International Corporate Health Leadership Council

2018

PREPARE AND SUPPORT YOUR MOBILE WORKFORCE FOR THE FUTURE

International Corporate Health Trends

ICHLC.ORG

TABLE OF CONTENTS

ABOUT THE COUNCIL

The International Corporate Health Leadership Council (the Council) 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 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 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 human 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 policy makers of the best science and practices in international corporate health and occupational and environmental medicine.

ICHLC MEMBERS

JAMES AW, MD, CHIEF MEDICAL OFFICER

MEDCAN

CAPTAIN GARY BRUNETTE, MD, MS, CHIEF, TRAVELERS' HEALTH BRANCH

CENTERS FOR DISEASE CONTROL AND PREVENTION

DEENA L. BUFORD, MD, MPH, MEDICAL DIRECTOR

EXXON MOBIL CORPORATION

WAYNE N. BURTON, MD, FACP, FACOEM, VP & GLOBAL CORPORATE MEDICAL DIRECTOR (RETIRED)

AMERICAN EXPRESS

LAURA CAIN, MD, CHIEF MEDICAL OFFICER & DIRECTOR OF HEALTH SERVICES

THE BOEING COMPANY

LYDIA CAMPBELL, MD, MPH, DIRECTOR—IBM GLOBAL INTEGRATED HEALTH SERVICES

IBM CORPORATION

MYLES DRUCKMAN, MD, SVP & REGIONAL MEDICAL DIRECTOR, (CHAIRMAN)

INTERNATIONAL SOS

JULES R. DUVAL, MD, SENIOR MEDICAL OFFICER, HEALTH SERVICES DEPARTMENT, CLINIC MANAGER, (HONORARY CHAIRMAN)

THE WORLD BANK

PAUL F.G. GANNON, MD, FFOM, CHIEF MEDICAL OFFICER

DU PONT DE NEMOURS

RICHARD J. HERON, MB CHB, FRCP, FFOM, FACOEM, VICE PRESIDENT HEALTH & CHIEF MEDICAL OFFICER

BP INTERNATIONAL LIMITED

T. WARNER HUDSON, MD, FACOEM, FAAFP, MEDICAL DIRECTOR, OCCUPATIONAL AND EMPLOYEE HEALTH

UCLA HEALTH SYSTEM AND CAMPUS

PAMELA A. HYMEL, MD, MPH, FACOEM, CHIEF MEDICAL OFFICER

WALT DISNEY PARKS & RESORTS

RON JOINES, MD, MPH, GLOBAL ASSOCIATE HEALTH AND WELL BEING OFFICER

MARS, INC.

PATRINA MULLER, RN, MPH & TM, MEDICAL TRAINING MANAGER (EXECUTIVE DIRECTOR)

INTERNATIONAL SOS

BRENT PAWLECKI, MD, MMM, CHIEF HEALTH OFFICER

THE GOODYEAR TIRE & RUBBER COMPANY

ROBERT L. QUIGLEY, MD, D. PHIL, PROFESSOR OF SURGERY, SVP & REGIONAL MEDICAL DIRECTOR, (EXECUTIVE CHAIRMAN)

INTERNATIONAL SOS

DAVID ROOMES, MBCHB, MRCGP, FFOM, LLM, CHIEF MEDICAL OFFICER

ROLLS-ROYCE PLC

ANNE-GAËLLE SELOD, MD, MBA, CHIEF MEDICAL OFFICER

UNITED NATIONS FAO/IFAD

J. SHAWN STANDRIDGE, DO, MBA, MS, CORPORATE MEDICAL DIRECTOR

THE PROCTOR & GAMBLE COMPANY

SANDRA STRATFORD, MD, MSC, CHIEF MEDICAL OFFICER—GLOBAL HEALTH RESOURCES

RAYTHEON COMPANY

MARCELO TARGINO, MD, CHIEF HEALTH OFFICER & CORPORATE MEDICAL DIRECTOR

JOHNSON & JOHNSON

EXECUTIVE SUMMARY

Like our previous report—Corporate Health Trends 2014 (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 workforce. In this report the Council surveyed global organizations (N=344), reviewed recent literature, and canvassed leading experts to document what they believe to be the most relevant global health trends for 2018 and beyond. In the 2014 report the Council had identified five health trends and 10 recommended actions that best protect the globally mobile workforce. In this 2018 report, the Council identified eight new health trends and modified the 10 recommended actions to reflect these new trends.

THIS REPORT DOCUMENTS THE RELEVANT GLOBAL CORPORATE HEALTH TRENDS FOR 2018

2018 INTERNATIONAL CORPORATE HEALTH TRENDS

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.

10 RECOMMENDED ACTIONS

The recommended actions from the previous 2014 report have been updated to reflect today's advances and the Council's understanding of corporate mobile health.

01 ***"IMPLEMENT AND MAINTAIN HEALTH AND WELL-BEING PROGRAMS GLOBALLY"***

Health promotion and well-being programs decrease negative medical outcomes, reduce medical costs, and improve business productivity.

02 ***"PSYCHOLOGICAL HEALTH SHOULD NOT ONLY BE A HIGH PRIORITY BUT SHOULD BE INCORPORATED IN ALL HEALTH AND WELL-BEING PROGRAMS"***

Psychological health historically was not considered a significant priority—today it is often identified as the number one threat to employee health and well-being. The stress associated with travel and/or long-term assignment has been shown to serve as a "trigger" to previously suppressed and/or medically controlled mental illness.

03 ***"ENSURE ACCESS TO MEDICAL SERVICES WHERE LOCAL HEALTHCARE GAPS EXIST"***

Organizations should assess local healthcare provider capabilities and limitations, and, if they do not offer adequate services, should take steps to ensure they are provided.

04 ***"IMPLEMENT PROGRAMS THAT MANAGE WORK-RELATED ACCIDENTS, EXPOSURES, AND ILLNESSES GLOBALLY"***

Work-related accidents and injuries can cause short- and long-term issues for the employee and organization. Effective management of workplace illnesses and injuries reduces harm to people, minimizes business disruption, and reduces costs.

05 ***"ORGANIZATIONS SHOULD HAVE ROBUST SYSTEMS AND HEALTH PROGRAMS THAT FULFILL THEIR DUTY OF CARE OBLIGATIONS TO PROTECT MOBILE EMPLOYEES"***

Duty of care is the demonstration by management to have plans to identify, mitigate, and respond effectively to known (foreseeable) threats to personnel. The obligation of an organization is to protect and support its personnel and identify and limit the risks they may face in performing its work duties. Fulfilling its duty of care is also essential to protect the organization's reputation.

06 ***"ASSESS AND MANAGE SITE HEALTH RISKS, AND ENSURE COMPLIANCE WITH LOCAL HEALTH REGULATIONS"***

Global organizations should ensure that their local workplaces meet or exceed minimum local regulatory requirements and are consistent with global corporate standards.

07 ***"ORGANIZATIONS SHOULD HAVE ACCESS TO CORPORATE MEDICAL RESOURCES 24/7"***

Organizations should have access to timely medical expertise to support the mobile workforce, as well as provide management with guidance on health issues and incidents that may affect personnel or impact business operations.

