International Corporate Health Leadership Council

2022

Recalibrated Health & Safety Best Practices for your Mobile and Domestic Workforces
International Corporate Health Trends

ICHLC.ORG

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ICHLC MEMBERS

ABOUT THE COUNCIL

The International Corporate Health Leadership Council (the Council), founded in 2012, is a non-profit 501(c)(6) foundation whose objective is to drive standards and policies that result in reducing risk and improving delivery of healthcare to international business travelers, expatriates (and their families), and employees (in emerging and developed markets) wherever they may live or work. Made up of the most senior leadership in corporate health – medical directors, corporate executives, thought leaders, and researchers – the Council produces periodic reviews, publications and presentations of the latest health trends relevant to global enterprises and provides key recommendations so that appropriate standards are benchmarked and best practices identified and shared with those who make or influence policy decisions concerning the protection and preservation of social capital.

The members of the Council represent a cross-section of industries with a global footprint, including representatives of manufacturing, aviation, technology, pharmaceutical, entertainment, scholastic, and energy/mining/infrastructure, employing more than two million people worldwide. There is also representation from governmental and non-governmental organizations inclusive of the Centers for Disease Control and Prevention (CDC) and United Nations (UN). The Council reviews relevant literature, networks with leading experts in global health, and conducts independent research to define global corporate health recommendations. It is the intent of the Council that the findings and results documented here will assist corporate leaders in managing the risks of a global workforce, thus fulfilling their duty of care obligations by protecting employees from foreseeable risks and threats. Further, the Council intends to continue to advocate for those health practitioners involved in international corporate health and occupational and environmental medicine. The Council ultimately plans to inform policymakers of the best science and practices in international corporate health and occupational and environmental medicine

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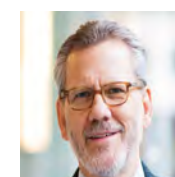REGIONAL MEDICAL DIRECTOR
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2022 INTERNATIONAL CORPORATE HEALTH TRENDS

01 Digital health continues to evolve and the associated development of e-health technology was rapidly accelerated during the COVID-19 pandemic. Many organizations are embracing this innovation and incorporating it into their wellness agenda(s).

02 Most organizations continue to struggle with the framework for a "culture of health," but it is clear successful implementation requires a workplace with shared health beliefs and behaviors from the C-suite to the employee.

03 Non-Communicable Diseases (NCDs) continue to plague global workforce productivity through disability claims (short-/long-term) despite global efforts at mitigation against tobacco products, foods high in carbohydrates, and sedentary lifestyles.

04 Climate change and the next pandemic are not mutually exclusive. Now, more than ever, corporate efforts to improve carbon emissions will be part of a sustainability agenda.

05 Mental illness, now a pandemic in its own right, has, since COVID-19 become a priority in all global corporations. The solution will be multifaceted to include onsite (field/office) mental health champions, e-psyche telehealth services, digital apps, all delivered with cultural compatibility.

06 COVID-19 will be an ongoing global infectious disease with evolving variants for the foreseeable future. Organizations will need to develop ongoing vaccination and mitigation protocols for COVID-19, perhaps incorporating them into existing seasonal flu prevention programs. Employees with long COVID will need accommodations and access to a multi-specialty management/treatment program(s).

07 Organizations, regardless of the location of their real estate assets will now need to address health equity and accessibility for ALL workers.

08 Company benefits will need to be overhauled to avoid the "Great Attrition." Hybrid work schedules and flexibility will be required to maintain and attract a workforce, from a pool which is now younger with explicit expectations. Furthermore, consideration will need to be given to employees with managing care obligations (ie. child/elder care).

09 There is an increase need for accurate intelligence, coupled with transparent communication, for leadership to address the erosion of trust, since many employees are just tired of misinformation.

10 LGBTQ employees, domestic and mobile, will need accommodations and security to feel welcome and safe respectively at their workplace or while traveling.

EXECUTIVE SUMMARY

Like our previous reports – Corporate Health Trends 2014/2018 (ichlc.org) – this report, with an eye on the future, assesses current literature and reviews corporate polling results to provide management with recommendations to best protect and support an organization's mobile (and domestic) workforce. In this report, the Council, after surveying its own membership, evaluated third party global corporate survey results from (1) IPSOS (1,218 respondents across 108 countries) and (2) the Business Group on Health. The editors reviewed recent literature, and canvassed leading experts to document what they believe to be the most relevant global health trends for 2022 and beyond. In the 2014 report, the Council had identified 5 health trends and 10 recommended actions that best protect the globally mobile workforce. In the 2018 report, the Council identified 8 new health trends and modified the 10 recommended actions to reflect these new trends. In this 2022 report, the Council identifies 10 new health trends and the corresponding 10 recommended actions to reflect these new trends.

THIS REPORT DOCUMENTS THE RELEVANT GLOBAL CORPORATE HEALTH TRENDS FOR 2022

10 RECOMMENDED ACTIONS
FOR SUSTAINABILITY

The recommended actions from the previous 2018 report have been updated to reflect today's advances and the Council's understanding of corporate health, listed in no particular order or priority. **As in previous trend reports (2014/2018) the recommended actions are presented in a framework of People, Place & Purpose.**

PEOPLE

01 *"The International Organization for Standardization (ISO) Standard ISO 45003 can serve as a blueprint for best practices in psychological health and safety."*
Mental illness, now recognized as the second pandemic, has only been globally exacerbated by the COVID-19 pandemic. There is now short- and long-term documentation of a bi-directional relationship between COVID-19 infection and mental illness. Long COVID-19 will need to be accommodated by providing a multi-disciplinary team of healthcare providers. Offices and fields will need to be staffed by a mental health first-aid champion.

02 *"NCDs continue to plague the workforce."*
Non-Communicable Diseases (NCDs), exacerbated by climate change, will continue to negatively impact productivity of the workforce through absenteeism, presenteeism, and disability insurance claims (short- and long-term). Continued campaigns and incentives to stop the use of tobacco products, to eat healthy diets (at work and at home), and to change sedentary to active lifestyles will be promoted (with incentives) by HR.

PLACE

03 *"Healthcare needs to be upgraded in the context of equitable delivery, accessibility and quality."*
Workforce healthcare will require an upgrade (globally) in resources, an expansion of benefits, with equitable delivery, accessibility, and quality for ALL regardless of where they work or live. Partnerships with local public health authorities will be required to eliminate the existing gap between the privileged and the underprivileged communities.

04 *"Ownership of the pandemic preparedness plan (PPP)".*
Pandemic preparedness should be a priority in any organization based on the global impact of COVID-19. Organizations should take time to reflect on their response to the COVID-19 pandemic and document "lessons learned" to incorporate into future emergency response plans, avoiding COVID-19 myopia. Not only should the memorialized "playbook" for the PPP be an integral part of the business continuity plan or crisis management plan, but one that is routinely rehearsed, regularly updated, and routinely shared with the entire organization. The plan requires ownership with representation from every vertical within the organization.

05 *"Mental illness, due to COVID-19 infection, is a foreseeable risk."*
Corporate duty of care obligations not only represent the ethos of any organization, but have now been expanded subsequent to the COVID-19 pandemic. An association between COVID-19 infection and mental illness has been established in peer-reviewed studies (in particular stress, anxiety, and depression), making mental illness a post-infection "foreseeable risk." In the spirit of their duty of care, corporations must develop policies and procedures to mitigate against any foreseeable risk.

06 *"COVID-19, and its variants, are here to stay."*
COVID-19, and its evolving variants, will continue to infect the global population (workers and families alike). Companies will need to have evolving mitigation and vaccination strategies, as well as a credible spokesperson, ideally the corporate medical director (CMD), to differentiate fact from fiction. Organizations should incorporate COVID-19 prevention into existing programs for seasonal flu prevention to target both illnesses and share resources.

PURPOSE

07 *"Climate change has become a public health crisis."*
CMDs need to adapt their clinical practices to address current and emerging health impacts from climate change. Direct and indirect consequences of environmental changes on employee and community physical and mental health must be anticipated and mitigated. This can only be achieved if organizations, in every sector, do their part is reducing greenhouse gas emissions as part of their CSR and sustainability agenda.

08 *"Travel providers will need recalibration to address perceived/ real travel risks."*
Geopolitical threats, economic hardship, and civil unrest collectively will heighten travel risks and negatively impact willingness to travel. Although virtual meetings have their role in cross-border commerce, in-person communication will continue as the gold standard. Corporations will need to re-evaluate their travel policy(s) and not only ensure travel safety for ALL (inclusive of their marginalized employees), but limit the business travel to two weeks/month.

09 *"Protect the employers from themselves and each other."*
Due to increasing rates in workplace violence, trained security personnel in the office, and in the field, are now required to not only protect the employees from themselves but each other. Self-harm and workplace violence need to be mitigated by a "safe" workplace with accessible supportive resources.

10 *"Transparent communication is required to re-establish trust within the workforce."*
Bi-directional transparent communication between company leadership and the workforce has never been more necessary. There has been an erosion of trust among ALL employees, mostly due to the dissemination of misinformation. Re-establishing this trust, which is required for company sustainability, will require a return to regular "town halls" and open forums for communication with recommendations from legitimate Subject Matter Experts (SMEs) within the organization.

2018 TRENDS ARE RAPIDLY EVOLVING

Eight trends were identified by the Council:

01 The pace of technology development is accelerating, and it is changing the way healthcare is delivered and consumed. This is putting new pressures on organizations to innovate (i.e., tele-assistance and mobile health).

02 A "Global Culture of Health" is a concept with momentum within many international organizations, leading to changes in how employees live and work.

03 Non-communicable diseases continue to be a high priority in both developed destinations as well as emerging markets.

04 Ebola, Zika, and other global health security incidents have highlighted the need for better enterprise business continuity and public health preparedness plans, so organizations are stepping up to prepare for the next incident.

05 Mental illness has become a prominent and clearly identified concern, so organizations are focusing on the psychological health of their mobile employees.

06 Local occupational health regulations continue to evolve, and organizations are continually adapting to meet the evolving requirements.

07 Global demographics are changing, and the younger employee—the millennial—has different needs and health challenges that organizations are now realizing.

08 More effective support for the health and safety of LGBT mobile employees has become a priority for many multinational companies.

REPORT OBJECTIVE

The purpose of this report is three-fold:

> **Evaluate** and **document** the global health trends with an eye on the future and the real and potential impact of these trends on employee health

> **Provide expert guidance** to corporate management regarding the benchmark standards and best practices to mitigate against the impact of those negative trends

> **Offer future predictions for global health trends**

2018 **2019** **2020** **2021** **2022**

In this 2022 report, we highlight new and evolving trends and their increased importance. Over the last four years, demographics have changed and so have employee health needs. Global health threats continue to impact global security. Technology advancements have influenced delivery of care and how we communicate. Country occupational health requirements are evolving, and healthcare delivery is changing around the world.

THE COUNCIL HAS AGAIN DESCRIBED THESE NEW TRENDS IN OUR PREVIOUSLY CREATED FRAMEWORK: PEOPLE, PLACE, AND PURPOSE (WHICH SERVED AS THE "PILLARS" OF OUR LAST REPORT).

