



UNIVERSITY OF MARYLAND
SCHOOL OF SOCIAL WORK

Sustainability Assessment of Workforce Well-Being and Mission Readiness

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Workfor
Sustainab

Job
Transitioning

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Healthcare
Costs

Illness

Job Skill
Re-Alignment

Competition

Retirement &
Aging Workforce

Depression &
Anxiety

Security

Leadership
Development

Critical Skills
Shortage

Accountability

**YOU ARE
NOT ALONE!**

Generation

Tech

Least Work Time

Globalization

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Management

Budget Cuts

Recruitn
Retention

Health &
Well-Be

Work/Li
Balance

Safety

Stress

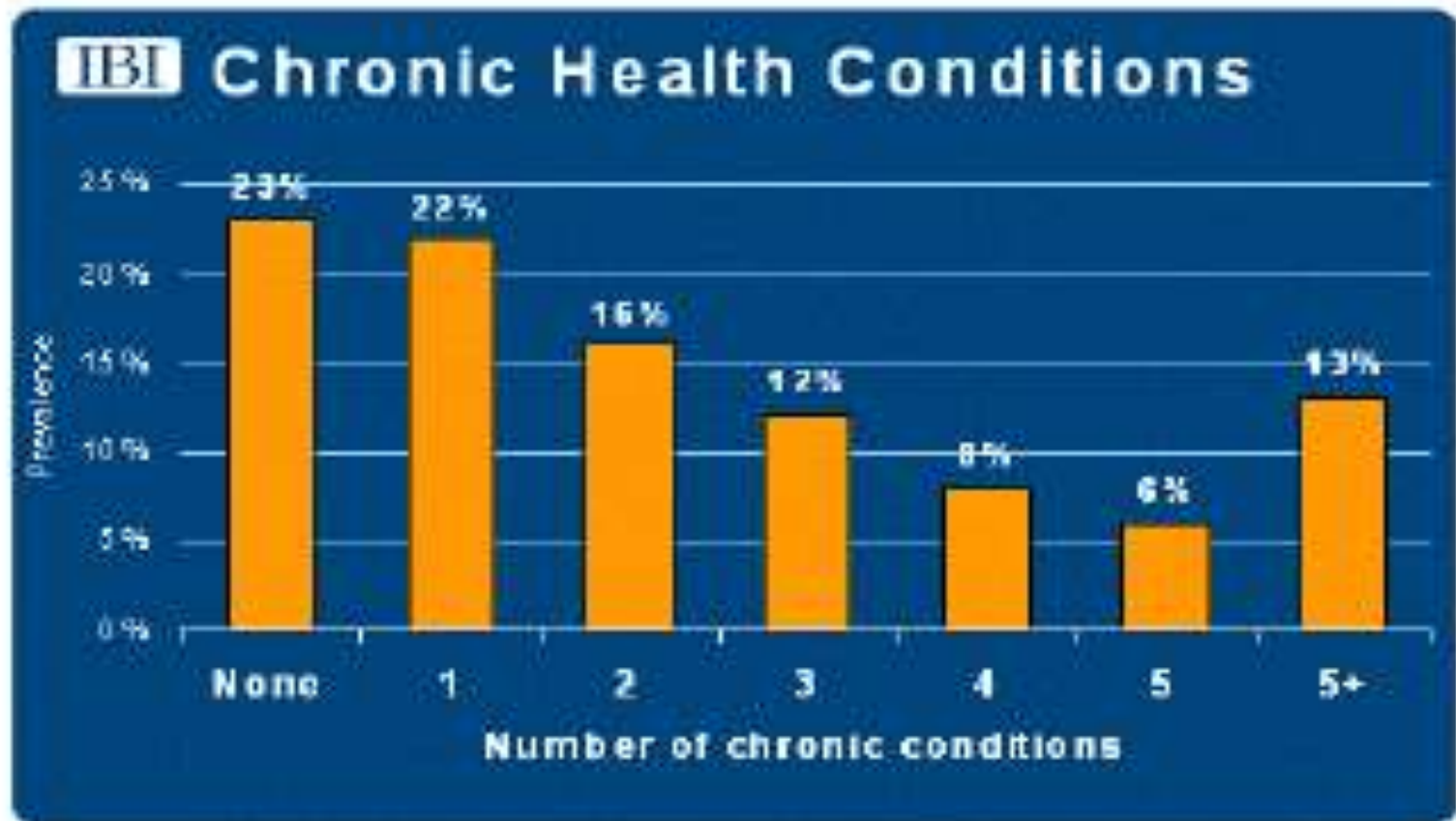


Indirect Costs

- “You can’t manage what you can’t measure”
(Dr. Ron Goetzel, Director, Institute for Health & Productivity Studies, Cornell University)
- Mortality: employee replacement; effect on family & friends; value of lost future income
- Morbidity: lost wages (paid sick-leave, unpaid sick-leave, payroll & benefit costs for absent employee); loss of vacation & personal leave; lost leisure time; disability; idle employer assets
- Reduced Productivity: Return-to-work productivity; health capital investment; on-the-job training; new-hiring administration & training; teamwork & communication; institutional effect among coworkers; effect on family members