08 ***"DEVELOP AND MAINTAIN ENTERPRISE BUSINESS CONTINUITY AND PUBLIC HEALTH PREPAREDNESS PLANS AND RESOURCES TO MONITOR AND MITIGATE AGAINST HEALTH SECURITY THREATS"***

Disease outbreaks, natural/man-made disasters, and other threats can impact the security of the world if not adequately managed. Credible scenarios should be identified and suitable mitigation plans put in place and routinely tested.

09 ***"USE TECHNOLOGY TO TARGET AND MONITOR PROGRAMS THAT IMPROVE EMPLOYEE WELL-BEING AND HEALTH"***

Health-related technology has accelerated significantly since the 2014 report, and organizations now need to consider how to exploit these new modes of service delivery when developing health programs.

10 ***"HEALTH AGENDA SHOULD BE DEFINED IN WELL COMMUNICATED POLICIES"***

Organizations should define their employee health mission, integrate its principles within their broader internal policy frameworks, and then create a strategy to meet these objectives.

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**

2014 TRENDS ARE RAPIDLY EVOLVING

In our last report, five main trends were identified by the Council:

01 ***RISE OF NON-COMMUNICABLE DISEASES (NCDs) AND THE IMPACT THEY HAVE ON ORGANIZATIONS AND ON SOCIETY AS A WHOLE***

Organizations will be required to better support and manage chronic health conditions like diabetes, heart disease, and cancer as these diseases were not being effectively managed, particularly in emerging market countries.

02 ***THE RELEVANCE OF INFECTIOUS DISEASES, LIKE TUBERCULOSIS, AS THEY SIGNIFICANTLY BURDENED THE HEALTH AND PRODUCTIVITY OF A LARGE PROPORTION OF THE WORLD POPULATION***

Organizations, again, would be forced to assist in the management of these diseases as they ultimately affect the health and productivity of their employees.

03 ***THE EVOLVING IMPORTANCE AND UNDERSTANDING OF THE CONCEPT OF DUTY OF CARE (MITIGATION AGAINST FORESEEABLE RISK) IN ENSURING THE HEALTH AND WELL-BEING OF THE GLOBAL WORKFORCE***

While an obligation in certain European countries and Canada (criminal law), American organizations were still trying to understand the implications and importance of the concept (case law).

04 ***RECOGNITION THAT PERSONNEL WORKING AND TRAVELING TO HIGH-RISK LOCATIONS REQUIRE MORE SUPPORT TO LIMIT NEGATIVE HEALTH OUTCOMES***

Organizations could not always rely on local government health services to provide medical services—particularly in remote and underserviced locations. Thus, companies needed to address their own specific requirements and build their own internal resources.

05 ***THE RISE OF AN AGING WORKFORCE WAS IDENTIFIED AND THE CHALLENGE TO ADDRESS THIS GROUP'S NEEDS, PARTICULARLY IN UNDERSERVICED LOCATIONS WHERE ADDITIONAL ON-SITE MEDICAL SUPPORT MAY BE REQUIRED***

2014 2015 2016 2017 2018

In this 2018 report, we highlight new and evolving trends and their increased importance. Over the last three 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 2018 TRENDS

PEOPLE

- Utilizing trends in the workforce demographics to address efforts that will improve employee wellness, reduce medical risk, and ultimately have a positive impact on productivity

RECOMMENDED ACTIONS

01

IMPLEMENT AND MAINTAIN HEALTH AND WELL-BEING PROGRAMS GLOBALLY

Health promotion and employee well-being programs reduce unnecessary negative medical outcomes and improve overall business productivity, while reducing medical costs. They include educating, training, screening, and equipping mobile employees. Pre-travel examinations, questionnaires, and orientation sessions are common programs. Global well-being programs are a major agenda item for many organizations. Services include, but are not limited to, global flu vaccination programs, fitness programs, dietary and stress management programs, and other targeted programs identified through employee questionnaires and biometric tests.

COUNCIL RECOMMENDATION

The Council recommends that global well-being objectives be documented supporting all personnel, understanding that delivery may vary site-to-site. Global well-being programs have a number of hurdles to implementation. Data collection can be challenging as local regulations can differ on how personal health information is managed and confidentiality is maintained.

Culture, language, education, and clinical access can all impact well-being agendas. Initial steps in program development seen by many organizations include standardized questionnaires, as well as targeted programs related to diet, exercise, and stress. The council recommends a dedicated approach to well-being, as each population requires unique support. Thus a "global well-being" program, while having consistent global principles and objectives, is a series of "local well-being" programs supporting the total global workforce population.

02

PSYCHOLOGICAL HEALTH SHOULD NOT ONLY BE A HIGH PRIORITY BUT SHOULD BE INCORPORATED IN ALL HEALTH AND WELL-BEING PROGRAMS

Psychological health was not historically considered a significant priority—today it is often identified as the number one threat to employee health and well-being. As more millennials enter the workforce, they are bringing with them a significant number of mental health concerns that may impact the productivity and culture of the work environment. Mobility itself has actually pushed this particular health risk to the forefront. Organizations now need to address these concerns and implement programs both to support non-occupational mental health issues and limit work-related stresses that may exacerbate these conditions.

COUNCIL RECOMMENDATION

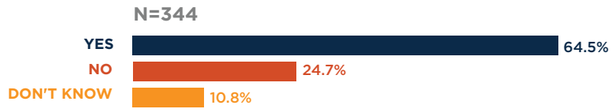
Behavioral health and well-being should become a primary focus of management by offering clinical services and building appropriate personnel management systems. In college students and university graduates—a primary source for today's mobile workforce—research reveals significant mental health concerns. A 2015 Healthy Minds study from the Massachusetts Institute of Technology[1] indicates that over a third of U.S. domestic undergraduates and graduates have been diagnosed with at least one mental illness, and similar results have been seen in studies in Europe.[2]

Whether these illnesses are managed by medication and/or therapy, there is an abundance of evidence indicating that the stress of mobility can trigger or exacerbate an underlying mental illness.[3] The biases and stigma around mental health should be broken down within the organization. Employee stress should not only be managed with clinical expertise but by improving the work environment and improving business processes. This needs to be seen as a business-critical function, and the Council sees some leading organizations—particularly in high-tech industries—placing significant effort and resources into these areas. Mental health and psychological well-being will continue to increase in priority as these issues are critical for productivity, safe operations, and business continuity as well as recruitment and retention. These issues are often poorly understood in many emerging markets—many of which also have limited resources. In these cases, organizations should take the lead in driving the psychological health agenda with on-site education, providers, and building stress management into the work processes.

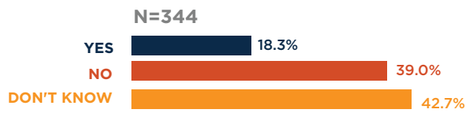
SUPPORTING DATA

IMPLEMENT AND MAINTAIN HEALTH PROMOTION AND WELL-BEING PROGRAMS GLOBALLY

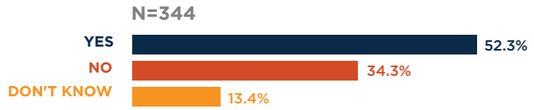
Is having a "culture of health" a priority within your organization?