THE COUNCIL'S 10 RECOMMENDED ACTIONS BASED ON THE NEWLY IDENTIFIED 2022 TRENDS

PEOPLE

> Addressing efforts to improve employee wellness and reduce medical risk in the context of the trends of the workforce demographics, and ultimately how to positively impact productivity.

RECOMMENDED ACTIONS

1

The International Organization for Standardization (ISO) Standard ISO 45003 can serve as a blueprint for best practices in psychological health and safety.

Mental illness spares no one regardless of age, education, religious beliefs, culture, and gender. The COVID-19 pandemic has brought this issue to light. In fact, there is a bi-directional relationship between COVID-19 infection and mental illness in both the short-term[1] as well as the long-term[2]. The connection in the former (14-90 days post-infection) is manifested one way by anxiety, insomnia, and early onset dementia (if >65 years). The connection in the latter (365 days post-infection) is manifested by stress, anxiety, and depression. Long COVID is now a well-established condition post-infection where lingering health problems persist despite negative testing for the illness[3]. The symptoms can affect multiple systems, predominantly respiratory function, and frequently cognitive/psychological function (i.e., fatigue, "brain fog"), often resulting in higher work absenteeism and frequent medical clinic visits.

COUNCIL RECOMMENDATION

Accommodations for the cohort of employees suffering from long-COVID will include, but not be limited to, access to a multi-disciplinary team of Health Care Professionals (HCP), ideally led by a "generalist" capable of coordinating care with the goal of return to (moderate) work.

Since the signs/symptoms of mental illness are not always recognized by co-workers and managers alike, the Council encourages the addition of a champion in mental health first-aid to become part of the leadership team of any workplace (office or field). The champion does not necessarily have to have a medical background. The individual can also assist the organization in de-stigmatizing mental illness/treatment by hosting town halls or supporting HR in the dissemination of educational material. The impact of long COVID can vary widely in severity. Management will need to be sensitive to affected employee's ability to perform their duties, and further work accommodations should be expected. The organization may wish to emphasize or rebrand mental health programs as "resilience" services offering coping strategies to mitigate stress and maintain optimum wellbeing. Resilience may be considered a more positive goal from an organizational perspective than addressing mental health concerns.

Finally, it is apparent that different cultures manage/treat mental illness in their own unique way. As the global workforce continues to diversify, it is mandatory hat organizations develop policies/procedures addressing mental health recognition/treatment that are culturally sensitive.

2

NCDs continue to plague the workforce.

NCDs (e.g., cardiovascular disease, cancer, respiratory disease, and diabetes), which are all linked to mental illness, continue to represent a global health threat and are the number one cause of death and disability in the world. The COVID-19 pandemic demonstrated how co-morbidities (i.e., the presence of NCDs) are directly related to higher risk for hospitalization and death from infectious disease.

The NCDs, according to the WHO, are collectively responsible for 74% of deaths worldwide. There are at least four major risk factors: physical inactivity, excessive alcohol consumption, unhealthy diets, and tobacco product use.

COUNCIL RECOMMENDATION

Corporate medical departments must include programs on education, training, screening, and equipping mobile/domestic employees to mitigate against the development of NCDs. Connections should be established with facility management teams, HR and other departments in charge of office design and layout, to incorporate these principles conducive to and nudging healthy behaviors. More effort needs to be made on developing targeted programs identified through employee questionnaires and biometric tests. Standardized approaches can be challenging for organizations with global human assets since culture, language, education, and clinic accessibility can all impact well-being agendas. The solution may very well be the existence of a global principle/practice addressing wellness serving as an umbrella to a series of local well-being programs to support the entire global workforce.
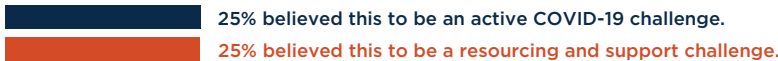
SUPPORTING DATA

MORI:

25 % of 1,218 surveyed corporate decision-makers believed dealing with mental health issues (e.g., through an EAP) was a current "top" challenge for their organization in ensuring the health and security of ALL employees.

25% believed this to be an active COVID-19 challenge.

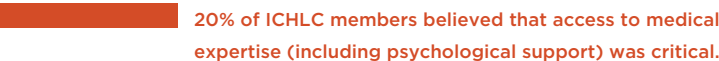**25% believed this to be a resourcing and support challenge.**

BUSINESS GROUP ON HEALTH:

Employers continue to focus on enhancing mental health support within their organizations. Digital platforms and broadening of the healthcare benefits to better accommodate their employees in becoming more commonplace. There continues to be a lack of consistent knowledge surrounding long COVID, which will negatively impact management profoundly.

COUNCIL COMMENTARY

What were the most important lessons learned from the pandemic?

20% of ICHLC members believed that access to medical expertise (including psychological support) was critical.

COUNCIL COMMENTARY

The corporate trend over the last three years has moved from a reactive posture aimed at dealing with incidents as they arise to a proactive posture by implementing prevention programs. The value of prevention programs has been documented and has demonstrated significant return on investment. So not only do preventive programs save lives, they can save money and improve overall business productivity. While domestic U.S. well-being programs have expanded rapidly, organizations continue to be challenged in implementing similar programs globally. Cultural, social, and clinical differences in health and well-being vary widely, and organizations must develop locally appropriate programs that target the key issues for that specific workforce population.

CURRENT TRENDS

EMOTIONAL HEALTH

Emotional wellness is defined as the ability to successfully handle life's stresses and adapt to change in difficult times[2]. Organizations should re-frame the focus of treating mental disorders when they arise to proactive "resilience" programs geared toward all employees, not just those suffering from mental disorders. People who are "emotionally well" experience fewer negative emotions and can recover more quickly from life's difficulties, both inside and outside the workplace. Examples of campaigns that promote resilience may include: sleep hygiene, stress reduction and coping strategies, strengthening social connections, and mindfulness techniques[3].

> **>50% of people will develop a mental health disorder at some point in their life (with/without COVID-19).**

IMPACT ON ECONOMY

- Prior to the COVID-19 pandemic, it was estimated that about 50% of all adults will experience a mental health disorder at some point in their lives[4]. The sharp increase in demand for mental healthcare services since the pandemic began has strained mental healthcare resources, especially in low and middle-income countries[5]. When mental health disorders are left untreated, the well-being of employees and their families are impacted, along with the culture, productivity, and bottom line of their employer's organization.

- At an individual level, poor mental health is associated with worse educational outcomes, lower earning potential, higher rates of substance abuse and domestic partner violence, increased risk for homelessness and incarceration, and higher risk for premature death[6]. For employer organizations, poor mental health in employees increases rates of absenteeism and "presenteeism" (physically being at work but not being productive), increases rates of disability insurance claims, increases the costs of group health insurance policies, impairs the functioning of work teams, and increases rates of turnover. The World Health Organization estimates that anxiety and depression alone are costing the global economy about $1 trillion every year in lost worker productivity[7].

SHORT AND LONG TERM DISABILITY (DALY MEASURE)

- Mental health disorders can cause workers to take more sick days and impede normal functioning at work.
- Long-term, people with mental health disorders are more likely to submit claims for long-term disability insurance because of inability to work. As of 2020, 29% of U.S. Social Security Disability Insurance (SSDI) beneficiaries received public income support because of mental disorders – a proportion larger than beneficiaries who cannot work due to injuries, cancer, and circulatory/nervous system disorders combined[8].

> **The WHO uses Disability-adjusted Life Years (DALYs) to represent the equivalent of one year of full health lost due to disease. In 2019, mental health disorders accounted for around 5% of total global disease burden, with 125 million DALYs[9] lost worldwide association of mental illness with other medical conditions i.e back pain.**

Mental health disorders can cause physical symptoms, like sleep and appetite changes, diffuse pain (malaise), problems thinking, and fatigue[10]. These physical impairments may further impact an employee's ability to work productively when experiencing mental disorders.

People with pre-existing physical health issues like chronic pain, chronic low back pain[11], diabetes, cancer, or arthritis have increased rates of mental health disorders.

POST-COVID

- BI directional association between COVID infection short and long-term
- COVID-19 infection as the cause of mental health disorders:
  - o U.S. National Institutes of Health: In the months following infection, people are at increased risk of cognitive and attention deficits (i.e., "brain fog"), anxiety and depression, psychosis, seizures, suicidal behavior, and Post-Traumatic Stress Disorder (PTSD). [12]
  - o Long-term: People with long COVID may experience longer-term symptoms related to brain function and mental health.[13]
- The Lancet – Psychiatry: In patients with no previous history of mental health disorders, COVID-19 infection increased their risk of a first psychiatric diagnosis within 90 days after infection (most common diagnoses: anxiety disorders, insomnia, and dementia in people aged 65 and over).[14]
- Mental health disorders can cause more severe illness from COVID-19 infection.[15]
- U.S. CDC: people with mental health conditions, such as mood disorders, depression, and schizophrenia are at an increased risk for severe complications from a COVID-19 infection.
- The Lancet – Psychiatry: People with pre-existing mental health disorders were found to be at a higher risk for contracting COVID-19 infection in the early phase of the pandemic (prior to widespread vaccine availability).[16]

EMPLOYERS RESPONSE

- o **Benefits**
- o **Travel Policy**
- o **Multi-disciplinary HCPs for long COVID**
- o **On sight mental health champion**

NON-COMMUNICABLE DISEASES
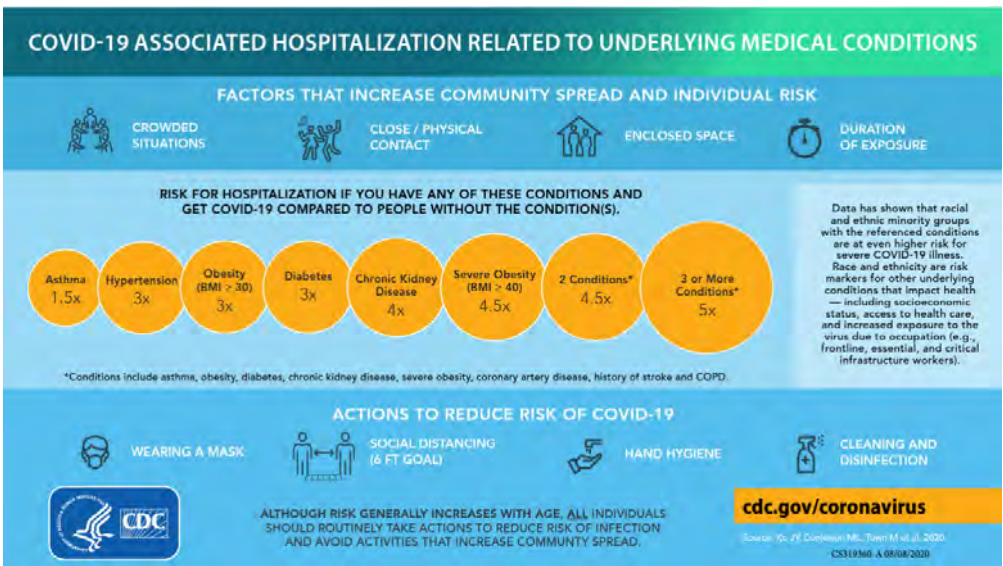
Multiple studies, including systemic reviews and cohorts, have been published to assess the impact non-communicable diseases (NCDs) have on healthcare spending and macro-economic productivity.