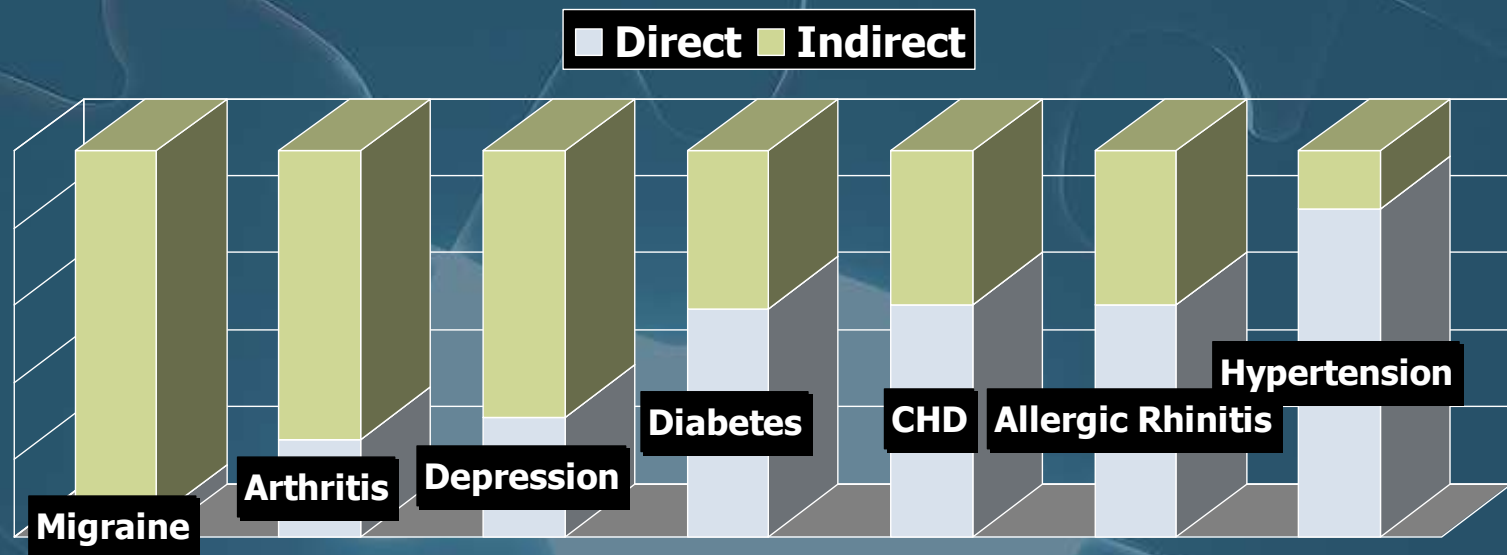
Chronic Health Problems





Chronic Health Problems

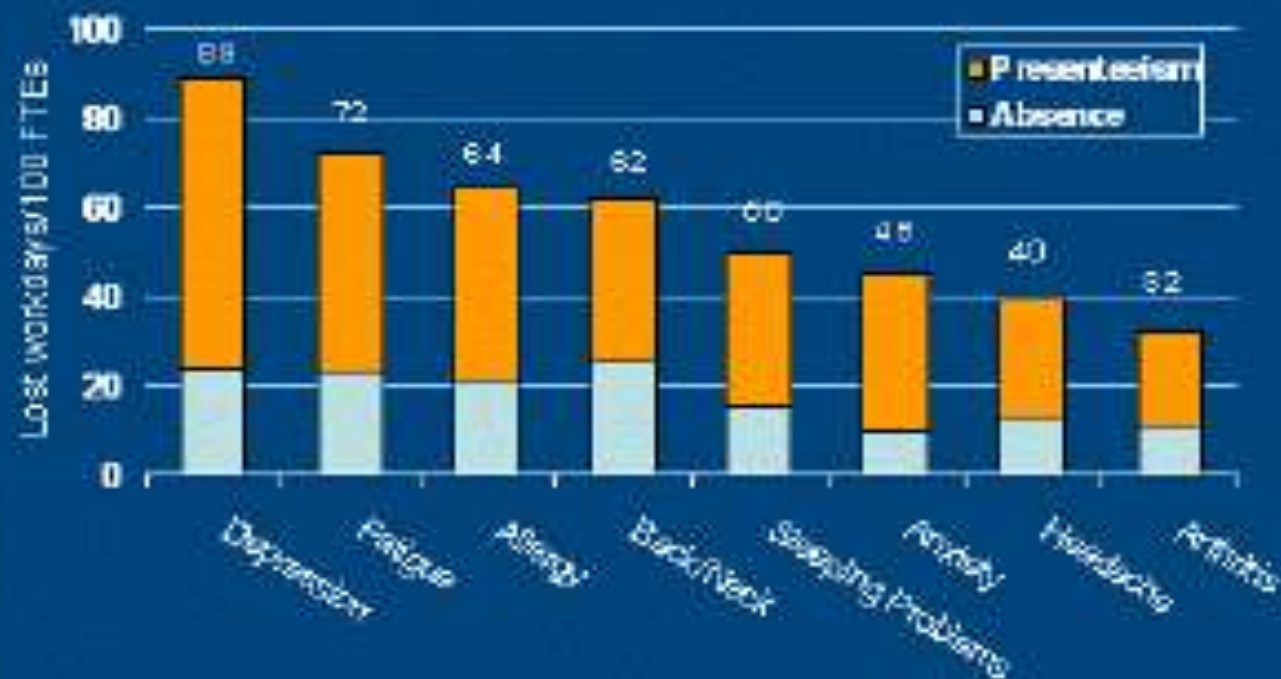
- The actual cost of chronic illnesses is not obvious – the majority of costs are indirect



Source: Sullivan, J. (2005). Promoting health and productivity for depressed patients in the workplace. J. Managed Care Pharm.; 11(3 Suppl) S12-5.



