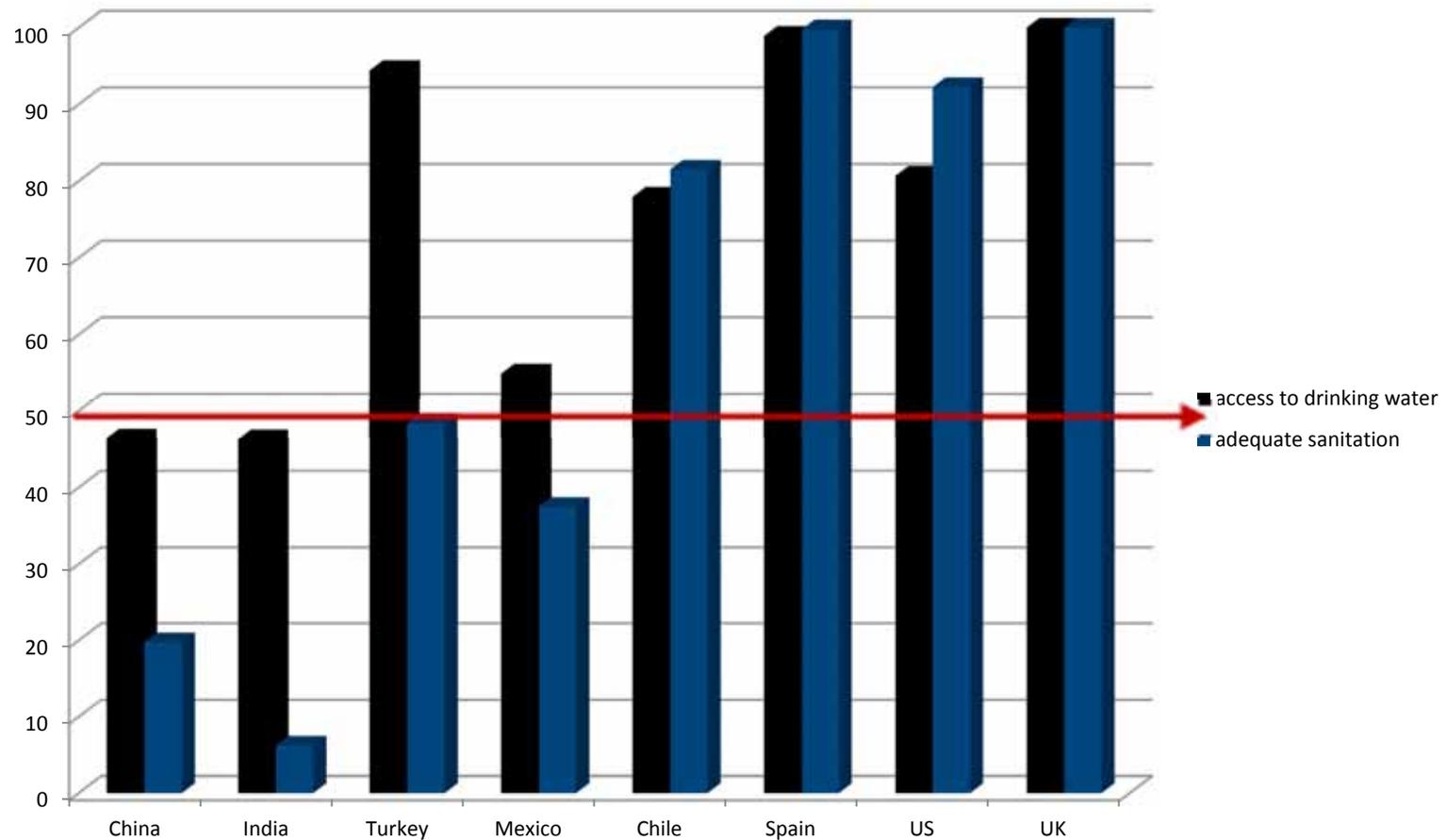
The categorizations of High, Average and Low Risk are based on a compendium of data from selected and verified international research organizations. The data were collected from over 100 countries and percentile scorings were applied. High risk typically represents the lowest 30th percentile, and low risk typically represents the top 80th percentile.