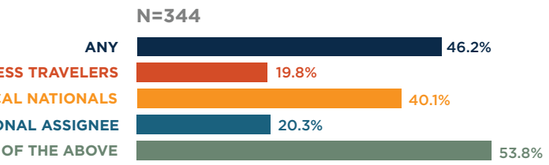
Are local national employee health issues (chronic and/or behavioral) impacting assignments or productivity?



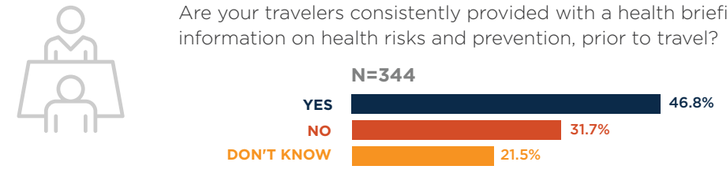
Does your company offer any workplace diversity and inclusion education/training programs for your workforce, e.g., LGBT cultural competency programs?



Does your company offer First Aid Training programs for the following?



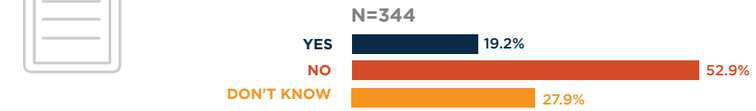
Are your travelers consistently provided with a health briefing, including information on health risks and prevention, prior to travel?



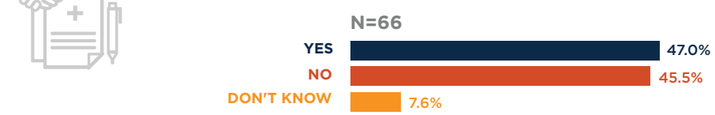
Are your international assignees (and their dependents) provided with an orientation program to educate them on local health resources and health risks prior to deployment?

Do your employees traveling to areas with specific health risks receive a travel medicine consultation, including vaccinations/prophylaxis prior to travel?

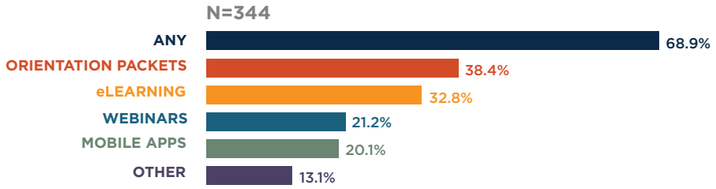
Does your organization have a formal medical assessment process whereby management has the authority to decide fitness for international assignment?



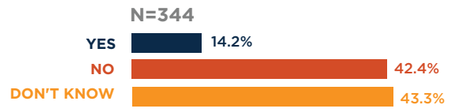
IF YES: Does your organization delegate the medical assessment decision process to a third party?



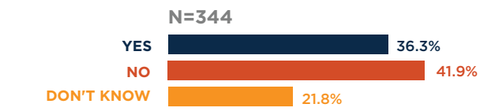
What tools do you use to educate your employees prior to travel?



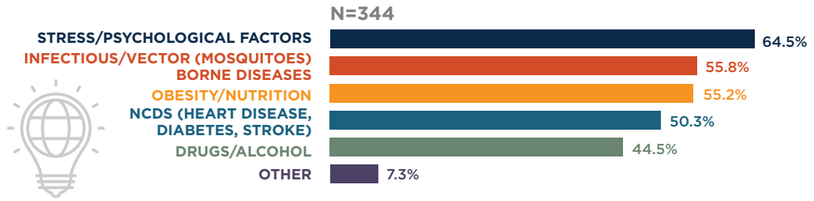
Are international assignee/business employee chronic health issues (i.e., diabetes, obesity, hypertension, COPD, etc.) impacting assignments or productivity?



Does your company have an existing global well-being program?



Which of these issues are of concern for well-being globally?

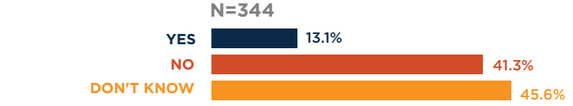


COUNCIL COMMENTARY

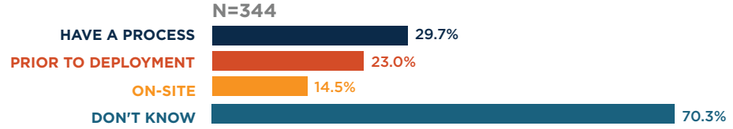
The corporate trend over the last three years has moved from a reactive posture aimed at dealing with incidents as they arise to a proactive posture by implementing prevention programs. The value of prevention programs has been documented and has demonstrated significant return on investment. So not 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.

PSYCHOLOGICAL HEALTH MUST BE A HIGH PRIORITY IN ALL WELL-BEING PROGRAMS

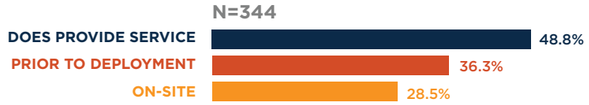
Are international assignee/business employee behavioral health issues (i.e., anxiety, depression, etc.) impacting assignments or productivity?



Does your company have a process for identifying employees at high risk of stress or mental health issues during the following?



Does your company provide those with behavioral health issues with support services and counseling (i.e., an international employee assistance program, IEAP) during the following?



COUNCIL COMMENTARY

Mental health issues span a wide spectrum: from "unseen" stress that reduces well-being and work satisfaction, to absenteeism and poor performance, to workplace incidents and, in the extreme, disruption or suicide. Organizations are grappling to find the best strategies to engage personnel early without breaking confidentiality. Stigma is significant in many countries and cultures, so no one-size approach will be effective. Health "coaches" have been useful in militating against stigma and allowing consultation. Telehealth may be another important avenue to allow rapid access when required (i.e., where local resources are unavailable).

CURRENT TRENDS

PSYCHOLOGICAL HEALTH

If there is one quality that executives seek in themselves and their workforce, it is sustained performance in the face of increasing stress and rapid change. The pressure to increase workforce performance continues to rise unabated as a company's previous year's sales records become next year's new budget baseline expectation. Communications technology, global supply chains and teams, and multinational competition make ever increasing demands on workers' time, energy, and work-life balance. Outside of work, broad social, political, environmental, and population changes have led to a more crowded and complex world that increases pressure on workers and families. Rising affluence and improved access to healthcare globally are beginning to reduce the burden of infectious disease and infant mortality, to increase life expectancy, and to coincidentally increase the share and burden of non-communicable diseases.

Mental illnesses currently account for an enormous global weight of disease and disability that is largely underestimated and underappreciated. This load will only increase. In a given year, about 30 percent (WHO) of the world's population is affected by a mental disorder and over two-thirds do not receive the care that they need.

