Investing in Workplace Health and Well-being

13 Sep 2016 - 10:00 AM EST
AGENDA

1. Welcome & Introduction
   - Michelle Lau, UN Global Compact

2. Non-Communicable Diseases and the Workplace
   - Katie Dain, Executive Director, NCD Alliance

3. Workplace Health as a Driver for Universal Health Coverage
   - Gillian Christie, Health Innovation Manager, Vitality

4. Improving Women’s Health and Well-being in the Workplace
   - Dr. Louise Dann, Strategic Partnerships Specialist, UN Population Fund (UNFPA)

5. Moderated Questions and Answers
   - Michelle Lau, UN Global Compact
Questions?

**Technical Difficulties:** If you have technical issues, please let us know by typing a message in the Questions pane (A). You can raise your hand (B) if we do not respond.

**Q&A:** We will be taking questions on content at the end, but you can send them to us throughout the webinar by using the Questions pane (A). Please specify to whom the question should be directed.

**Example:** Question for John Doe: What are some examples of leading workplace health initiatives?
BUSINESS AND THE SDGS: ACTING RESPONSIBLY AND FINDING OPPORTUNITIES

United Nations Global Compact Ten Principles

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. AFFORDABLE AND CLEAN ENERGY
8. DECENT WORK AND ECONOMIC GROWTH
9. INDUSTRY, INNOVATION AND INFRASTRUCTURE
10. REDUCED INEQUALITIES
11. SUSTAINABLE CITIES AND COMMUNITIES
12. RESPONSIBLE CONSUMPTION AND PRODUCTION
13. CLIMATE ACTION
14. LIFE BELOW WATER
15. LIFE ON LAND
16. PEACE AND JUSTICE STRONG INSTITUTIONS
17. PARTNERSHIPS FOR THE GOALS
SDG3
ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES
NON-COMMUNICABLE DISEASES AND THE WORKPLACE

KATIE DAIN, NCD ALLIANCE
Realising the potential of workplaces to prevent and control Non-communicable diseases (NCDs)

Ms Katie Dain
Executive Director, NCD Alliance
The NCD Alliance...

Who We Are
About Us

A Unique Civil Society Network

Leading the way to a world free of preventable NCDs

Founded in 2009 - by IDF, UICC and WHF

Now 7 global federations / organisations

With 15 supporters – private sector and NGOs

A network of 2,000+ member associations in 170 countries

45+ national / regional NCD alliances
The NCD Epidemic...  
Our Shared Agenda
The No.1 Cause of Premature Mortality Globally

Proportion of global NCD deaths under the age of 70
(by cause of death, comparable estimates 2012)

- Communicable, maternal, perinatal and nutritional conditions: 34%
- Injuries: 14%
- Malignant neoplasms: 27%
- Cardiovascular diseases: 37%
- Diabetes mellitus: 4%
- Respiratory diseases: 8%
- Other NCDs: 24%

NCDs: 52% (16 million)

Source: WHO Global Status Report on NCDs, 2014
Increasing Fastest in Developing Countries

Deaths Cause by NCDs in Low- and Middle-Income Countries

Source: Council on Foreign Relations Report
The Emerging Global Health Crisis Noncommunicable Diseases in Low- and Middle-Income Countries, 2014
The percentage of people dying from NCDs before the age of 70 is the highest in the poorest countries.

Source: WHO Global Health Estimates 2014 (2012 Data), Deaths by age group
A Crisis of our Own Creation
One of the Top 4 Risks for the Global Economy

Oil price spikes
Asset price collapse
NCDs
Fiscal crisis
Iraq

Source: World Economic Forum 2010
Yet NCDs still Neglected in Development Aid

Source: Joseph L Dieleman et al, *Global Health Development Assistance remained steady in 2013 but did not align with recipients*, Health Affairs, 2014
The Global Agenda
NCDs and the Workplace
The Global NCD Response

- **Global political commitment for NCDs** – UN Political Declaration on NCDs, 2011;
- **A vision for what we want to achieve** – WHO 9 global NCD targets and 25 indicators, 2013;
- **A global roadmap to achieve them** – WHO Global NCD Action Plan 2013-2020;
- **A shift from global to national** - National time-bound commitments on NCDs, 2014.
The Unique Role of the Private Sector

- Employers
- Producers
- Innovators
- Marketers

...and creating shared value
The world is employed

With 3.4 BILLION in employment, the workplace offers a platform to improve the health of half of the world’s population, and achieve the global 25x25 GOAL.