WHO defines NCDs as chronic diseases of long duration and slow progression. They are categorized as cardiovascular diseases (heart attack/ stroke), cancers, chronic respiratory diseases (emphysema, asthma, bronchitis), and diabetes. The WHO 2030 Agenda for Sustainable Development calls upon all sectors, including health, finance, transport,[17] education, agriculture, planning and others, to collaborate to reduce the risks associated with NCDs, and to promote interventions to prevent and control them. The WHO encourages the creation of health and nutrition-promoting environments, including through nutrition education, in workplaces and other public and private institutions.

Since the last trend report in 2018 there are two associated factors that need to be considered when addressing NCD prevention and mitigation. Firstly, climate change can and will exacerbate chronic respiratory diseases and secondly, COVID-19 complications inclusive of hospitalization and mortality are directly correlated to presence and types of NCD's. Multiple studies, including systemic reviews and cohorts, have been published to assess the impact non-communicable diseases (NCDs) have on healthcare spending and macro-economic productivity.

With that background to ponder, what are employers to do? The classic public health approach – emphasizing primary, secondary, and tertiary prevention – can be very effective in creating a sustainable culture of energy and resilience. Such collaboration between the private and public sectors is the only possible way to address the global economic burden of NCDs which, according to the World Economic Forum, represents approximately 75 percent of the global GDP or more than $63 trillion (USD).

NOT MUTUALLY EXCLUSIVE

EXAMPLES OF PRIVATE AND PUBLIC SECTOR COLLABORATION TO ADDRESS THE GLOBAL ECONOMIC BURDEN OF NCDS

GENERATIONAL DIFFERENCES IN THE WORKPLACE ENGAGEMENT & DIFFERING PRIORITIES (SILENT, BOOMERS, GEN X, MILLENIALS,GEN Z)

1

The U.S. Department of Health and Human Services Healthy People 2030 health.gov/healthypeople provides guidance on how to facilitate evidence-based programs to reduce risk factors for diabetes and cardiovascular disease. Employers can partner with local healthcare providers to offer these workplace-based programs to interested employees. Economic evidence indicates that the programs are cost-effective.[18]

Programs include:

- Trained providers who work directly with program participants for at least 3 months
- Setting a weight loss goal
- Individual or group sessions (or both) about diet and exercise
- Meetings with a trained diet or exercise counselor (or both)
- Individually tailored diet or exercise plans (or both)
- The U.S. CDC also provides free resources for workplace wellness programs in its online Workplace Health Resource Center: https://nccd.cdc.gov/WHRC

2

The WHO lists detection, screening, and treatment as key components of the necessary response to reduce the global burden of NCDs. Evidence shows such interventions are excellent economic investments because, if provided early to patients, they can reduce the need for more expensive treatment.[19]

Examples of private sector companies supporting the WHO 2030 Agenda for Sustainable Development goals:

- Johnson & Johnson has established their Lung Cancer Initiative, aimed at preventing and detecting lung cancer, the #1 leading cause of cancer deaths worldwide. [20]
- Ralph Lauren Corporate Foundation (RLCF) is supporting the U.S. Government's Cancer Moonshot program, aimed at reducing death rates from cancer by 50% in the next 25 years.[21]
- The RLCF is pledging $25 million to cancer care and prevention programs to support screenings, early diagnosis, and treatment and patient navigation services, while improving access to high-quality care for those most in need.
- Baidu, Inc., one of the world's largest internet companies based in China,[22] supports the WHO's efforts to reduce tobacco use in China. Baidu, Inc. has committed to smoke-free workplaces in all their locations in China and around the world. Baidu is also supporting the WHO to strengthen employee health education and tobacco cessation programs. [23]

DEMOGRAPHICS OF TODAYS WORKFORCE

Today's modern workplace is faced with the unique challenge of collaborating across a diverse spectrum of culture, language, geographic location, and age. For the first time, employee populations may be comprised of up to five different generations at once – thanks to medical advances that keeps many seniors active and engaged well past "normal" retirement years.

Generational differences can bring diversity and a variety of perspectives, but managers must carefully orchestrate (and sometimes referee) the strengths and weaknesses of workers of different generations.

01 "Silent Generation" or "Traditionalists" are people aged 78 and older; common characteristics may include valuing hard work, loyalty, and frugality, respecting authority and displaying resilience in the face of adversity. This generation lived much of their lives before the era of technology and may prefer face-to-face interactions as opposed to teleworking or virtual communication.[24]

02 "Baby Boomers" are the generation born post World War II from 1946-1964; common characteristics may include valuing individuality, measuring work ethic in hours worked and financial rewards, and an emphasis on relationship building.[25]

03 "Generation X" includes people born between 1965-1978; these individuals tend to be self-reliant, highly educated, more likely to question authority and the status quo, and value loyalty and open communication in the workplace.[26]

04 "Millennial / Generation Y" includes people born between 1979-1995; these people tend to be image-conscious and may need more feedback and reinforcement for motivation, they also tend to be very inclusive, team-oriented, and place high value on work-life balance.[27]

05 "Generation Z" are the newest entrants to the workforce and include people born after 1995; these young workers are very tech-savy, having grown up in the technology era. They tend to be results-focused rather than focused on being rewarded for working long hours, they are strong in multi-tasking and online collaboration, and prefer clear, direct job descriptions and expectations.[28]

As many members of the "Silent" and "Baby Boomer" generations retire, "Generation X" and "Millennial's" are becoming the largest proportion of workers. These workers tend to prefer hybrid or flexible schedules as part of their high value on work-life balance (and as they became accustomed to during the pandemic). The challenge for managers going forward is ensuring employees stay connected, promote collaboration, and effectively manage teams across geographic locations.[29]

THE ROLE OF DIGITAL TEAMING

In many workplaces, digital Teams are becoming the "norm" as opposed to traditional in-person meetings. Although in-person meetings are the "gold standard" of networking and team building, organizations are frequently shifting to frequent virtual meetings as the "routine" with in-person meetings spaced out at regular intervals as "workshops" or special events. Digital teams allow workers to communicate easily with each other across time zones (or in real time), regardless of their physical location and whether at their computer or on their mobile device.

There is a plethora of tools available to help digital teams collaborate and stay organized, with the added benefit of documenting all actions for reporting and data collection.

28

The workforce "ecosystem" has been greatly impacted by the COVID-19 pandemic, as organizations had to abruptly switch to telework or flexible work shifts. Employees have grown accustomed to these new arrangements, and many organizations are making remote work or flexible schedules permanent. One major benefit of remote work is that the talent pool for recruitment expands globally – no longer are managers limited to the talent pool in their geographic area.

The use of freelancers or contractors to support projects on a short-term basis continues to rise in popularity, as employers enjoy "just in time" talent acquisition to meet objectives without the long-term commitment of full-time employees. Even before the COVID-19 pandemic, the trend was increasing for employers to utilize more contractors and "gig workers", with only 42% of respondents to a 2018 Deloitte industry survey stating that their organizations are primarily comprised of salaried employees.[31]

Technology in the workplace continues to advance, with artificial intelligence (AI) platforms and automated workflows nudging employers to place more importance on workers being able to think critically and creatively, rather than physically being in the workplace from 9am -5pm[33]. Companies are citing AI as a helpful tool to understanding employee work patterns and developing incentive programs, finding hidden talent within their organization, and developing new ways to drive innovation[34].
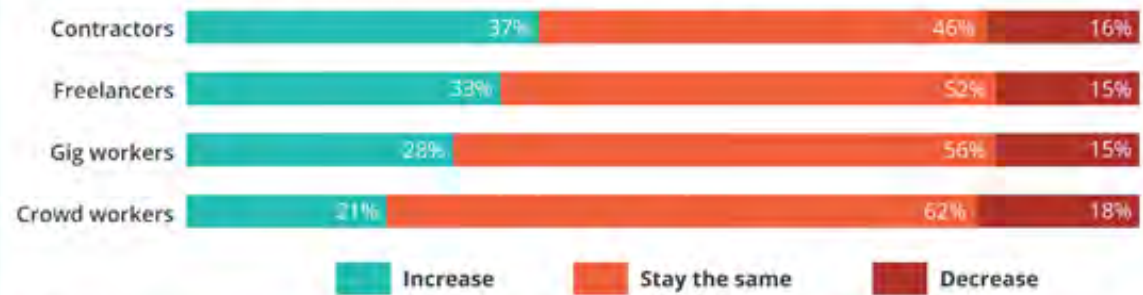
Members of the younger generations often prefer to view their careers as "experiences" and are more likely to switch jobs to take on new challenges and seek greater rewards. Although this tendency to "job-hop" more often than previous generations may be viewed negatively by some employers, these workers have more diverse experience and have acquired new skills and perspectives to bring to the workplace[35].

COMPANIES ARE CITING AI AS A HELPFUL TOOL TO UNDERSTANDING EMPOYEE WORK PATTERNS AND DEVELOPING INCENTIVE PROGRAMS.

Alternative work arrangements are on the rise

Respondents expect a substantial increase in their organizations' use of contractors, freelancers, and gig workers over the next two years.
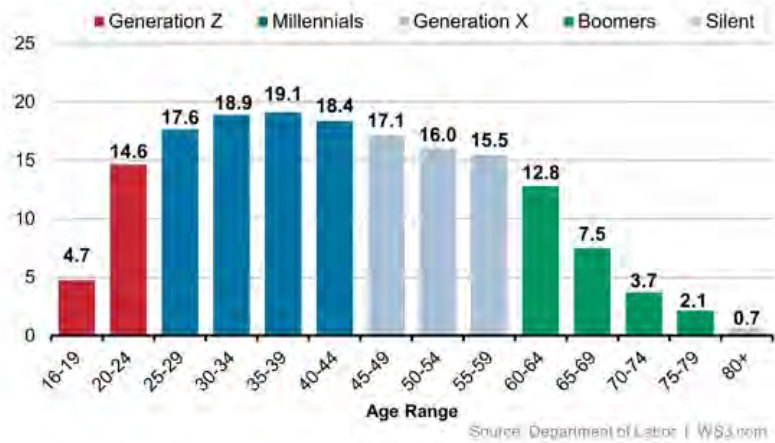
Figure 1. Anticipated use of each labor type in 2020 relative to today

Labor type	Increase	Stay the same	Decrease
Contractors	37%	46%	16%
Freelancers	33%	52%	15%
Gig workers	28%	56%	15%
Crowd workers	21%	62%	18%

n = 11,070
Source: Deloitte *Global Human Capital Trends* survey, 2018.