TO PUT THIS IN PERSPECTIVE:

- More than 450 million people across the globe suffer from mental illnesses (World Health Organization)[4]
- Schizophrenia, depression, epilepsy, dementia, alcohol dependence, and other mental, neurological, and substance-use disorders make up 13 percent of the global disease burden, surpassing both cardiovascular disease and cancer (National Institutes of Health)[5]
- By 2030, depression will be the second highest cause of disease burden in middle-income countries and the third highest in low-income countries (WHO)
- In the last 45 years, suicide rates have increased by 60 percent worldwide (WHO)
- Suicide is among the three leading causes of death among those ages 15–34 years in some countries[6]
- The MIT Healthy Minds study referenced earlier reported that after polling over 100 colleges/ universities more than one-third of undergraduates/graduates have been diagnosed with one or more mental health disorders

Causes and magnitude of disability are at least as relevant to employers as causes of mortality, because of the relatively young age of many workers. To measure disability and overall disease burden, WHO developed the disability adjusted life year (DALY) measure, which reflects the years of productive life lost due to ill health, impairment, disability, and death. In total, about 14 percent of the total burden of DALYs can be attributed to neuropsychiatric disorders, mostly depression, alcohol-substance abuse, and psychosis (Prince et al. 2007).[7] Unipolar depression also makes a large contribution to the global DALY burden, being at third place worldwide and eighth place in low-income countries. More recently, in 2016, Prince et al. published that severe mental illness can alienate co-workers thus further negatively impacting productivity at the workplace.[8]

The impact of mental illness becomes even more significant in high- and medium-income countries, the homes of most multinational companies. According to Rathod et al. in 2017, two mental health issues that have low mortality, unipolar depression and alcohol use disorders, are in the top 10 leading causes of disability in these countries.[9]

The global burden of mental illness is projected to increase to 15 percent of the total by 2020, where common mental disorders will disable more people than AIDS, heart disease, traffic accidents, and wars combined. Finally, by 2030, the World Health Organization projects that the global burden of disease will change substantially. Global DALYs are projected to decline 10 percent against a projected population increase of 25 percent, representing a significant per capita reduction in disability burden. Infectious disease DALYs are projected to drop by 50 percent, while the share of DALYs due to non-communicable disease will rise to 66 percent of the total. The three leading causes of DALYs in 2030 are projected to be unipolar depression, ischemic heart disease, and road traffic crashes.

...COMPANIES ARE IN A UNIQUE POSITION TO ESTABLISH LEADERSHIP COMPETENCIES AND COMPENSATION TIED TO LEADING IN A HEALTHY, ENGAGING, AND RESILIENT WAY

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.

Primary prevention is focused on "stress proofing" the organization by keeping the majority of the workforce healthy, energized, and resilient. Teaching managers and workers effective leadership, energy management, and resilience skills can help individuals, teams, and organizations anticipate and adapt rapidly to change.

Organizations need to establish the expectation that leaders will be measured on what they achieve as well as how they achieve it; companies are in a unique position to establish leadership competencies and compensation tied to leading in a healthy, engaging, and resilient way. Facilities, policies, and benefits also need to be designed to ensure a healthy, engaging, and resilient culture. Examples include workplaces that encourage and provide time for physical exercise, subsidized healthy food options, flexible working policies, travel policies that allow recovery time, and low or no cost access to evidence-based preventive services.

Employers are also in a unique position to integrate secondary prevention, also known as screening and early detection, into their mental health and well-being strategies. The goal is to identify people or groups who are on the cusp of developing mental illness or early in the course of depression, anxiety, or substance abuse before it has had a severe impact on their health and connect them to treatment. The tools should work effectively at the team, site, or organization level to identify groups at high risk of mental illness, and the interventions they need to promote their personal well-being and organizational effectiveness.

While ensuring employee confidentiality is appropriately protected, employers can access a number of useful data sources—such as organizational culture or climate surveys, health claims, and pooled health risk appraisal data. This information can assist in identifying areas of excellence and/or areas with low levels of energy and resilience for further intervention. Managers can be trained to identify early warning signs and, while maintaining confidentiality, offer support either through local healthcare providers or an external partner such as an employee assistance program (EAP). EAPs may also offer another opportunity for early intervention whether for a mental issue or dealing with other life stage issues, such as eldercare assistance or management consultations. Finally, since mental illness and chronic diseases are often co-morbidities, employer absence management programs may also assist in identifying and supporting at-risk employees.

Tertiary prevention, commonly in the form of medical treatment and disability management, can also be influenced by employers. Self-insured employers are often able to design insurance offerings that provide affordable access to effective mental healthcare, including evidence-based inpatient, outpatient, and prescription drug coverage. EAPs and on-site health professionals can play important roles in disease management and safe return to work for persons with mental illness. Effective communication with an emphasis on destigmatizing use of behavioral health specialists is important to improving utilization of these program resources.

Finally, most employers are in a unique position to monitor the uptake, performance, and effectiveness of these programs. They can establish key performance measures and targets for utilization and access, which are monitored by leadership. They can link health, resilience, and energy data with a variety of organizational data such as performance, culture, and turnover to assess program impacts on culture, agility, adaptability, retention, and absence. They can even quantify key organizational measures, such as energy levels, resilience, engagement, mindfulness, and adaptability over time in organizational culture surveys.

Employers have a unique range of options to manage the current and future impact of mental illness on their workforce. They are in a position to influence leadership practices, organization culture, facility design, policy, and benefits plans, among others. By applying a classic public health preventive approach, they can "stress proof" their organizations within the work environment and equip employees with skills to manage their energy and bounce back from adversity outside of work as well.

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.

Awareness of the risk factors and the positive impact preventative (workplace) programs (including education) can have on early development of NCDs can be the difference between success and failure in the global market. NCDs kill almost 40 million people per year globally and almost 75 percent of those mortalities occur in low-middle income countries (WHO).[10] Preventative programs need only to address tobacco use/abuse, physical inactivity, alcohol abuse, and poor nutrition to dramatically interfere with the progression of these four NCDs. These lifestyle choices lead to four metabolic/physiological changes that accelerate the progression of NCDs: elevated blood pressure, obesity, hyperlipidemia, and high fasting blood sugar. The NCDs are driven by forces that include rapid/unplanned urbanization, the globalization of unhealthy lifestyles, and aging.

In low- to middle- income countries, NCDs drain limited local resources, which negatively impacts any poverty reduction initiatives by governments or corporations as part of their corporate social responsibility (CSR) agendas.

Prevention measures should focus on lessening the aforementioned risk factors, and these measures exist as low-cost solutions. One of these solutions includes the creation of accessible primary healthcare resources, where the focus is on early detection and timely treatment. Evidence exists that there is a significant return on investment on creating on-site workplace “health and well-being” clinics. Early detection and intervention positively impacts the need for more expensive treatments in the future, not to mention the decrease in lost work hours due to illness. The on-site clinic is particularly preferable in low-income countries where NCDs are four times less likely to be covered by health insurance than in high-income countries.

WHO, in collaboration with 190 countries, agreed in 2011 to a “Global Action Plan for the Prevention and Control of NCDs 2013–2020.” Nine voluntary global targets have been defined to address the aforementioned four risk factors for NCDs. Countries set national targets and metrics on the 2011 baselines reported in the “Global Status Report on NCDs 2014”[11] (to start in 2015).