Source: International Labour Organization, using World Bank population estimates.
The business case for investing in health

- IMPROVED PRODUCTIVITY
- LOWER UNIT COSTS
- “PROTECTING” THE OLDER, EXPERIENCED EMPLOYEES
- REDUCING ABSENTEEISM
- INCREASING STAFF SATISFACTION
- INCREASING STAFF LOYALTY

Wellness programmes are associated with a 14% increase in EMPLOYEE SATISFACTION and a reduction in staff turnover.

Operating margin can be 4% higher in organisations with high EMPLOYEE ENGAGEMENT.
An achievable agenda for NCD prevention...

Create Smoke-Free Workplaces + Support tobacco cessation
Offer Healthy Food Choices
Promote Movement in the Workplace + Blood pressure checks + Screenings
Support Active Travel to Work + Cycle parking
Reducing risk

Delivery of health services

Supporting people to return to work

Combating stigma and discrimination
How can we scale up workplace programmes?

**NCD Alliance / Bupa Report:** “How public policy can stimulate business and governments to work together to address NCDs through the workplace”

**Objectives:**
- Promotes the need to work across sectors – governments, business and civil society – to realise the potential of workplaces for NCDs;
- Explores how public policy and regulatory changes can improve workplace health for NCDs;
- Examines the lessons-learned on how public policy has enabled businesses to drive progress on other health challenges.
## Four key recommendations

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<tr>
<th>1. PROMOTE MULTISECTORAL DIALOGUE AND ACTION</th>
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<td>- National NCD commissions</td>
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<td>- Inter-ministerial Taskforce on NCDs</td>
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<td>- National NCD plans</td>
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<td>- A Charter on NCDs and Work</td>
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<th>2. IMPROVE THE DELIVERY OF NCD PREVENTION AND MANAGEMENT THROUGH THE WORKPLACE</th>
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<td>- Smoke-free workplaces</td>
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<td>- Nutrition, active transport, physical activity</td>
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<td>- Improve access and quality of health services</td>
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<td>- Integrated national health policy and communications frameworks</td>
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<th>3. SUPPORT PEOPLE TO RETURN</th>
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<td>- Vocational rehabilitation services</td>
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<td>- Support for caregivers of people living with NCDs</td>
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<td>- Anti-discrimination legislation includes NCDs</td>
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<td>- Secondary prevention</td>
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<th>4. PROVIDE INCENTIVES TO SCALE AND MEASURE IMPACT</th>
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<td>- Financial incentives available to employers</td>
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<td>- A package of incentives to small and medium enterprises</td>
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<td>- Incentivise business to report on quantifiable measures of outcome</td>
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In summary - why should businesses invest in NCDs in the workplace?

• NCDs will impact all businesses as the population ages over time.

• Actions taken now will have a short term and long term positive impact on the business bottom line and enhance a business’ reputation.

• The steps that a business can take are relatively easy, and are proven to have been implemented successfully.

• There are resources available and organisations locally and globally which are able to help a business implement health initiatives in their employee bases.
Thank you!

Please visit our website:
www.ncdalliance.org
@ncdalliance
WORKPLACE HEALTH AS A DRIVER FOR UNIVERSAL HEALTH COVERAGE

GILLIAN CHRISTIE, VITALITY
Workplace Health as a Driver for Universal Health Coverage

Gillian Christie, Health Innovation Manager, Vitality

September 13, 2016
Overview

• Universal Health Coverage & the SDGs
• Healthcare Costs & Workplace Health
• Drivers of Effective Workplace Health Programs
  1. Interventions Target Major Health Risks
  2. Effective Mental Health Programs
  3. Leverage Technology & Behavioral Economics
  4. Design Healthy Workplaces
  5. Links Between Community & Workforce Health