IBI Lost Time by Health Condition





Relevance for an Aging Workforce

• National Health Interview Survey, 2006

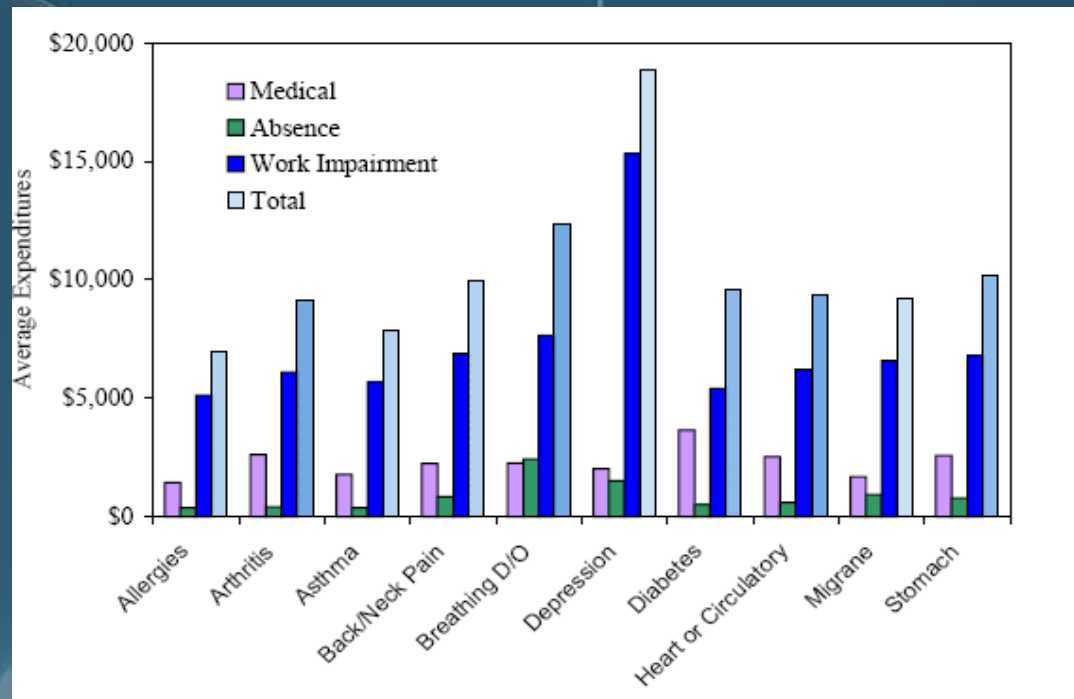
Table 6. Frequency distributions and age-adjusted percent distributions (with standard errors) of limitation in work activity due to health problems among persons 18–69 years of age, by selected characteristics: United States, 2006