At the 2017 World Economic Forum, 22 global pharmaceutical companies, in partnership with the Union for International Cancer Control and The World Bank launched “Access Accelerated Moving NCD Care Forward,” a global initiative to increase access to prevention of and care for NCDs in low-income and lower-middle income countries.

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).[12]

EARLY DETECTION AND INTERVENTION POSITIVELY IMPACTS THE NEED FOR MORE EXPENSIVE TREATMENTS IN THE FUTURE, NOT TO MENTION THE DECREASE IN LOST WORK HOURS DUE TO ILLNESS

MILLENNIAL HEALTH AND ENGAGEMENT

The term "millennials" refers to individuals born in the years from 1980 to 1997. According to the U.S. Census Bureau, in April 2016 millennials surpassed baby boomers as the largest living generation in the United States and similar demographic changes are occurring globally.[13]

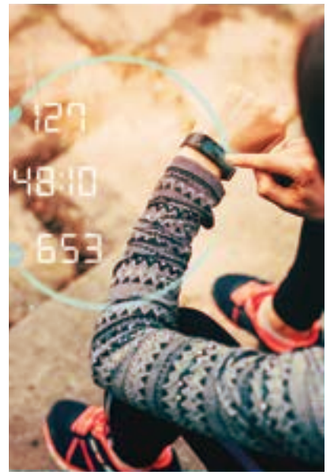
In a survey aimed at identifying millennials' highest health-related priorities conducted by the Transamerica Center for Health Studies,[14] "getting/having affordable health insurance" ranked seventh and "getting/having access to quality healthcare" ranked tenth, despite the fact that "taking care of my physical health" ranked number one. It seems clear that millennials have a very different set of ideas than previous generations when it comes to how they expect to achieve and maintain personal health.

The manner in which millennials access information along with their high expectations for quality customer service appear to be key drivers of the mismatch identified in the survey. When it comes to the healthcare system, the Robert Wood Johnson Foundation[15] suggests in July 2016 that millennials "won't stand for its inefficiencies with the same begrudging acceptance of previous generations," noting that "older generations were more accepting if not tolerant of that which annoys millennials."

Most millennials prefer to receive healthcare when they think they need it, and they want getting that care to be convenient, affordable, and high quality. This challenges organizations when the goal is to best prepare millennials for travel or work abroad.

Organizations will need to continue to look for innovative ways to engage and educate their younger employees and make health services accessible through multiple modalities—like phone, computers, Internet, and social media.[16] Corporate clinic staff will need to align with their needs and expectations in order to provide services effectively. Technology will be a key to ensuring the organization aligns with employee expectations, and that personnel can be protected, prepared, and receive care when they need it. Management's ability to adapt to meet new employee health needs can also impact recruitment and retention, so having health programs that are contemporary and efficient will be critical to productivity and a healthy and safe workforce.

ORGANIZATIONS WILL NEED TO CONTINUE TO LOOK FOR INNOVATIVE WAYS TO ENGAGE AND EDUCATE THEIR YOUNGER EMPLOYEES



LESBIAN GAY BISEXUAL TRANSGENDER (LGBT) AGENDA

Diversity of thought in business has been proven to increase the effectiveness of decision making and overall business results. One of the key ways to ensure diversity of thought is to ensure that there exists a diverse employee population that has unique and diverse perspectives and experiences. Any organization can augment the value of this diversity when it creates a culture that welcomes and embraces it, allowing employees to bring their whole selves and all of their experience to work with them and to contribute in the most meaningful ways. While an LGBT diversity agenda is not a health issue, the Council considers it important to highlight as a significant global corporate leadership objective. In order to support a diverse and inclusive workplace, policies and practices of organizations need to support their diverse communities.

IT IS IMPERATIVE THAT EMPLOYERS HAVE SENSITIVITY TO AND AWARENESS OF PREVAILING PRACTICES AND LAWS IN LOCATIONS WHERE THEY DEPLOY WORKERS

The Williams institute, a “think tank” at UCLA School of Law, has undertaken a significant body of research regarding the experiences of LGBT individuals employed in the workplace. A partial list of their significant findings includes the following.

The past decade has seen a large increase in the number of corporations adopting LGBT-related workplace policies. Almost all of the top 50 Fortune 500 companies state that, in general, diversity policies and generous benefit packages are good for their business. In addition, the majority (53 percent) have specifically linked policies prohibiting sexual orientation and gender identity discrimination, and extending domestic partner benefits to their employees, to improving their bottom line.

When surveyed separately, transgender respondents report even higher rates of employment discrimination and harassment than lesbian, gay, and bisexual people. In a 2011 survey,[17] 90 percent of respondents to the largest survey of transgender people to date reported experiencing at least one form of harassment or mistreatment at work because of their gender identity.

As countries have grappled with the issue of same-sex marriage, there exists a huge variance by region on the broader questions of whether homosexuality should be accepted or rejected by society.

There is broad acceptance of homosexuality in North America, the European Union, and much of Latin America, but equally widespread rejection in predominantly Muslim nations and in Africa, as well as in parts of Asia and in Russia. Opinion about the acceptability of homosexuality is divided in Israel, Poland, and Bolivia.

The acceptance of homosexuality is particularly mainstream in countries where religion is less central in people’s lives (Pew Research Center).[18] It is estimated by the Council that up to 11 percent of the mobile workforce defines itself as being part of the LGBT community.[19] As described, the members of this community may not be welcome, and in fact may be victimized, in many of the emerging marketplaces, which have now become part of the globalization of commerce. Just as with other causes of anxiety, on-site as well as remote/virtual health services may provide an important “safe space” where the LBGT community can seek confidential health advice when working away from its home location.

It is imperative that employers have sensitivity to and awareness of prevailing practices and laws in locations where they deploy workers. Interference in a deployment by an employer on the grounds of sexual orientation, even if done in good faith, could be perceived as discrimination and could land the employer in court.

The adaption of practices to support diversity in the workplace begins in the C-suite, partnering with organizations to assist in the education of relevant stakeholders and implementation of best practices to support the LGBT community, cannot be overemphasized.

REFERENCES

1 https://chancellor.mit.edu/sites/default/files/pdf/HMS_MIT_2015_Results.pdf

2 https://yougov.co.uk/news/2016/08/09/quarter-britains-students-are-afflicted-mental-hea/

3 http://www.who.int/ith/other_health_risks/psychological_health/en/

4 http://www.who.int/whr/2001/media_/press_release/en/

5 Vigo, MD, Daniel, Thornicroft, PhD, Prof Graham, Atun, FRCP, Prof Rifat, Estimating the true global burden of mental illness, Lancet 2016; Vol. 3, No. 2; 171-178

6 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489848/

7 Prince, Martin, Patel, Vikram, Saxena, Shekhar, Maj, Mario, Maselko, Joanna, Phillips, Michael R, Rahman, Atif "No health without mental health" pages 859-877, Published online: Sept 4, 2007 http://www.psychiatry.utoronto.ca/wp-content/uploads/2012/12/Prince-et-al-2007-Lancet-series-article-1.pdf