Deloitte Insights | deloitte.com/insights

The Workforce in 2025
Projected size of U.S. labor force (in millions) by age, for the year 2025

30

Legend: ■ Generation Z ■ Millennials ■ Generation X ■ Boomers ■ Silent

Age Range	Value
16-19	4.7
20-24	14.6
25-29	17.6
30-34	18.9
35-39	19.1
40-44	18.4
45-49	17.1
50-54	16.0
55-59	15.5
60-64	12.8
65-69	7.5
70-74	3.7
75-79	2.1
80+	0.7

Source: Department of Labor | WSJ.com

TRAVEL SAFETY FOR LGBTQ+ EMPLOYEES

LGBTQ+ employees may require additional precautions to keep them safe when traveling. The LGBTQ+ status of your employees is a personal topic and employers should not question employees about their sexuality. Instead, employers should provide relevant information on laws and cultural norms for travel destinations to all travelers. The U.S. State Department travel website has country-specific information on LGBTQ+ laws and customs for travelers:travel.state.gov/content/travel/en/international-travel/before-you-go/travelers-with-special-considerations/lgbtqi.html

It is also essential that organizations provide employees with a 24/7 support system they can rely upon before, during and after their trip.

Prior to travel, employers should conduct transparent risk assessments on the travel destination in partnership with the employee. It can ultimately be the employee's decision if they feel comfortable traveling to the destination, but they must be informed of the risks and recommended precautions.

- If a destination is deemed too risky or the employee does not feel comfortable traveling, support the employee with non-punitive alternative arrangements. For example, hold virtual meetings, or move in-person meetings to a location that presents a lower risk to LGBTQ+ or minority groups.
- Universal advice: the LGBTQ+ status of all employees will not be known ahead of all travel. Take a universal approach and provide travel safety advice for LGTBQ+ and minority groups to all employees. Encourage employees to raise any concerns about travel safety to their managers if they are unsure / uncomfortable about their assigned travel.

In locations where LGBTQ+ groups are not welcome or outlawed, travelers from these groups may be refused accommodation by hotels or other facilities. Ensure credentialed and reliable transportation and lodging is arranged prior to travel.
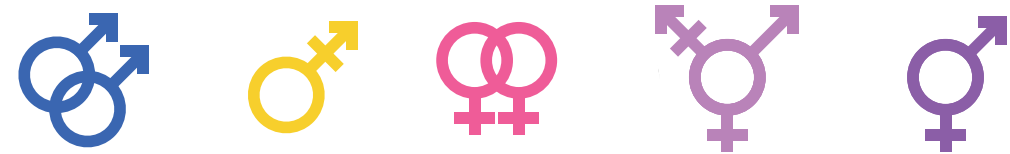
DOMESTICALLY & ABROAD

The future workforce is younger, more diverse, and more inclusive than prior generations. Looking to the future, organizations must incorporate an agenda focused on diversity and inclusion in the workplace. Organizations should establish comprehensive non-discrimination policies for the workplace, inclusive of race, ethnicity, culture, religion, sexual orientation, and gender identity. This is a "best practice" to promote the safety and well-being of all employees. Furthermore, there are other significant reasons to adopt an agenda of diversity and inclusion:

- Legal Compliance: Many countries have laws requiring protection from discrimination for LGBTQ+ and other minority groups in the workplace.
- Brand Reputation: Organizations do not want to face public backlash and harm to their brand if they are viewed as promoting discrimination against LGBTQ+ or other minority groups.
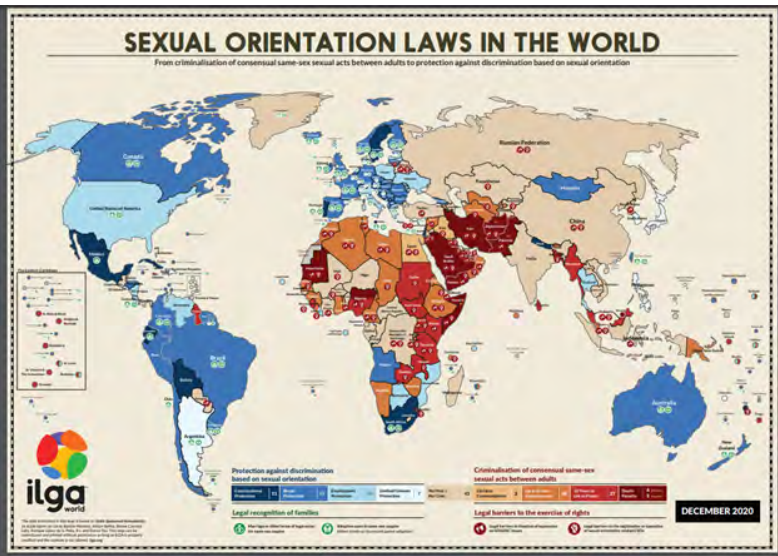
Diversity and Inclusion programs should be targeted to all employees, not just those in LGTBQ+ or minority groups, and be delivered regularly – not solely on a reactive basis when discrimination or harassment incidents occur.

ACCOMODATION DOMESTIC & CROSS BORDER

Organizations should understand the environment faced by LGBTQ+ employees in all locations of operations to help support their health and well-being. In some cultures, social attitudes are conservative and can elicit discrimination against and harassment of LGBTQ+ individuals. Beyond cultural norms, approximately 70 countries have laws banning homosexual behavior, with some imposing severe punishment (up to life imprisonment or the death penalty). Countries may not have explicit laws against same-sex relations but other legal provisions, such as 'public indecency' acts, which can be used to harass, arrest, and prosecute LGBTQ+ individuals, sometimes just for discussing related topics.

The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) provides a world map (available in multiple languages) on sexual orientation laws.

PLACE
RECOMMENDED ACTIONS

PLACE

> Highlights health risks specific to workforce geographic locations and identifies the unique requirements needed to support the health of a globally mobile workforce.

Organizations have a duty of care obligation to ensure equity and safety in the workplace to all employees. Organizations may need to implement accommodations for LGBTQ+ groups to protect their equity and safety.

Examples:

- Healthcare benefits: providing health insurance policies that cover gender transition treatments and surgery, and exploring other benefits/ policies that support LGBTQ+ populations: and the provision of equal coverage for same sex partners.

- Mental health / peer support: ensure that all employees, especially those in LGBTQ+ groups, have 24/7 access to professional mental health support (e.g., through Employee Assistance Programs or local mental health providers), and through peer support – ask employees to volunteer to serve as "allies" of inclusion or form employee support groups that meet regularly to provide support and formulate ideas to make the workplace a more inclusive environment.

- Privacy: The LGBTQ+ status of your employees is a personal topic and employers should not question employees about their sexuality. Establish a system that gives employees the option to file anonymous complaints about discrimination and harassment and ensure all complaints are fully investigated and addressed.

- Communications/forms: ensure all communications from the organization are inclusive (e.g., employee forms include preferred pronouns). Stay away from using terms that are exclusive to LGBTQ+ or minority groups.

- Facility accommodation: have gender-neutral restrooms and locker rooms [26] (if applicable) available to all employees who would prefer to use them.

- Organizations can support the health and productivity of LGBTQ+ employees by fostering an inclusive workplace environment. CIGNA health insurance defines vitality as everything that impacts the ability to pursue life with health, strength, and energy.

- In 2022, CIGNA surveyed over 10,000 adults across the U.S. on vitality, health, and productivity. They found that LGBTQ+ individuals reported lower rates of vitality and were more likely to report high disengagement at work.[27]

LEARN MORE BY VISITING
ICHLC.ORG 29

RECOMMENDED ACTIONS

03   *HEALTH & SAFETY NEEDS TO BE UPGRADED IN THE CONTEXT OF EQUITABLE DELIVERY & ACCESSIBILITY.*

Many global organizations, particularly those in the Energy, Mining and Infrastructure (EMI), retail, and manufacturing spaces have human assets in emerging marketplaces. These populations have the right to the highest attainable standard of health as those in developed nations. The same applies to those with disabilities (16% of the global world population). International human rights law, in some cases, addresses the health inequities faced by these aforementioned cohorts.

COUNCIL RECOMMENDATION

The official wording of the UN's SDG #3 is "To ensure healthy lives and promote well-being for ALL at ALL ages." The Council endorses this principle as it applies to "ALL" everywhere. In 2021, the Office of Minority Health (OMH) partnered with the CDC to launch the Minority Health Social Vulnerability Index, which serves as an enhancement to the initial CDC Social Vulnerability Index (from 2011). The enhancement enables emerging response planners and public health officials to identify, map, and plan support for countries that will need help before, during, and after a public health emergency like COVID-19. Such a (domestic) tool could very easily be applied to communities outside the U.S. with support from the WHO and local (non-U.S.) government authorities.

With all the advancements in digital health, accessibility should no longer be an issue with underserviced regions, which can access e-health services from anywhere. Global corporations are encouraged to invest in such services as part of their duty of care agenda. A global set of standard health benefits is in order but is difficult to implement even if on the WHO agenda.

04   *OWNERSHIP OF THE PANDEMIC PREPAREDNESS PLAN (PPP)*

Historically, despite good intentions, most organizations in every sector had a PPP, incorporated into their corporate crisis response plan but its whereabouts and application would be lost over time until the next pandemic.

The magnitude of long-lasting effects of this latest (COVID-19) pandemic has demonstrated that this strategy is no longer safe or cost-effective. In fact, not having a robust, up-to-date, and accessible PPP means not meeting the organization's duty of care (see Action #05 below) since another pandemic is a "foreseeable risk."

COUNCIL RECOMMENDATION

The PPP should be a dynamic document, maintained and updated as new content becomes available. The pandemic preparedness plan should be customized to address both influenza and corona virus threats. It should have direct, named ownership, and be supported by a team representing each vertical within the organization that meets regularly to review and revise. It should also be applicable to any location where the company has assets recognizing the limitations of any local healthcare infrastructure. There is a looming threat of more zoonoses, and much more must be implemented at the beginning of any outbreak.

05   *MENTAL ILLNESS, DUE TO COVID-19 INFECTION, IS A FORESEEABLE RISK*

The peer-reviewed academic medical/scientific literature has now documented a bi-directional association between a COVID-19 infection and mental illness in the short- and long-term. A history of mental illness increases the likelihood of acquiring a COVID-19 infection, and a COVID-19 infection increases the likelihood of developing a mental illness.

This documentation indicates mental illness is now a foreseeable risk of any COVID-19 infection. This foreseeable risk will now become part of the duty of care agenda of any organization.

COUNCIL RECOMMENDATION

The development of policies/procedures to mitigate against any foreseeable risk will now include ones related to mental illness subsequent to a COVID-19 infection. Such mitigation, if ignored, can be problematic in countries like Canada and the UK where Bill C-45 and the Manslaughter Act respectively can result in legal exposure for any corporation, and a threat to corporate assets and brand.

Some of the mitigation practices can include educational resources, easy access to adequate healthcare providers (inclusion of those with expertise in mental health), PTO, etc.