Selected characteristic	All persons 18–69 years of age	Limitation in work activity ¹						
		Unable to work	Limited in work	Not limited in work	Total	Unable to work	Limited in work	Not limited in work
		Number in thousands ²				Percent distribution ³ (standard error)		
Total ⁴ (age-adjusted)	100.0	5.4 (0.13)	3.1 (0.10)	91.5 (0.17)
Total ⁴ (crude)	195,398	11,067	6,286	177,907	100.0	5.7 (0.14)	3.2 (0.11)	91.1 (0.18)
Sex								
Male	96,053	5,110	3,058	87,832	100.0	5.1 (0.17)	3.1 (0.13)	91.8 (0.22)
Female	99,345	5,957	3,228	90,076	100.0	5.7 (0.18)	3.1 (0.13)	91.2 (0.22)
Age ⁵								
18–44 years	110,389	3,136	2,109	105,109	100.0	2.8 (0.12)	1.9 (0.10)	95.2 (0.15)
45–64 years	74,287	6,822	3,408	63,967	100.0	9.2 (0.27)	4.6 (0.19)	86.2 (0.33)
65–69 years	10,722	1,109	769	8,831	100.0	10.4 (0.77)	7.2 (0.61)	82.5 (0.96)

Dow Chemical Company



- “Our top two priorities are prevention & quality & effectiveness of health care”
(Andrew Liveris, Chairman & CEO)



ALCOA

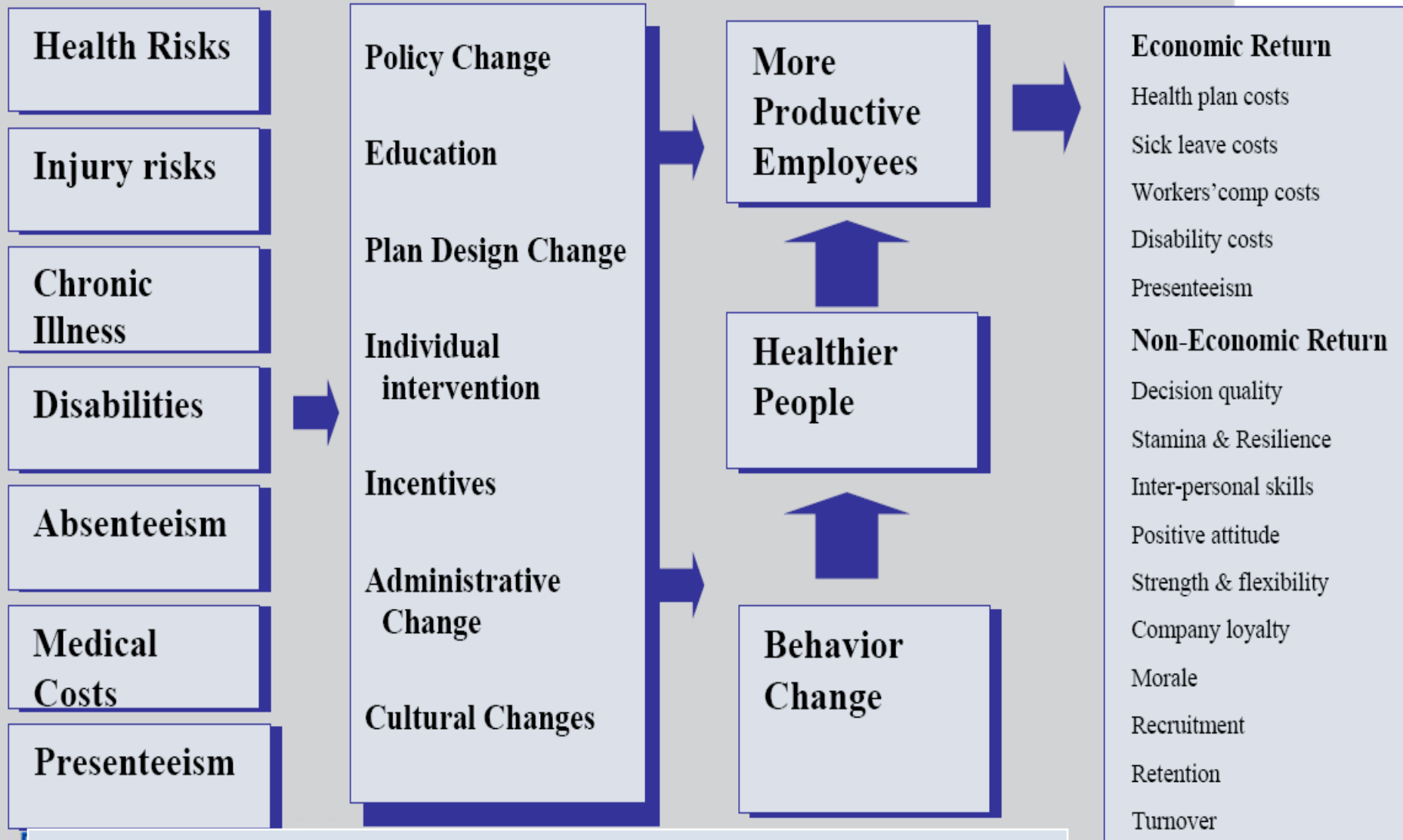
- Leader in sustainability – Dow Jones Sustainability Index (7 years)
- Balanced scorecard approach
- 2020 Framework Health Goals
 - Related directly occupational illnesses & injuries
 - Focus on a 'Culture of Health'
- Live and Breathe ALCOA Principles and Values