Mexico Physical, Environmental and Workplace Factors

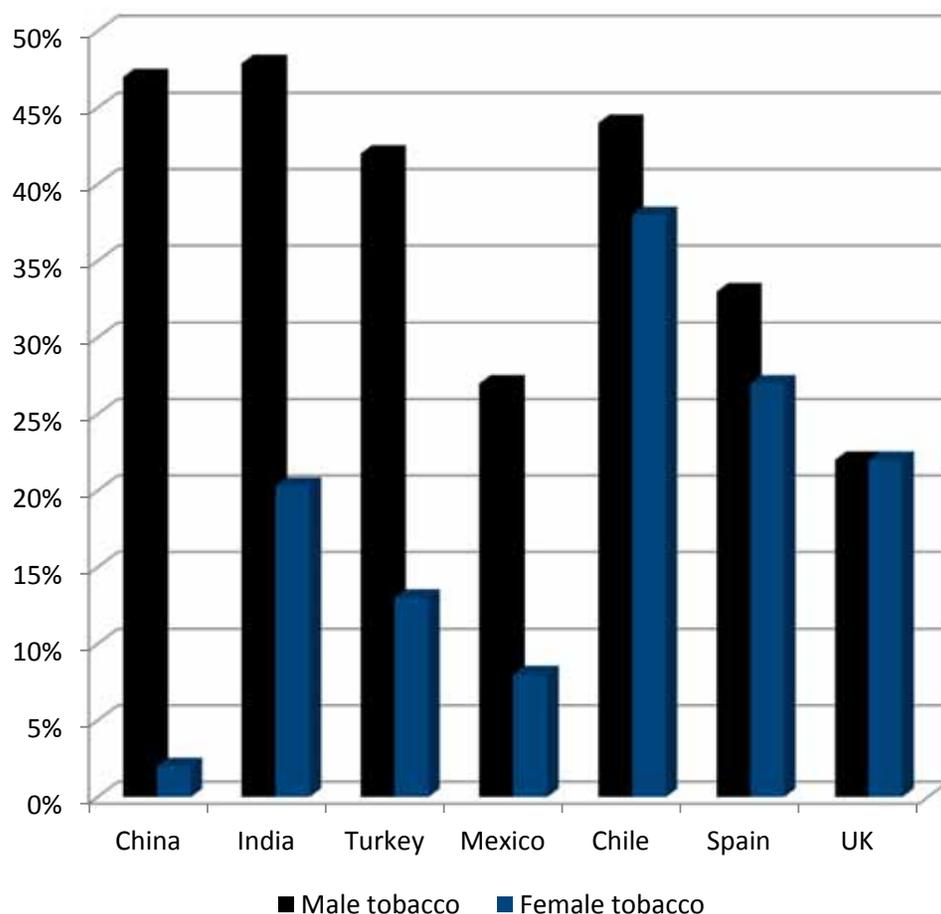


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Global Metrics for the Environment, Yale University 2014 scores



Smoking Rates (WHO, 2011), India Includes Bidis and Smokeless Tobacco



- Khaini (Swedish snuff) is marketed as a safe alternative to other tobacco products. However, it contains very high levels of carcinogenic nitrosamines.
- The Chaini Khaini website states "It is a medical proven fact that snus (Chaini Khaini) is much less harmful than smoking. Sweden, where people prefer snus over smoking, has the lowest incidence of tobacco related lung cancer."