06   *COVID-19 AND ITS VARIANTS ARE HERE TO STAY*

The SARS-CoV-2 virus will ultimately become endemic with people-people transmission at more modest and predictable rates. The hemispheric outbreaks will likely be similar to that seen with influenza with availability and distribution of a seasonal vaccine to manage a (dangerous) respiratory disease.

The virus will likely never be eradicated for multiple reasons, including the fact that it is not always clinically visible (i.e., asymptomatic carriers/vectors), there are animal reservoirs (where circulation of the virus can occur before the recurrence of the infection in humans) and there is no vaccine offering life-long protection. Even still, organizations will need to continue to monitor outbreaks as well as track new innovations and resources that may impact their pandemic preparedness plans.

COUNCIL RECOMMENDATION

Organizations, under the leadership of their CMD, need to enhance the COVID-19 mitigation best practices through programs focused on prevention, vaccination, testing, and treatment to include the sharing of information among the local/regional/national public health participants. There needs to be a collective effort to address the social determinants of health by identifying high risk and/or marginalized cohorts within the community. Data needs to be collected and analyzed in the spirit of equitable quality of care. Partnerships are encouraged between corporate health services and local public health authorities to reach these ambitious healthcare goals.

SUPPORTING DATA

MORI:

25% of 1,218 surveyed corporate decision-makers believed having adequate resources to deal with post-COVID-19 conditions was a current "top" challenge for their organization in ensuring the health and safety of all employees.

25% believed this to be an active COVID-19 challenge.

22% believed this to be an active post-COVID-19 challenge.

44% expected their organization's challenge to stay the same over the next 12 months.
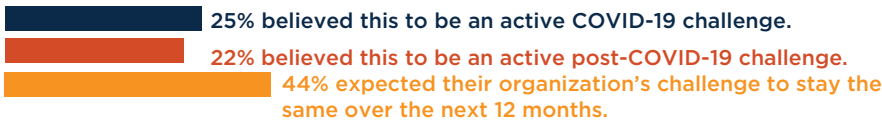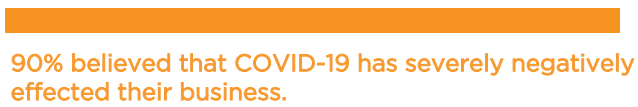
BUSINESS GROUP ON HEALTH

Healthcare access may be addressed by the provision of mobile health vehicles in under-serviced regions. Staffing would include culturally competent/bilingual providers. Workforce accommodations for those with long COVID will remain a priority.

COUNCIL COMMENTARY

How has the COVID-19 Pandemic affected your organization?

90% believed that COVID-19 has severely negatively effected their business.

How important has a medical advisor been to your operations?

70% believed that having a medical advisor is business critical.

How much effort/resources were allocated to monitoring COVID-19 at your operations?

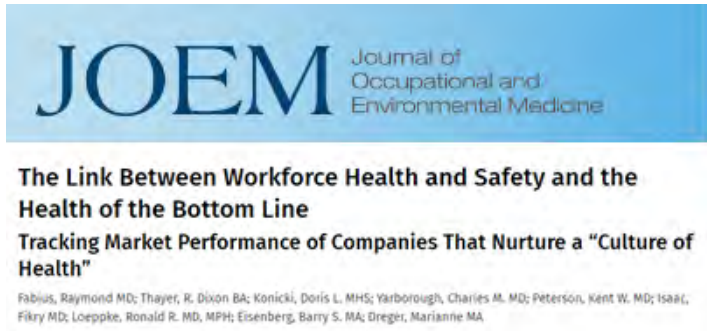**40% believed that major effort requiring restructuring of resources were needed to monitor COVID-19.**

CURRENT TRENDS

GLOBAL CULTURE OF HEALTH

A culture of health in the workplace first described more than a decade ago has been a major priority of global corporations as part of their agenda to preserve their workforce and remain sustainable. The two leading experts who have championed the cause and continue to define a culture of health, in today's workplace, are Raymond Fabius MD, and Richard Safeer MD.

JOEM — Journal of Occupational and Environmental Medicine

The Link Between Workforce Health and Safety and the Health of the Bottom Line
Tracking Market Performance of Companies That Nurture a "Culture of Health"

Fabius, Raymond MD; Thayer, R. Dixon BA; Konicki, Doris L. MHS; Yarborough, Charles M. MD; Peterson, Kent W. MD; Isaac, Fikry MD; Loeppke, Ronald R. MD, MPH; Eisenberg, Barry S. MA; Dreger, Marianne MA

JOEM — Journal of Occupational and Environmental Medicine

CONTENT NOT FOR RESALE

CME Available for this Article at ACOEM.org

Defining a Culture of Health in the Workplace
Richard Safeer MD and Judd Allen, PhD

CREATING a CULTURE of HEALTH for a GLOBAL ORGANIZATION
Framework and Practices

Both authors believe that organizations should strive toward a "culture of health" by establishing programs to promote wellness, providing access to high-quality health care services (inclusive of mental healthcare), ensuring safety in the workplace, and supporting employees with chronic illness to manage their conditions globally. All these efforts will yield a happy, healthy workforce while reducing health care costs, and improving productivity and performance.[38]

- Research has shown that organizations with cultures of health and safety have a competitive advantage in the marketplace, with stronger financial performance results[39]
- Research estimates that every $1 spent on employee disease prevention and wellness programs saves about $6 dollars in medical care and absenteeism costs.[40]
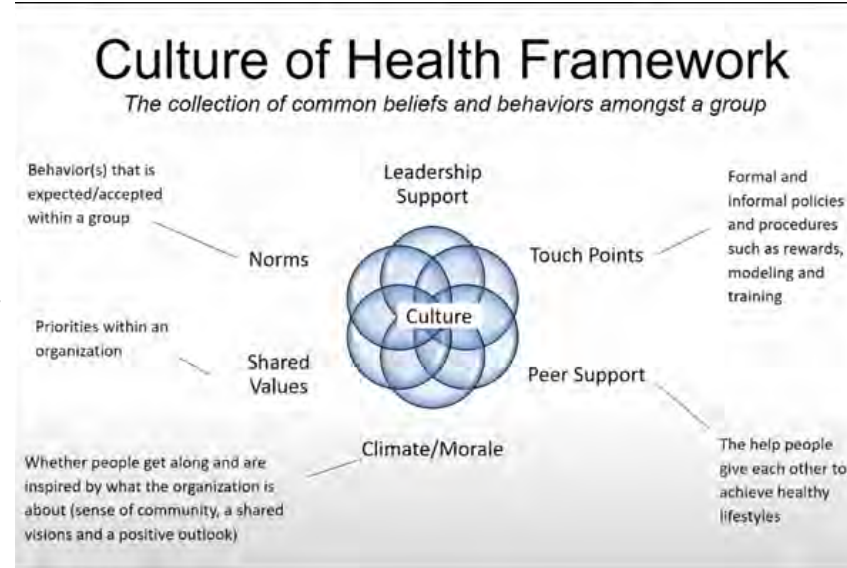
The Council in their white paper published in 2016 created their own framework for a culture of health based upon their 3 previously defined pillars: people, place, and purpose and the trends at that time. Since then much has changed including the workforce demographics and the consequences of the COVID-19 pandemic.

CREATING A CULTURE OF HEALTH FOR A GLOBAL ORGANIZATION

Healthy Behavior

PLACE

Social and Physical Environment

PEOPLE

OUTCOMES
- DJ Sustainability Index

Happy, Healthy Workforce

PURPOSE

C-Suite Commitment

- Orient, train, and equip prior to departure
- Have health crisis plans and resources
- Proactively assist at-risk personnel
- Manage medical risk where operate
- Ensure access to a corporate medical resource
- Understand OEM requirement and industry standards
- Have 24/7/365 medical assistance
- Fill local health care gaps
- Put health as a major pillar of corporate sustainability
- Establish policies to drive the health agenda

ICHLC 2016 Global Culture of Health Framework

More recently Dr. Richard Safeer, the Employee Health and Well-being Director at Johns Hopkins Medicine (and Judd Allen, PhD) has developed a "Culture of Health Framework" organizations can follow to promote health and wellness. This comprehensive framework advises adoption of formal organizational policies to promote wellness and to change the "norms" and behavior patterns in the workplace toward long-term healthy behaviors.

Culture of Health Framework
The collection of common beliefs and behaviors amongst a group

- Behavior(s) that is expected/accepted within a group
- Norms
- Priorities within an organization
- Shared Values
- Whether people get along and are inspired by what the organization is about (sense of community, a shared visions and a positive outlook)
- Climate/Morale
- **Culture**
- Leadership Support
- Touch Points
- Peer Support
- Formal and informal policies and procedures such as rewards, modeling and training
- The help people give each other to achieve healthy lifestyles

Examples of ways organizations can promote a culture of health within their workforce:

FORMAL METHODS
- Policies that ban tobacco and e-cigarette use in the workplace facility and grounds
- Health insurance policies that provide employees with comprehensive access to high-quality providers
- Workplace vaccination clinics for seasonal flu and COVID-19
- Banning the sale of sodas and sugary beverages in workplace cafeterias and vending machines
- Implementing workplace violence prevention programs

INFORMAL METHODS
- Serving free fresh fruit and vegetables in break rooms, establishing employee "walking clubs" during lunch breaks
- Nudging for the utilization of staircases
- Partnering with local fitness clubs to provide free employee yoga or exercise classes in the workplace
- Providing employees with "standing desks" and discounts to local gyms and health food stores
- Encouraging managers to schedule outdoor walking meetings with employees (when practical) or facilitating commuting with bikes

Industry groups like the International Organization for Standardization (ISO)[41] and the American College of Occupational Medicine (ACOEM)[42] have guidelines and standards to help organizations gauge whether they are achieving a culture of health in the workplace and to identify areas of weakness for intervention.

Local Occupational Health Laws and Regulations vs OSHA

There is a trend for some organizations to acknowledge their lack of complete understanding of local OH regulations where they have operating facilities. The lack of attention given to this point during the last two years of pandemic is now prompting a renewed interest to local OH regulations. At a minimum, meeting local regulations may actually go above and beyond OSHA requirements.

It is more a recognition of the absence of visibility than a reflection of the growing complexity of these regulations. Organizations are looking for gaining a better understanding of the legal requirements in countries for an Occupational Health Service which covers the legal provisions. Beyond their need to understand the minimal legal standards to ensure compliance, they want to also learn how other companies build and expand their OH services.

As examples, employer and occupational health national requirements cover the usual categories of Occupational Health provision, Workplace Health Risk Assessment, periodic health screening, disability accommodation or stress Psychosocial Activities to name a few.

To fully embrace the range of responsibilities, organizations need to understand if there is an ACOP (Approved Code of Practice) or an official guidance complementary to the official regulation. ACOPs typically describe recommended methods that can be used (or standards to be met) to comply with regulations and the duties imposed by the corresponding laws. They need to be regularly reviewed as these codes may evolve more frequently than acts and laws do.