Human Productivity Management (*HPM*)

- “The integrated management of health & injury risks, chronic illness & disability to reduce employees’ total health-related costs including medical expenditures, unnecessary absence from work & lost performance from work” (*Institute for Health and Productivity Management*)
- Critical Needs
- Workplace Resilience = “The ability to be successful, personally and professionally, in a fast-paced and continuously changing work environment” (*GlaxoSmithKline, 2007 Recipient of the National Business Group on Health’s, Healthy Workplace Award*)
- Workplace Reliability

Conceptual Model of H&P Management



Summex, L. AJHP 2005 March-April; 19(4): 1-8



Relevance for DOE

- Critical skills analysis
- Mission readiness
- Focus on safety and security
- Links human capital and workforce readiness and sustainability initiatives with health and productivity

What are we waiting for?



Initial Findings

- Stress – major problem & concern
- Untreated (and un-diagnosed) physical & mental health problems – depression and anxiety
- Morale at an all-time low
- Prevalence of chronic health conditions - many are preventable
- Inability to accurately measure lost work-time (presenteeism, engagement)
- Inability to accurately measure productivity
- Lack of open communication and data sharing between companies and organizations within DOE



Recommended Next Steps

- Survey
 - Need to have baseline data to measure change in the future
- Research
 - DOE has agreed to work with the university to conduct external analysis of data – further protects privacy of individual employee and companies
- Collaboration
 - Plans to bring people together to view DOE holistically



Survey

- Evidence-based Health and Productivity Questionnaire (HPQ-Select)
 - Validated self-report tool for health & work
 - Focus: absence, presenteeism and lost productivity from chronic health conditions
 - Developed by Dr. Ronald Kessler at Harvard University with the World Health Organization
 - Currently administered by Integrated Benefits Institute (IBI) (<http://ibiweb.org>)



Direct Benefit to EFCOG Companies

- Ability to:
 - collect data quickly and confidentially
 - save money by using IBI – IT capabilities already established conduct within and across industry analysis through benchmarking
 - use initial data as baseline to measure changes – in either direction – in the future
 - work collaboratively with other EFCOG companies without competition
 - work collaboratively with DOE to improve the overall work environment and view of the future



Empirical Study and Collaboration

- How can research improve the benchmarking initiative for EFCOG and DOE?
 - Objective expert analysis by external body not affiliated with DOE
 - Review data in aggregate for policy-level changes
 - Review data across industry, but within DOE & present findings in aggregate to eliminate competition
 - Link data from benchmarking surveys to other databases and organizations within DOE

Provides a data-driven mechanism to fully understand critical skills – this is separate from productivity.



Predicted Outcomes

- Short-Term
 - Determine critical needs & how they compare to other workplaces within industry sector
 - Begin process to integrate health and productivity data with data collected throughout DOE
 - Begin process to reduce risks (behavior, health, safety, lifestyle-related, etc.)
 - Demonstrate commitment to improving employee's work/life balance - resiliency.



Predicted Outcomes

- Long-Term
 - Develop pilot programs that support DOE's mission and goals and are designed to eliminate or minimize problems identified through survey.
 - Continuous benchmarking ability to allow for strategic planning & outcomes measurement. Potential to incorporate additional measures such as employee engagement in future.



Next Steps

- DOE agreement to fund first year of the research study
- EFCOG to work directly with Dr. Jacobson and IBI to collect data using the HPQ
- Jacobson to coordinate research team and develop study that will maximize data use for immediate solutions to human capital and workforce sustainability problems.



Points to Remember

- As you plan for the workforce of tomorrow, you cannot neglect the workforce you have today.
- Health and well-being can be modified
 - improving employee health will contribute to improved performance and productivity.
- The time to take action is now!



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Thank You.

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