8 Prince, PhD, Jonathan D., Ansbrow, MSW, Jacqueline, Bennedict, MSW, Anne, DiCostanzo, MPH, Joanna, Mora, MSW, LCSW, Olivia, & Schonebaum, MA, Andrew D., "Making connections: Severe mental illness and closeness with other people," Pages 1 – 13, Published online: Feb 16 2016, http://dx.doi.org/10.1080/15332985.2016.1148095

9 Rathod, Shanaya, Pinninti, Narsimha, Irfan, Muhammed, Gorczynski, Paul, Rathod, Pranay, Gega, Lina, and Naeem, Farooq "Mental Health Service Provision in Low- and Middle-Income Countries" Published online Mar 28 2017. doi: 10.1177/1178632917694350

10 www.who.int/gho/ncd/mortality_morbidity/en/

11 http://www.who.int/nmh/publications/ncd-status-report-2014/en/

12 http://apps.who.int/medicinedocs/en/d/Js18806en/

13 Bendix, Jeffrey (2015). "Millennials in medicine: How today's youngest physicians are shaping tomorrow's practices. Medical Economics – Health, Law, & Policy." Published online Nov 25, 2015. http://medicaleconomics.modernmedicine.com/medical-economics/news/millennials-medicine?page=0%2C1

14 Millennial Survey: Young Adults' Healthcare Reality (2016, June). Transamerica Center for Health Studies

15 Furr, Tom (2016). "Why isn't healthcare ready for millennials? Medical Economics – Health, Law, & Policy." Published online Jun 27, 2016. http://medicaleconomics.modernmedicine.com/medical-economics/news/why-isn-t-healthcare-ready-millennials

16 Referral MD (2017). Millennials and Healthcare: What is your Engagement Strategy on Social Media

17 http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

18 http://www.pewglobal.org/2013/06/the-global-divide-on-homosexuality/

19 Personal communication with Andrew Park, ESQ, The Williams Institute, UCLA School of Law, 2017

PLACE

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

RECOMMENDED ACTIONS

03

ENSURE ACCESS TO MEDICAL SERVICES WHERE LOCAL HEALTHCARE GAPS EXIST

Healthcare services vary widely geographically, even within close proximity. Organizations need to not only assess their local healthcare provider capabilities, but if they do not offer adequate services, companies need to provide access to services themselves. On-site healthcare clinics, in some jurisdictions, are a regulatory requirement—thus organizations are obliged to provide these services. Corporate medical resources can ensure the on-site or near-site clinics medical care meets an acceptable quality standard both to ensure positive outcomes and limit potential liability. Companies are also offering on-site and near-site medical services to promote recruitment and staff retention, as healthcare in many locations is a major benefit.

COUNCIL RECOMMENDATION

Many countries have seen an increase in corporations implementing on-site or near-site clinics to better support the health and well-being of their home workforces. This effort has been led by the financial services, manufacturing, and high-tech firms that consider these services a business necessity. These same companies are also assessing and building on-site clinics at their larger international operations—particularly in Asia. Local occupational health regulations drive some of this development, though it has also been driven by efforts to support business objectives such as retention and recruitment of talent and creating a global culture of health. On-site and near-site clinics continue to be an important resource for delivering consistent healthcare services, particularly in underserviced locations.

04

IMPLEMENT PROGRAMS THAT MANAGE WORK-RELATED ACCIDENTS, EXPOSURES, AND ILLNESSES GLOBALLY

Even for industries where hazardous work is not involved, managing work-related incidents is important. Accidents, injuries, exposures, and change illnesses can cause short-term and long-term issues for the employee and organization. Rapid and efficient resolution of these cases can minimize harm, get employees back to work efficiently, and minimize business disruption. To deliver this service, organizations should develop internal, or rely on external providers who can provide rapid medical advice and direction and manage the case throughout the journey through the healthcare system until the employee returns to work. An effective system can be a significant business differentiator.

COUNCIL RECOMMENDATION

It is the Council's recommendation that all organizations examine their occupational health risks and develop targeted, location-specific case management programs to effectively manage incidents and report consistently. Local expertise is required to ensure services are delivered appropriately.

05

ORGANIZATIONS SHOULD HAVE ROBUST SYSTEMS AND HEALTH PROGRAMS THAT FULFILL THEIR DUTY OF CARE OBLIGATIONS TO PROTECT MOBILE EMPLOYEES

It is part of an organization's duty of care for management to have and demonstrate plans to identify and mitigate against known foreseeable risks and threats to personnel. The obligation of an organization is to protect and support its personnel and identify and limit the incidents it may face in performing its work duties. Duty of care in some jurisdictions is a legal tenant, in others it is a guiding operational principle. Duty of care may be considered the minimal starting point on an organization's journey to develop a global culture of health.

COUNCIL RECOMMENDATION

The Council recommends that all organizations assess their global employee foreseeable risk and compare that to the level of duty of care demonstrated by defined and documented policies, procedures, and standards for their industry sectors. Gaps should be identified and remediation measures should be put in place and tested.

06

ASSESS AND MANAGE SITE HEALTH RISKS, AND ENSURE COMPLIANCE WITH LOCAL HEALTH REGULATIONS

Occupational health regulations vary widely not only by country, but also by state or province. Regulations can even vary within states by county level as local authorities can modify their requirements. In addition, regulations can be out-of-date, difficult to interpret, and even obsolete. In some cases, when regulations are inadequate, organizations should identify industry practices as their guide. Thus, ensuring compliance is not a simple task, and for certain industries (chemical, manufacturing, etc.) it can be even more challenging where environmental hazards are constantly being identified. Many organizations have their own internal occupational health requirements, so it is not only local regulations, but corporate standards that should be met. Once these requirements are achieved, the next project is to ensure health risks at the workplace and in the community are assessed and appropriate mitigation measures are put in place. Such risks may include vector-borne health threats like Malaria or Zika, or environmental concerns like air pollution.

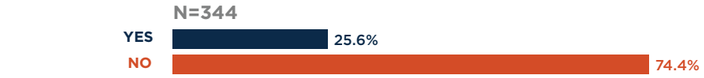
COUNCIL RECOMMENDATION

Detailed review is required, by site and by location, so that appropriate processes are in place not only to meet local requirements but ensure corporate standards are met and that protections are in place against local health risks. Assessments and audits should be risk-based, requiring central data collection and control, ideally under the direction of a corporate medical director or designee.

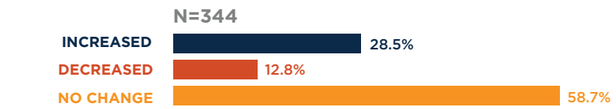
SUPPORTING DATA

ENSURE ACCESS TO MEDICAL SERVICES WHERE LOCAL HEALTHCARE GAPS EXIST

Does your company have any operations in remote and/or medically underserved/ emerging areas?

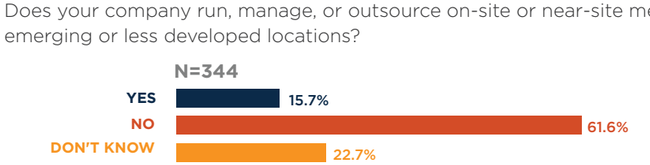


How has the size of your mobile workforce in emerging markets changed in the last three years?