RECOMMENDED ACTIONS

07 CLIMATE CHANGE HAS BECOME A PUBLIC HEALTH CRISIS

There is now a direct correlation between climate change and exacerbation of many health conditions. There is a link between climate change and extreme weather as well as food, water, air and vector-borne diseases. Extreme weather resulting in storms, heatwaves, fires, and pollution has taken its toll on populations the world over. Most notable are the effects climate change is having on respiratory conditions (COPD), through, among other factors an earlier and longer pollen season, which can trigger environmental allergies.

COUNCIL RECOMMENDATION

Clinicians in corporate practices need to adapt their clinical practices to address current and emerging health impacts from climate change. Indoor air quality, now with available testing, should be monitored, particularly when outdoor air quality is poor. Efficiency of ventilation systems – both for COVID-19 protection as well as general air quality – will be a priority. Mosquito and tick-borne diseases are expected to rise and their geographic spread to expand thus mapping of affected areas need to be monitored closely in relation to workplaces and living quarters. Heat and Cold exposure for outdoor workers needs to be tightly managed with clear processes and procedures.

As more and more corporations develop sustainability agendas, this will include SDG 13: "Taking urgent action to combat climate change and its impact." Efforts need to be made to assist in the reduction of corporate greenhouse gas emissions. There needs to be a commitment driven by the C-suite and championed by the Board of Directors to minimize negative impacts on the environment by corporate practices. Sadly, these resultant impacts on human health are disproportionately affecting disadvantaged/vulnerable community populations.

08 TRAVEL POLICIES WILL NEED RECALIBRATION TO DECREASE (PERCEIVED/REAL) TRAVEL RISKS.

The business travel experience may take years to return to the pre-COVID-19 baseline. Security threats and travel disruption will impact willingness to travel, leading to employees' expectation for heightened support. The constant threat of COVID-19 transmission during travel (air, land, sea) will also discourage many from in-person (cross-border) business meetings. Climactic events will also need to be closely monitored by travelers, including their impact on new outbreaks such as Malaria and Dengue Fever. Thus environmental risks, along with medical and security risks, will be an additional factor when planning for or approving travel.

COUNCIL RECOMMENDATION

It has already been documented, in the occupational health literature, that business travel exceeding two weeks per month is associated with an increased incidence of anxiety/depression, which increases dramatically every day thereafter. Corporations, in any sector, should therefore include a limit to two weeks/ month.

As the workforce becomes more diversified, there will certainly be increased risk of travel for those in marginalized populations. Travel risk policies/procedures will therefore need refinement to accommodate these individuals to include robust education of ALL employees and the provision of the necessary security.

PURPOSE

> Focuses on how business leaders can best leverage corporate health in advancing their business agendas (ie. private-public health partnerships, CSR, and Duty of Care).

09 PROTECT THE EMPLOYEES FROM THEMSELVES AND EACH OTHER

Suicide and workplace violence are now occurring at such rates that many organizations have had to improve the availability of and access to e-psych providers. This reality represents symptoms of an unhappy workforce, much of which is responsible for the "Great Attrition." Some of the underlying causative factors include the discrimination associated with mental illness and marginalized populations. Ironically, the number one profession associated with suicide is medical doctors.

COUNCIL RECOMMENDATION

Workplace violence includes, among other things, sexual harassment, and all organizations should have a zero tolerance policy as well as educational forum to not only educate the potential perpetrators, but to demonstrate a commitment to a safe workplace. OSHA has already advised that a well-written and implemented workplace violence prevention program, combined with engineering controls, administrative controls, and training can reduce the incidence of such events. Such a program can be disseminated through a health and safety program, standard operating procedures, or an employee handbook.

10 TRANSPARENT COMMUNICATION IS REQUIRED TO RE-ESTABLISH TRUST WITHIN THE WORKFORCE

There has certainly been an erosion of trust among ALL employees due to, among other reasons, the dissemination of misinformation. This climate of distrust has only been perpetuated by events surrounding the COVID-19 pandemic, including the constant use of social media, which is accessible to all, through which conspiracy theorists promote their agenda. Sensationalism, often practiced by the media for the purpose of increased ratings, has further exacerbated the problem.

COUNCIL RECOMMENDATION

The traditional remit of the CMD needs to be revised now that their role is so different from previously. Today, post-COVID-19 pandemic, the CMD is expected to guide the C-suite on best practices regarding benefits, return to work, vaccination programs, short-/long-term disability prevention, etc. Health and safety principles have expanded to include all of the above which collectively can impact productivity and sustainability.

Effective conversation, to overcome a culture of distrust, may fall upon the CMD who has the credibility to educate the workforce on subjects like long COVID-19 and its implications. He/she will become the corporate messenger and/or interface between the C-suite and the workers.

# Limit travel of your mobile workforce to under 2 weeks/month

The Quantified Impact of Business Travel on a Person's Health

By Columbia University associate professor of epidemiology Andrew Rundle, DrPH / July 09, 2018

BTN

Difference in Depression & Anxiety Scores by Extent of Business Travel Per Month

This index uses the scores for 1 to 6 nights as the basis for comparison
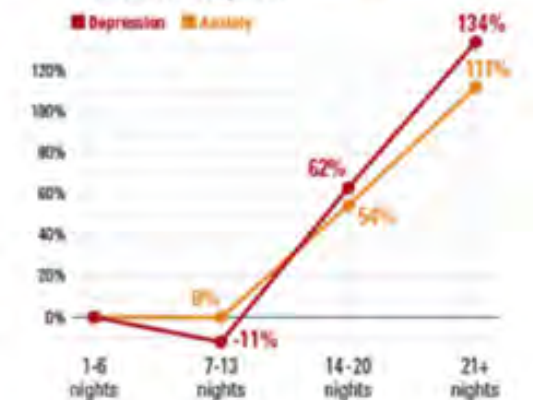
THE TRADITIONAL CMD REMIT

THE NEW CMD REMIT

CMD

SUPPORTING DATA

MORI:

39% of 1,218 surveyed corporate decision-makers believed natural disasters will have a negative impact on the productivity of a significant number of workers.

43%

43% believed security threats will negatively impact productivity.

43%

43% believed accessing reliable information will impact critical decision-making over the next 12 months.

35%

35% believed critical decision-making has been affected by misinformation in the last 12 months.

BUSINESS GROUP ON HEALTH

In the future, CMDs will need to partner with and support the benefits team. Organizations are encouraged to engage their workforce through employee surveys and the utilization of health risk assessments to identify health group's productivity amongst diverse populations.

COUNCIL COMMENTARY

How did COVID-19 related absenteeism affect operations?

50% forced shut down of operations at certain locations
20% Significantly reduced productivity at certain locations

How severe was the pandemic to your workforce?

70% had hospitalizations and fatalities
20% had hospitalizations but no fatalities

COUNCIL COMMENTARY

Enterprise health security planning is not just "nice-to-have," it is business critical. It should be seen as a business priority with the appropriate resources allocated to it. It requires time and energy to develop and maintain plans so that they are tactical, useful, and up-to-date when required. The corporate medical resource can be critical in assisting the security and crisis management team in developing, maintaining, and managing the plans.

CURRENT TRENDS

GLOBAL HEALTH SECURITY

- **COVID Mitigation Best Practices**

As the emergency phase of the COVID-19 pandemic ends, many organizations are reviewing their response and making recommendations for future pandemic preparedness plans. What worked? What didn't work? What would we do differently next time? (Because there will be a next time). Organizations should document responses to these questions to identify "lessons learned", then initiate actions, assign ownership, drive items to completion, and incorporate updates into the pandemic preparedness plan. The International Organization for Standardization (ISO) recommends regular reviews of emergency response plans to promote organizational resiliency and achieve high standards of quality in business continuity planning[43].

WHATS THE PLAN?

1	2	3	4	5
MAINTAIN VIGILANCE AND MONITORING	REVIEW AND UPDATE YOUR PLANS	REPLENISH YOUR PPE SUPPLIES	HAVE A LONG COVID AND EMPLOYEE MENTAL HEALTH PLAN	UPDATE YOUR PLANS TO NEW ISO STANDARDS

Key Mitigation Practices for COVID-19 and other emerging infectious diseases:

1. **Surveillance:** establish your trusted sources of information (e.g., WHO, U.S. CDC, ECDC, Johns Hopkins University)[44] and implement a process to regularly monitor their updates.

2. **Triggers for action:** Set thresholds to activate your pandemic preparedness plan when metrics (e.g., local hospitalization rates) or public health announcements (e.g., WHO declaring an infectious disease as a Public Health Emergency of International Concern) indicate a rising threat.

3. **Preparedness:** Prepare the facility and your workforce as much as possible ahead of a public health emergency:

SURVEILLANCE   ACTION   PREPAREDNESS

- Ensure all Crisis Management Team (CMTs) members and people managers are trained in their roles and ready to respond quickly
- Ensure Business Continuity Plans are up-to-date, including how operations will continue in the event of a facility closure or high employee absentee rates
- Have employee communication templates prepared and methods of communication established (e.g., email distribution lists, social media accounts, text messaging systems/apps); translate employee communication templates into languages and literacy levels as needed
- Engage an HVAC specialist to upgrade and conduct ongoing monitoring of the ventilation system to improve indoor air quality and reduce the risk of transmission of infectious disease in the facility [45, 46]
- Maintain a list of high-quality healthcare providers in the immediate area for referrals for urgent care, testing, treatment, vaccinations, etc.; document their locations, contact info, admission procedures, and hours of operation
- Maintain adequate PPE supplies to distribute to employees and specialized roles (e.g., cleaners, medical personnel)
- Maintain an ample supply of cleaning supplies and disinfectants, and hand sanitizer / soap for all employee areas
- Maintain all equipment and supplies necessary to quickly switch to telework as needed (and if possible depending upon operations)
- Understand the emergency response / Business Continuity Plans of critical vendors / suppliers

4. Plan Maintenance and Review:
- Review the pandemic plan at minimum on an annual basis, conduct pandemic "drills" with all key stakeholders to practices roles and responsibilities.
- Continue to review updates from public health and occupational health authorities and incorporate them into the plan as indicated. Also be sure to collect employee feedback on the organization's response and incorporate their input into the plan. Technology – remote meetings and E- health and E-psych support.

Tele-assistance has grown by leaps and bounds since the start of the COVID-19 pandemic. Patients are now comfortable obtaining medical care and mental health support through virtual connections with their healthcare providers. The growth of tele-assistance and in particular telemedicine has helped to overcome some of the barriers to accessing healthcare, such as:

- Transportation
- Limited number of providers and specialists in rural and underserved geographic regions
- Improving access to linguistically and culturally appropriate healthcare providers. [47]

Additional benefits of tele-assistance include flexible scheduling of appointments that fit the patient's schedule (reduces time off from work and need for childcare) and access to digital health tools to support the patient's healthy behavior and recovery (infographics, calendar reminders, e-learning, recorded sessions with providers – can replay key messages on demand). With all these benefits and convenience, it is likely that tele-assistance will continue to increase in the coming years.