"High levels of tobacco-specific N-nitrosamines and nicotine in Chaini Khaini, a product marketed as snus" Irina Stepanov, Prakash C Gupta et al. Tobacco Control 2014. <http://tobaccocontrol.bmj.com/content/early/2014/09/12/tobaccocontrol-2014-051744.abstract> ; <http://chainikhaini.com/>

Local Attitudes Impact Uptake



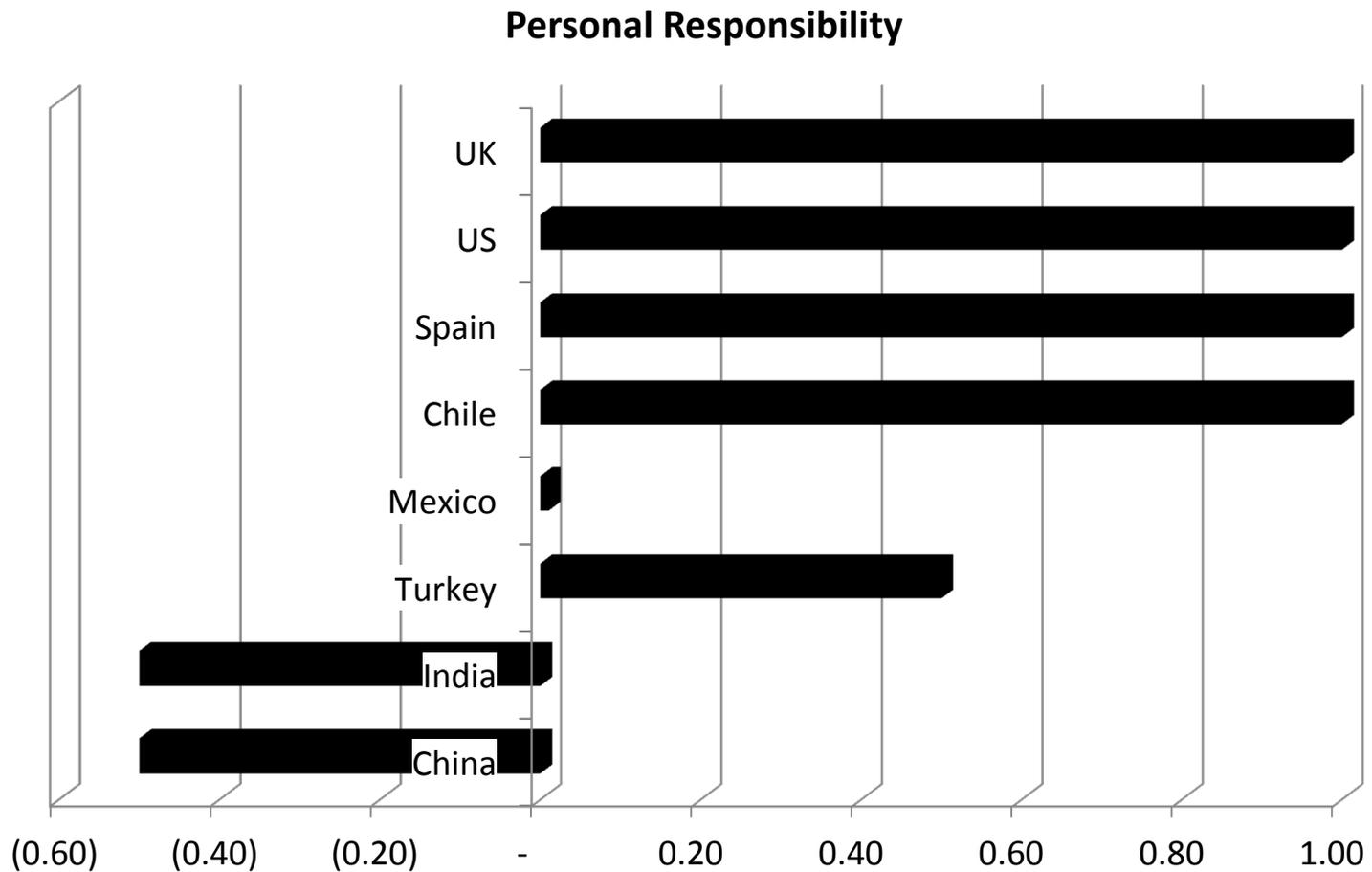
Despite China's powerful tobacco monopoly, China has banned cigarettes in kindergartens, elementary and middle schools (The Independent 1/29/14)

Understand Country Attitudes As Well

Country data
from
international
research
organizations

1. Accountability—consider data on sustainability trends, how well the country supports the environment Environmental Performance Index (Yale)
2. Resiliency—how fragile is the country? Fragile States Index (Fund for Peace) (group) + Gallup Wellbeing as (individual wellbeing is a characteristic of resilient persons)
3. Awareness of Prevention—consider scores of country prevention including prevalence and use of flu shots or even seatbelt use and enforcement (WHO)

Do Individuals Feel Responsible for Personal Health and Wellbeing?