How has the size of your mobile workforce in "high risk" locations changed in the last three years?

Does your company run, manage, or outsource on-site or near-site medical clinics in emerging or less developed locations?

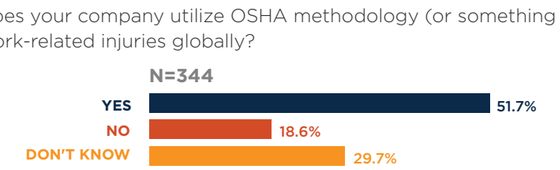


COUNCIL COMMENTARY

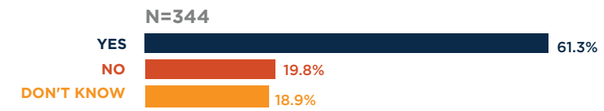
The Council is seeing a resurgence of on-site medical clinics globally. On-site or near-site clinics offer the ability of a company to better control its medical costs, manage its well-being programs, and improve productivity through increased convenience. In addition, on-site clinics are seen by employees as a major employment benefit, and their existence actively assists in recruiting and staff retention in many emerging market countries and/or remote or underserviced locations where recruitment/retention remains a challenge.

IMPLEMENT PROGRAMS THAT MANAGE WORK-RELATED ACCIDENTS, EXPOSURES, AND ILLNESSES GLOBALLY

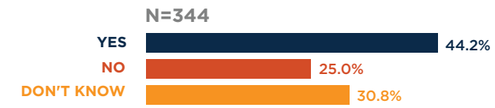
Does your company utilize OSHA methodology (or something similar) to track work-related injuries globally?



Does your company have specific occupational case management guidelines to manage an illness/injury in the workplace?



Does your company have specific occupational case management guidelines to manage an illness/injury in the workplace of your remote locations?



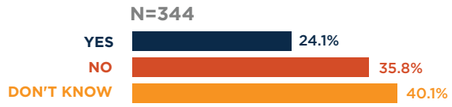
COUNCIL COMMENTARY

For industries with a predominantly blue-collar workforce, management of work-related cases is a very high priority. It is not only the right thing to do, but is business-critical. Organizations have to leverage their own corporate medical resources with local providers to develop a global management program.

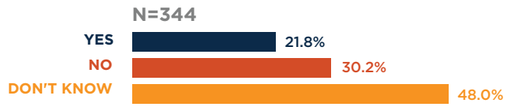
ORGANIZATIONS SHOULD HAVE ROBUST SYSTEMS AND HEALTH PROGRAMS THAT FULFILL THEIR DUTY OF CARE OBLIGATIONS TO PROTECT MOBILE EMPLOYEES

How frequently is your company's C-Suite involved in the decision-making process for your company's Global Health Program?

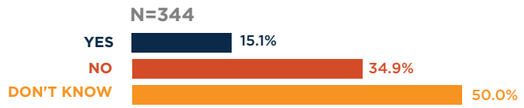
Have the expectations of your international assignees/business travelers regarding your provision of global healthcare benefits changed over the last three years?



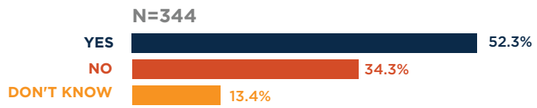
Does your company's duty of care obligation impact your international assignee/ business traveler health programs?



Does your company's duty of care obligation consider contractors, suppliers, and others in the company's supply chain?



Does your company offer any workplace diversity and inclusion education/training programs for your workforce e.g., LGBT cultural competency programs?



COUNCIL COMMENTARY

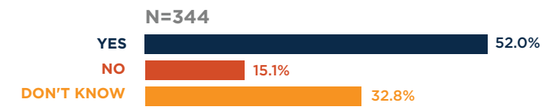
Over the last three years, the concept of duty of care has become a well-established, important corporate priority. Organizations often view their health programs through the prism of duty of care—"will this program demonstrate it?" In order to develop a global culture of health, the first priority is the medical axiom "do no harm." Organizations should first ensure they do not place employees in undue risk, and if they do, they need to provide orientation and other preventative measures and have a plan if incidents occur. Beyond duty of care, a global culture of health expands the support employees receive so that their work has been designed to limit stress and encourage healthy behavior and activities.

ASSESS AND MANAGE SITE HEALTH RISKS, AND ENSURE COMPLIANCE WITH LOCAL HEALTH REGULATIONS

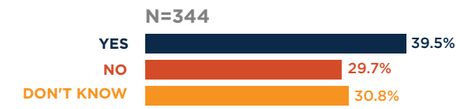
Over half of the corporations have a process to ensure local occupational health compliance

- Nearly 40 percent have policies that address occupational exposures
- Less than a third assess health risks at high-risk work locations, and less than half review risks annually

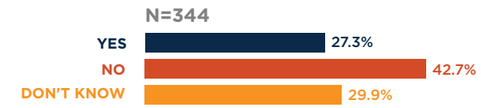
Does your company have a methodology to ensure that your business operations are in compliance with local occupational health requirements/regulations?



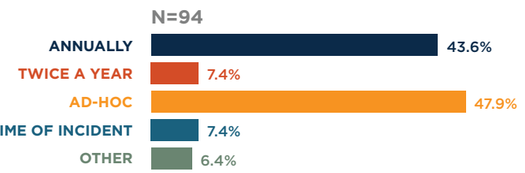
Does your company have policies in place that address occupational exposures in certain groups (e.g., policies that address risk to pregnant employees traveling to or residing in areas where the Zika virus is transmission endemic)?



Does your company conduct health risk assessments where sites, operations, or offices exist in high-risk regions of the world?



IF YES: How often are these health risk assessments conducted?



COUNCIL COMMENTARY

The council believes it is critical that organizations ensure they are meeting local occupational health requirements. Many organizations rely on local medical providers to interpret local regulations, and this can put the whole organization at risk if there is a misinterpretation of the prevailing rules/regulations.

CURRENT TRENDS

GLOBAL CULTURE OF HEALTH

In 1948, WHO defined health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[1] This utopian and static statement soon became superseded by new concepts as evidence-based clinical guidelines evolved (rendering everyone "unhealthy") and the demographics of our society, particularly in the workforce, changed. Today, for the first time there are five generations (gen 2020, millennials, gen x, baby boomers and traditionalists) in the workforce at one time, each generation with its own behaviors, motivators, and needs.

Subsequently, 2011 Huber et al.[2] introduced a new concept of health: "the ability to adapt and to self-manage, in the face of social, physical, and emotional challenges." This modified definition incorporated the idea that morbidity is no longer just a result of an infectious disease (as was the dogma of 1948), but as the demographics of the workforce has changed, it is the non-communicable diseases (NCDs) that are the major contributors to morbidity.

However, Huber et al. more recently published a report adding metrics to their definition of health-based feedback from a survey of patients with and without NCDs, healthcare providers, and policy makers.[3] The authors proposed the term "positive health" comprised of six dimensions: bodily functions, mental functions and perception, spiritual/existential, quality of life, social and societal participation, and daily functioning.