Number of telehealth visits in the U.S. from 2013 to 2022 (in millions)
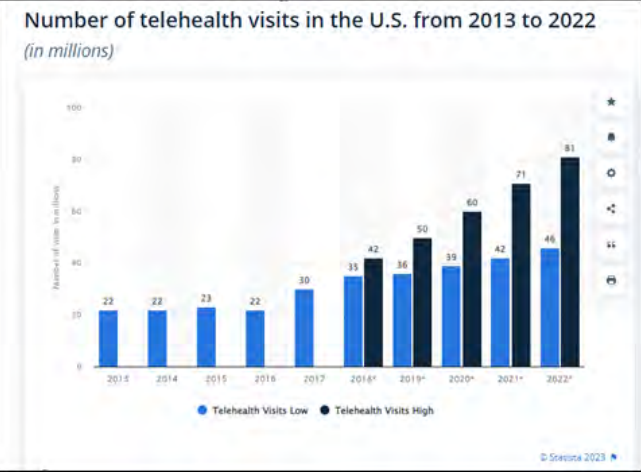
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CONCLUSIONS

CONCLUSION

The world has forever changed since our last Corporate Health Trend Report in 2018. At the time of writing, the COVID-19 pandemic's end was in sight. The World Health Organization, while not canceling the Public Health Emergency of International Concern (PHEIC), stated the pandemic was "probably at a transition point". The US Government announced plans to cancel its Pandemic emergency status by May 2023. The expected winter wave in the northern hemisphere was better than expected, and while people were still getting sick, fewer were in hospital, and fewer still were dying. Vaccine and post-infection immunity appeared to be key mitigators against morbidity/mortality even as new variants continued to evolve. China, who had so far escaped a major outbreak since the first in Wuhan in 2020, had a major wave in late 2022 and early 2023, the severity and scope of which remains unclear. This wave too, appears to be resolving. With the pandemic threat easing, organizations have begun to move to return to "normal" business operations.

The CMD, as a consequence of the COVID-19 pandemic, now has a new remit within their organization from a peripheral to a central function. Specifically the health and safety remit has expanded to include best practices on pandemic awareness/prevention/planning, vaccination protocols/procedures, return to work, health equity and inclusion, a culture of health, and employee retention to name but a few. Traditional occupational health training now only lays the foundation for today's CMD. In fact several academic institutions, on the east and west coast of the USA respectively, are now offering "Chief Medical Officer" programs to educate physicians on how to be adept at navigating the business and administrative sides of healthcare. Such programs are separate and apart from an Occupational Health residency, and/or an MPH program. Such training couldn't be more timely as the C-suite, in their efforts to satisfy stockholders and preserve productivity, are relying more and more on the CMD for counsel.

The pandemic has established health as one of the strategic objectives of organizations as socially conscious investors are now screening the environmental, social, and governance agenda (inclusive of commitment to any health related issues) of any organization prior to an investment. Fortunately there are now standards available as blueprints for best practices (ie ISO 45003:2021 for psychological health and safety; and ISO 22361 for security and resilience-crisis management). The former is most applicable in today's workforce where mental illness is so ubiquitous. The latter is most applicable to address the ever increasing violence at the workplace (which ironically may not be mutually exclusive from the former).

Sustainable corporations can only be lead by creative/flexible leaders, dedicated to ALL 17 SDG's. The role of the CMD to this end is critical. SDG #3 will extend beyond physical health to now include mental health and welfare for everyone. Programs like mental health first aid, e-psyche services/digital tools, hybrid/flexible work hours, mind-sorting, open discussions and/or educational platforms will need to become commonplace at the workplace. Ultimately the overall resilience of an organization will be dependent on, among other best practices, the adoption of a comprehensive culture of health.

> **SUSTAINABLE CORPORATIONS WILL REQUIRE CREATIVE/ FLEXIBLE LEADERSHIP, DEDICATED TO ALL 17 SDG'S. THE ROLE OF THE CMD TO THIS END IS CRITICAL.**

GLOBAL PREDICTIONS—OUR CRYSTAL BALL

01 Organizational pandemic fatigue is real. Companies don't want to talk about the pandemic, nor to think about or plan for the next crisis. While this is completely understandable, this sentiment puts not only the organization, but the world, at risk.

02 Pandemic Influenza is and will be a business critical threat. It has been well over a decade since our last pandemic flu of 2009. Avian Influenza outbreaks continue to occur globally mostly affecting the avian population and rarely infecting people.

03 An Influenza Pandemic should be at the top of the crisis management plan list, and while it has many similarities to the COVID-19 pandemic plan, there are important differences in planning and response. Companies should be gearing up their supplies and PPE to meet a potential outbreak at any of their workplaces around the world.

04 As climate change not only drives up the temperature but changes weather patterns, organizations must be ready to face the possibility of health threats evolving.

05 Hotter and wetter conditions will likely mean more mosquito-borne diseases like Malaria, Dengue Fever, Chikungunya and Zika. The outbreaks may be more common, more prolonged and may also be in areas where these diseases have not traditionally existed.

06 The geography and scope of tick-borne diseases is also changing and expanding.

07 As temperatures rise, some areas are becoming more arid where the risk of wildfires and the resulting air quality issues will be significant. Monitoring and managing indoor air quality will be an important tool to protect the workforce during these periods of crisis.

08 More storms, disruption and impacted water supplies may lead to more water-borne diseases due to cholera and parasites.

09 Like COVID, we need to prepare for the unexpected. There are numerous non-infectious viruses, bacteria and fungi that could emerge as the next pandemic threat. This pathogen will be new to humans so we have no immunity, and may have the ability to spread person-to-person, airborne or by direct/indirect contact. To defend against such an unknown threat, we need to be monitoring for unusual clusters of illness.

10 PANDEM-2 which identifies, maps, and integrates data from multiple sources into a coherent pandemic management database and develops an extensive dashboard for pandemic preparedness, training, and response will be business critical. The dashboard compiles data sources on the social, economic, and health-related impacts of a pandemic. Furthermore, the PANDEM-2 project will incorporate lessons learned during the current COVID-19 pandemic and build international best practices into the areas of modeling simulations, pandemic communications, contract tracing, and training.
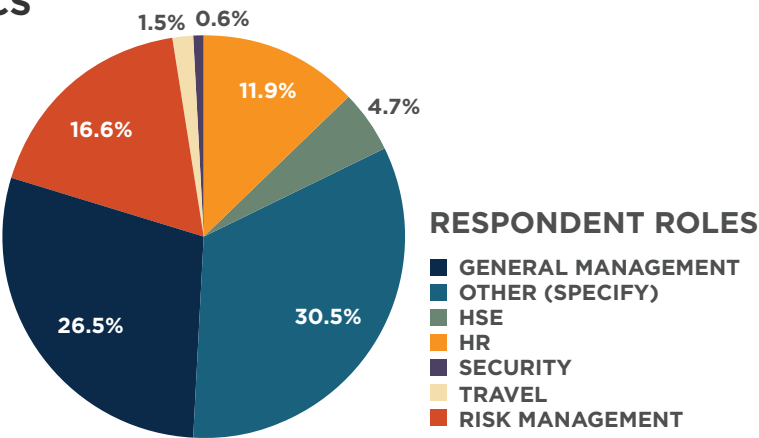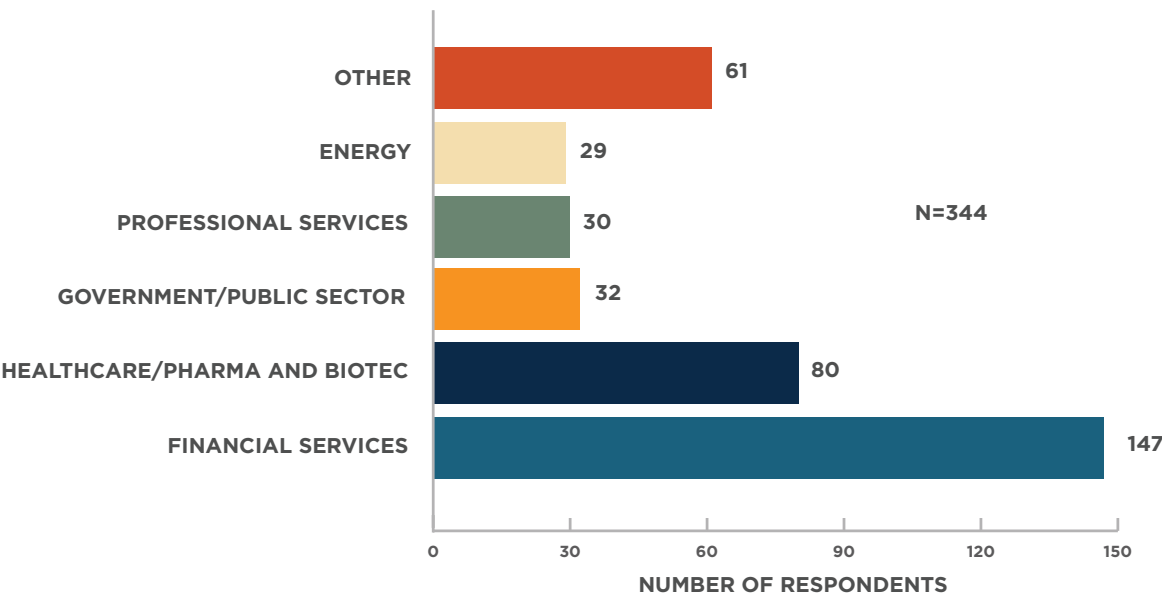
APPENDIX

THE SUPPORTING DATA

The supporting data was extracted from the 2022 MORI report which included survey results from 26 different industry sectors.