• Next Steps for Action
Universal Health Coverage & the SDGs

GOAL 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

Pressing Question for Achieving the SDGs: How do low- and middle-income countries finance growing demands for universal health coverage over the long-term?
Reduce Long-term Government Healthcare Costs

Healthier workers can slow Medicare costs (US)

Healthier workers can slow NHS costs (UK)

Healthier workers can reduce Universal Healthcare costs (Emerging Economies)

Healthier employees can reduce rising government healthcare costs in developed & developing countries by sharing costs between government and employers

@VitalityUSA | VitalityImpact
Reduce Short-term Employer Healthcare Costs

Investing in workplace health can reduce healthcare costs in the short-term

* Work Productivity and Activity Impairment Questionnaire (General Health)
Drivers of Effective Workplace Health Programs

1. Interventions Target Major Health Risks
2. Effective Mental Health Programs
3. Leverage Technology & Behavioral Economics
4. Design Healthy Workplaces
5. Links Between Community & Workforce Health
1) Interventions Target Major Health Risks

4 behaviors contribute to 4 chronic conditions that account for 60% of global deaths

- Physical inactivity, poor nutrition, smoking, alcohol
- Diabetes, heart & lung diseases, cancer

Workplace health interventions must focus on addressing leading risk factors underlying chronic diseases.
2) Effective Mental Health Programs

The World Health Organization and World Bank hosted world leaders to explore the existing state of global mental health. Vitality joined a panel on advancing mental well-being within the workplace.

Growing burden of poor mental health in the US and globally means that workplace programs need to incorporate evidence-based mental health interventions for success.

3) Leverage Technology and Behavioral Economics

| 1. Reduce major risks affecting workforce health | 2. Use innovations in technology and establish healthier businesses | 3. Implement the power of behavioral economics |

Integration of personalized technologies combined with approaches embedded in behavioral economics
4) Design Healthy Workplaces

Workspaces designed for health can improve employee well-being and overall satisfaction.
5) Links Between Community and Workforce Health

Business case for linking workforce and community health, and strategies employers and community groups can use for strategic cross-sector collaboration.

Sectors with higher health risks:
- Manufacturing
- Transportation & Warehousing
- Public Administration
- Healthcare & Social Assistance

A company’s employer base is largely from its broader community, demonstrating relationships between workforce and community health.

Next Steps for Action

• Partnerships between governments and businesses leading in workplace health

• Health metrics into corporate reports and integrated reporting platforms
Universal Health Coverage & the SDGs

GOAL 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8
“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

Pressing Question for Achieving the SDGs: How do low- and middle-income countries finance growing demands for universal health coverage over the long-term?
IMPROVING WOMEN’S HEALTH AND WELL-BEING IN THE WORKPLACE

DR. LOUISE DANN, UN POPULATION FUND (UNFPA)
Fast Facts about Women’s health

• **Every day, more than 800 women die** from complications related to pregnancy and childbirth that may be avoidable.

• **One in 3 women** experience physical/sexual abuse.

• An estimated **225 million women** in developing countries would like to delay or stop childbearing but are not using any method of contraception.

• Approximately **204 million women** have one of the four major curable sexually transmitted diseases.

• In 2014 contraceptives prevented **231 million unintended pregnancies** and **144 million abortions**. In addition, contraceptive use averted 1.6 million stillbirths, 1.1 million newborn deaths, 100,000 maternal deaths for infants and mothers that would have occurred in the absence of any modern contraceptive method use.

Healthy Workplaces are Good for Business

• Good For **Economic Growth** Access to health and family planning is critical for women to join the labor force and have greater economic independence, translating into stronger businesses and more prosperous local economies.

• Good For **Women** A woman can manage her health, plan and space her births, better manage both her personal life and professional development.

• Good For **Business** Access to health enhances employee quality of life and improves employee recruitment, engagement and retention.

• Good For **Global Development** health in the workplace demonstrates how business practice can promote social and economic change for individuals, communities and our world.