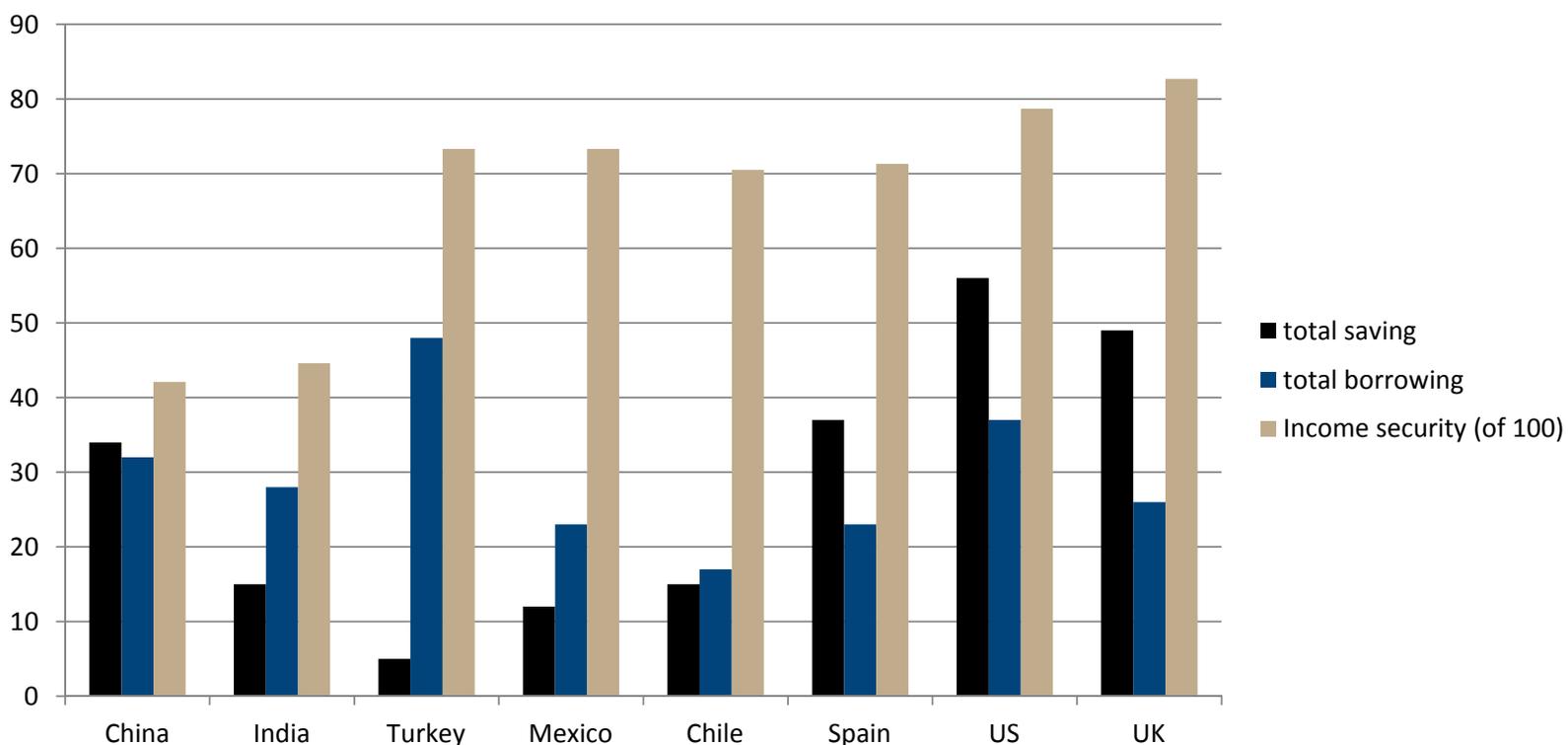


Step 2: Review Risks, Insurance, and Programs to see if They Address top Country Issues Effectively