MORI INDUSTRY DEMOGRAPHICS

Efforts were made to reach representation of industries conducting business across borders. Care was taken to avoid focusing on any one particular sector. More than a third of the responding organizations represented financial services and almost a third of the respondents chose not to identify their role in their organization.
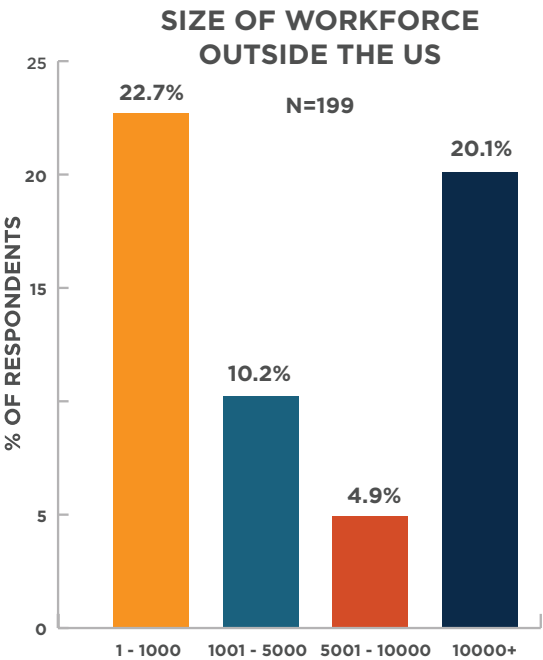
RESPONDENT ROLES

- 1.5%
- 0.6%
- 11.9%
- 4.7%
- 16.6%
- 26.5%
- 30.5%

- GENERAL MANAGEMENT
- OTHER (SPECIFY)
- HSE
- HR
- SECURITY
- TRAVEL
- RISK MANAGEMENT

TOP REPORTING INDUSTRY SECTORS

N=344

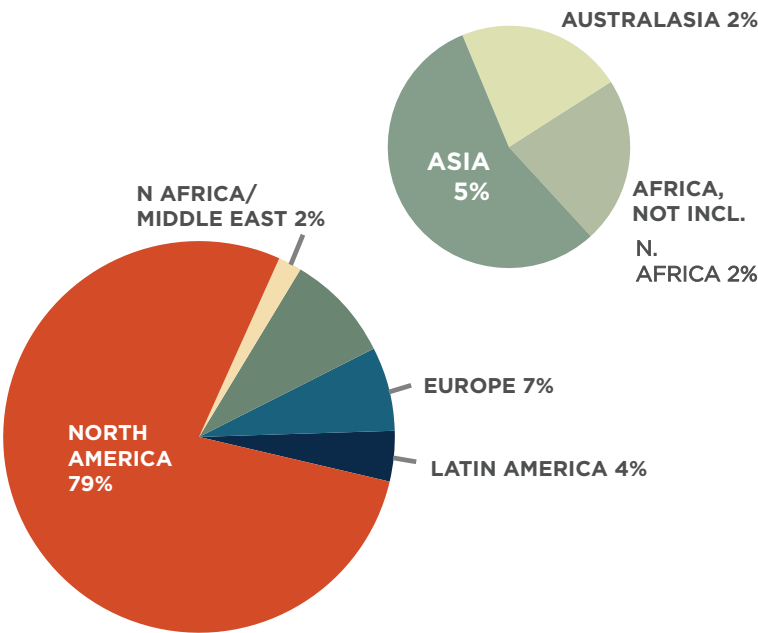| Sector	Number of Respondents
OTHER	61
ENERGY	29
PROFESSIONAL SERVICES	30
GOVERNMENT/PUBLIC SECTOR	32
HEALTHCARE/PHARMA AND BIOTEC	80
FINANCIAL SERVICES	147

NUMBER OF RESPONDENTS

WORKFORCE DEMOGRAPHICS

Of the organizations surveyed, more than three-quarters of their collective workforces are based in North America. However, many of the respondents had exposure in emerging market places. One-fifth of the organizations surveyed with a workforce outside the U.S. had at least 10,000 employees.
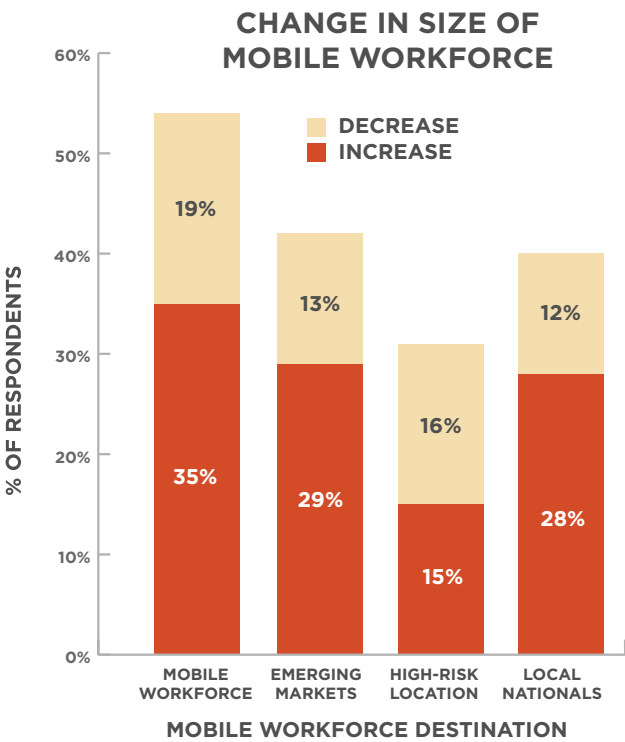
SIZE OF WORKFORCE OUTSIDE THE US

N=199

Range	% OF RESPONDENTS
1 - 1000	22.7%
1001 - 5000	10.2%
5001 - 10000	4.9%
10000+	20.1%

WORKFORCE DISTRIBUTION

- AUSTRALASIA 2%
- ASIA 5%
- AFRICA, NOT INCL. N. AFRICA 2%
- N AFRICA/ MIDDLE EAST 2%
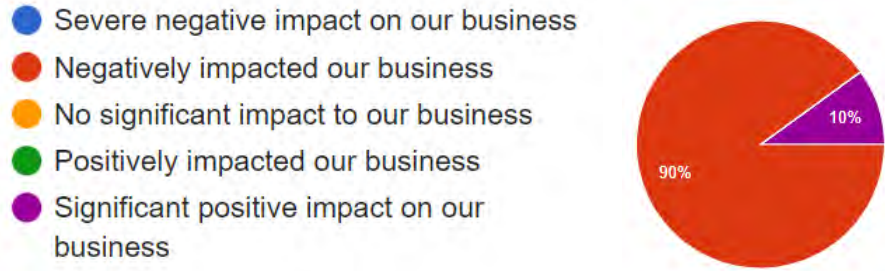- EUROPE 7%
- LATIN AMERICA 4%
- NORTH AMERICA 79%

When the Council compared the changing demographics between the survey of 2018 and 2022 it became apparent that the mobile workforce has more likely increased in size, and the mobile worker is more likely being deployed to more emerging markets and high-risk locations. All are more likely increasing their local national populations rather than decreasing them.

Despite all the attention directed at Millennials, our survey indicated the average age of the business traveler/expatriate remains over 40 years old, while the average age of local nationals is just under 30 years. This may simply reflect that fact that many Baby Boomers have yet to retire.
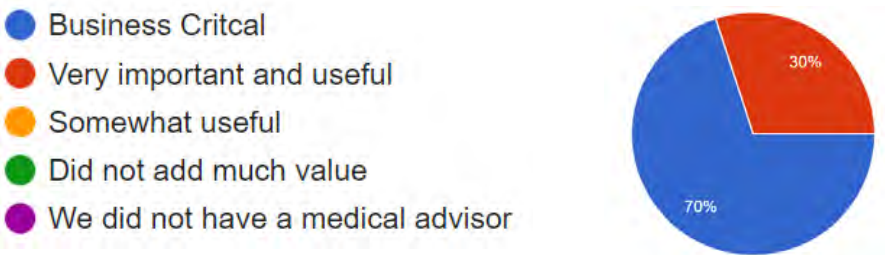
CHANGE IN SIZE OF MOBILE WORKFORCE

- DECREASE
- INCREASE

Destination	DECREASE	INCREASE
MOBILE WORKFORCE	19%	35%
EMERGING MARKETS	13%	29%
HIGH-RISK LOCATION	16%	15%
LOCAL NATIONALS	12%	28%

MOBILE WORKFORCE DESTINATION

How has the COVID-19 Pandemic affected your organization?

- Severe negative impact on our business
- Negatively impacted our business
- No significant impact to our business
- Positively impacted our business
- Significant positive impact on our business

90% / 10%

How important has a medical advisor been to your operations?

- Business Critcal
- Very important and useful
- Somewhat useful
- Did not add much value
- We did not have a medical advisor

30% / 70%

How did COVID-19-related absenteeism affect your operations?

- Forced shut down of operations at certain locations
- Significantly reduced productivity at certain locations
- Moderate productivity reduction
- Minimal productivity reduction
- No productivity impact

50% / 10% / 20% / 20%

How severe was the pandemic to your workforce?

- We had hospitalizations and fatalities
- We had hospitalizations but no fatalities
- We had no hospitalizations, but significant Long COVID cases
- We had no hospitalizations with few Long COVID cases
- We had no hospitalizations, few cases and no Long COVID cases

10% / 20% / 70%

How important was city/county level COVID-19 case & vaccination information to your operations?
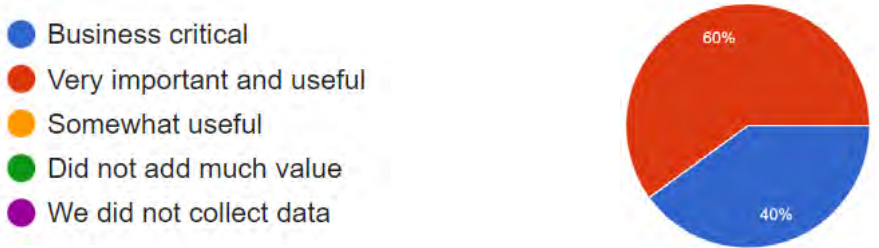
- Business critical
- Very important and useful
- Somewhat useful
- Did not add much value
- We did not collect data

60% / 40%

How much effort/resources were allocated to monitoring COVID-19 at your operations?

- Major effort requiring restructuring of resources and/or addition of resources
- Major effort that stretched existing resources significantly
- Minor increase in resource requirements handled internally
- No change in resources – handled easily with existing team

40% / 10% / 10% / 40%
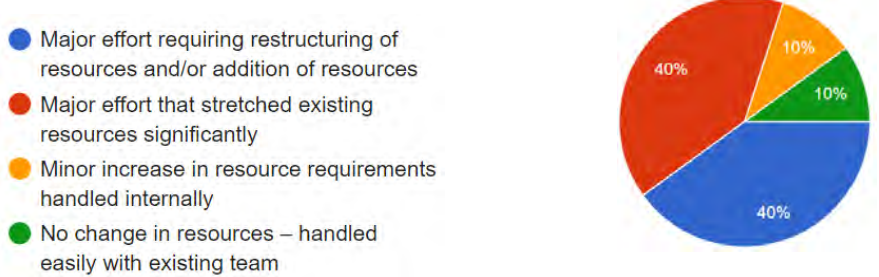
How important was a COVID-19 dashboard to helping navigate the pandemic?

- Business critical
- Very important and useful
- Somewhat useful
- Did not add much value
- We did not have a dashboard

40% / 20% / 40%
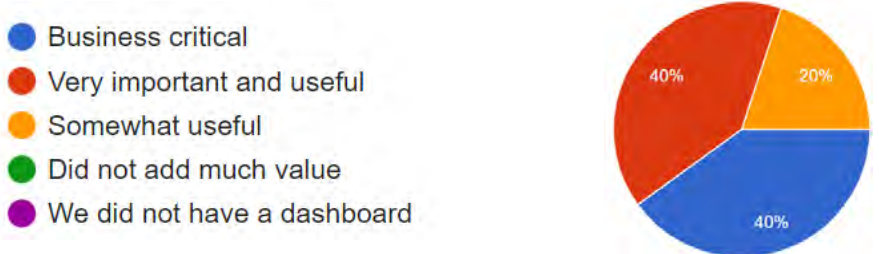
How important was COVID-19 data to making business decisions regarding return to office and travel?

- Business critical
- Very important and useful
- Somewhat useful
- Did not add much value
- We did not assess data

60% / 40%

ACKNOWLEDGMENTS

NOTES