• Good For **Human Rights** health and reproductive health is a universal human rights issue. Everyone should have access to affordable health and be able to plan their own families.
Why should business care about women’s health?

- Engage and retain employees
- Reduce maternal mortality and infant mortality
- Empower women

- Improve livelihood of communities
- Improve quality of labor market
- Improve health and nutrition of children and women
- Increase educational attainment

- Increase productivity from less absences and leaves
- Increase savings generated from less unwanted pregnancies
- Reduce talent management costs
- Supply chain compliance

- Added value information and services
- Strengthen customer relationship
- Increase earnings potential and purchasing power
- Enhance reputation
Why is Family Planning an important component of a healthy workforce program?

Immediate health benefits

- Unintended pregnancies
- Maternal and newborn deaths
- Disability among women and newborns

“Phenomenal” investment

$120 = social, economic, and environmental benefit per $ spent on women’s access to reproductive health

Pay $ now or pay $$$ later

- 32% savings
- Spending $1 for contraceptive services reduces the cost of pregnancy related care by $1.47

The multiplier effect

- Improving sexual and reproductive health and rights contributes to reducing poverty and achieving other development goals

What are employees saying?

A UNFPA baseline survey in one Philippines company:

- 71% do not intend to have another child in the future
- 82% are aware of contraception or family planning
- 55% are current users of contraception, where less than half use a modern method

Many employees risk an unplanned pregnancy
The costs/benefits of investing in a workplace program can be quantified.

**Input**

- Company-specific information
  - Number of employees
  - Company revenue
  - Employee salaries
  - Maternity-related expenses
  - Insurance costs

- Country-level and industry benchmark data
  - Contraception prevalence rate
  - HIV/Gender based violence and other related absences
  - Cost of medicine provision
  - Personnel costs
  - Geographical factors

**Calculation**

- Forecast benefits and savings from investing in women's health
- Estimate costs incurred by the company
- Conduct sensitivity analysis

**Output**

- Estimate returns

**Input Calculation Output**

- Contributions to the benefits:
  - Increased productivity per employee
  - Reduced short-term leaves or resignations
  - Lower talent management costs

- Costs to start/expand healthy workplace program:
  - Program setup/management
  - Provision or subsidy of commodities
  - Support for surgery procedures
  - Educational campaigns
  - Logistics (e.g. training materials)

Ranges of estimated returns, including:
- Ratio of costs to savings for companies
- Costs and benefits for increased health and reduction of unwanted pregnancies for individuals
How does it work?

• UNFPA and the company discuss the concept, local needs of workers and the company, and approximate costs (ROI)
• Co-design a workplace health program
• Conduct a baseline to measure progress
• The company, UNFPA and local NGO/MoH partners implement the workplace program:
  ❏ Train trainers e.g. staff peer educators or onsite nurses
  ❏ Conduct training sessions for staff
  ❏ Provide onsite information and commodities
  ❏ Track success!
Examples of UNFPA workplace programs

**Bangladesh:** 550,000 women reached with health and social information through on site clinics within garment factories

**Haiti:** Services for women workers of the Caracol Industrial Park where 2,000 women have had gynecological and STI screenings

**Philippines:** 2.7 million women to be reached through partnerships with 5 companies

**Sri Lanka:** Communications campaigns to reduce sexual harassment at the workplace

**China:** Shenzhen factory worker program reaches 25,500 registered workers from 2,000 factories/companies

**Cambodia:** Providing policy and technical advice on standards for quality and provision of healthcare within factories
UNFPA is the lead UN agency for women’s reproductive health

UNFPA has operations in over 150 countries

UNFPA has the technical health expertise to support companies in creating their workplace programs

UNFPA creates global platforms and events at the UN and with partners like World Economic Forum and Clinton Global Initiative to showcase social responsibility initiatives that advance Sustainable Development Goals
Questions and Answers

**Q&A:** You can submit a question by using the Questions pane (A). **Please specify to whom the question should be directed.**

**Example:** Question for John Doe: What are some examples of leading workplace health initiatives?
Thank you for joining us today.

If you are interested in learning more please contact
Michelle Lau, lau@unglobalcompact.org

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