Local office approach

1. If *stress* is a high risk and there is an undersupply of psychologists and high corruption levels, will employees understand an EAP and will they trust that their data are secure?
2. If you offer a global walking challenge to *increase activity*, is obesity an issue? Are there other risks that are antithetical to a walking program (e.g., air pollution, pedestrian accidental deaths?)
3. If *financial* risk is high, do you offer any financial education programs?

If There Are High Financial Risks, Are There Programs in Place?



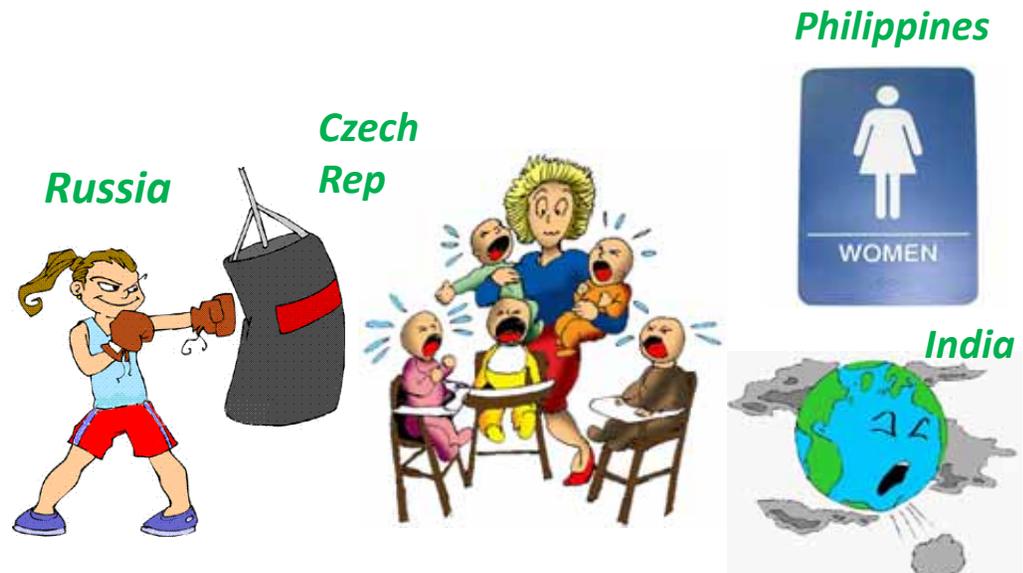
World Bank, Findex (2012) borrowing and saving; Global Age Watch (2014) income security

Step 3. Learn “What Matters”

Identify “what matters” to employees

- Concerns, attributes, thoughts, health literacy

- How can the company demonstrate that it cares about your health and wellbeing?
- Do you have someone to share a meal with at work?
- Do you believe your supervisor will help you if you have a work problem?



Measure What Happens

- Baseline areas of importance (e.g., resiliency, seeing a dentist, turnover rates)
- Introduce programs that address baseline issues
- Select measurement, collect data, test hypotheses

How to Begin This Process

- *Review basic data* to get an idea of what is the same and what is different
- Know “what matters” to your employees, at a minimum, look for information on *health literacy* (*WHO, Canyon Ranch Institute*) to gauge general understanding
- *Measure it*, utilization of services, participation rates, engagement, select a measurement for baseline

Summary

- Global wellness can have many objectives
- Reliable data can be used to evaluate a country holistically
- Ensure that your current or planned wellbeing initiatives address “what matters” locally
- And most of all, even if a risk is significant, employees need to be ready to hear the message

Questions? Thank you