A culture of health is the creation of a working environment where employee health and safety is valued, supported, and promoted through workplace health programs, policies, benefits, and environmental supports. Building a culture of health involves all levels of the organization and establishes the workplace health program as a routine part of business operations aligned with overall business goals. The results of this culture change include engaged and empowered employees, an impact on healthcare costs, and improved worker productivity.

The ICHLC Culture of Health four-part framework whitepaper, recently published on the website (ichlc.org), has been used by the Council to develop a series of recommendations addressing the health and well-being needs of employees in global organizations. Components were identified similar to the WHO model. This population includes the mobile workforce (business travelers and expatriates) sent outside of a company's natural sphere of influence as the company expands into new markets, as well as local national employees. The four-part framework includes the three pillars that serve as the foundation for this 2018 report (people, place, and purpose) with the addition of a fourth pillar: outcomes. These four pillars are described below.

PEOPLE

The framework highlights people as a key part of a culture of health. The World Health Organization's framework also places people and the engagement of people/workers at the center of its model. The ICHLC model focuses on the influence of people on an organization's culture as well as the impact of culture on people. Culture can be an important part of behavior change and a key to employee engagement in health and well-being programs and activities.

PLACE

The environment, both physical and social, and its ability to support health is an important part of health, well-being, and culture as well as safety. The WHO model also places the physical work environment as one of the four interconnected components of its model. Also often included in the physical work environment are the organization of work within that environment and the locus of control and independent decision making afforded to employees at that worksite.

PURPOSE

Leadership (C-suite) commitment to a culture of health is a central part of the ICHLC framework. The WHO model also places leadership engagement at the center of its workplace model, resulting in a clear emphasis on this component of culture and health.

OUTCOMES

The ability to assess the impact of programs, culture, etc., is an important part of sustainability (metrics). Several culture-related measures, specifically tied to company performance, have been suggested by several researchers: A 2013 Rand Study found that for every $1 spent on a well-being program, employers could expect a $1.50 return.[4] In addition, there has been new research uncovered that suggests a high-performing company is also more likely to have a workforce that has lower levels of health risk and higher rates of healthy behavior.

CREATING A CULTURE OF HEALTH FOR A GLOBAL ORGANIZATION

FIGURE 1
ICHLC Global Culture of Health Framework

PLACE
CURRENT TRENDS

The similarities that exist between the WHO workplace model and the ICHLC model suggest that there are several components that are key to building a strong global culture of health: people, the environment, and leadership engagement/commitment. An employer's ability to focus on these areas has been shown to raise the culture of health and ultimately the overall health and well-being of an employee population. Although much of the progress in this area was started in the United States and Canada, many organizations outside of North America are now applying these learnings to their global populations as well.

Finally, David Agus, a professor of medicine and engineering, at USC, considered by his peers to be a leader in healthcare reform, recently communicated, in an interview with the Globe and Mail in Canada,[5] a message that supported both the ICHLC as well as the WHO inclusion of leadership in their respective culture of health frameworks:

"For normative behaviors to change, you need leadership and this needs to come from the C-level in companies," he says. "If executives get it and set the example, then the right things will happen."

"One way to make health a C-level priority is to appoint a chief health officer," Dr. Agus says, adding he believes every company should have a chief health officer.

"It's easy to lean back and let progress take care of you," he adds. "But health isn't just about not dying or not having an illness, it's about thriving. But you have to act, because the easiest way to treat disease is to prevent it."

Fabius et al. (2016)[6] found that a healthy and safe workforce directly correlated with company performance and shareholder returns. The latter clearly getting the attention of the C-suite.

LOCAL OCCUPATIONAL HEALTH LAWS AND REGULATIONS

Occupational laws and regulations of your organization's home country, while important, must be evaluated in the context of all locations where employees work and travel. As an example, in the United States, OSHA establishes the primary standards for domestic workplace health and safety.[7]

While OSHA's powers in the United States are broad, its authority is limited to employment performed within the geographical boundaries under the jurisdiction of the United States and does not extend to employment performed overseas.[8] It is no longer sufficient for an employer to be familiar and compliant only with its national laws and regulations (e.g., OSHA/workers' compensation for U.S.-based companies) affecting its workforce. Indeed, international employers need to be familiar with and sufficiently apply the laws/regulations facing their workers who travel and/or perform work abroad.

For example, as soon as American workers step outside the U.S. borders, they are no longer protected by OSHA/worker compensation regulations and may find themselves outside the confines of the workers' compensation policies governing their employment. To the extent an employee suffers a workplace injury while working on a project for a U.S. employer outside the country, the employee has no means of legal redress other than to allege that the employer breached their duty of care, (i.e., negligence).

In the American context, while OHSA has not developed many standards that affect working abroad, it does expect employers to evaluate the hazards associated with sending American citizens abroad and to develop processes to eliminate those hazards (perhaps through the employer's Injury and Illness Prevention Plan).[9]

National Workers' Compensation laws may not have extra-territorial application, though in the U.S., as an example, there are certain exceptions such as the business traveler exception and the short-term assignee exception.[10]

Specific duty of care legislation exists in the United Kingdom (e.g., UK Corporate Manslaughter and Corporate Homicide Act 2007) and Canada (e.g., Bill C-45,) and while not specifically referring to duty of care, the EU Directive of June 12, 1989, states that it is the employer's obligation to ensure the safety and health of workers in every aspect related to work, and the employer may not impose financial costs to the workers to achieve this aim.

The duty of care concept can best be understood when viewed through the lens of a common law negligence claim with four commonly understood elements: duty, breach of duty, causation, and injury[11]. With regard to international business travelers and assignees traveling in furtherance of the employer's business, any employer would be remiss if they did not understand the potential for a negligence action to be filed and the costly ramifications of such an action. Unfortunately, there is no clear line of case law on which an employer can rely when evaluating the risks of sending its employees abroad.

The recent increased emphasis on duty of care and the idea that an employer is responsible for the health, safety, security, as well as the well-being of its globally mobile employees has proven to be a daunting and frightening concept for employers to comprehend. By way of illustration, Dr. Lisbeth Claus, a professor of Global Human Resources at Willamette University, who has done significant work in this area, enumerates a list of 21 duty of care obligations an employer has to consider including, but not limited to, physical and mental, work injuries and accidents, travel for work purposes, security, spread of communicable diseases, negligent hiring, and accommodations for employees while traveling for work. The Council has determined that simple confirmation that an employee is fit to work is no longer adequate. The standard should read: "fit to work at a particular location."

Moreover, the costs associated with failing to take on adequate duty of care responsibilities can be prohibitive and, in some cases, can even be enough to close a business. Some of these costs include those of an incident or injury to an employee, medical expenses, sick pay for employees, employment litigation, morale and productivity loss, and replacing employees who subsequently leave.[10] Failures in duty of care may also be associated with significant reputational brand damage.

Therefore, it is imperative for an employer to implement some type of travel risk management policy that accounts for the (foreseeable) risks its employees face abroad who are either traveling or on international assignment. There are certainly prevention costs associated with implementing a travel risk management plan, such as developing a risk management plan, compliance and training, insurance coverage, and vendors. The general consensus is that it is financially beneficial for employers to implement a travel risk management policy.

When deploying workers across borders, proactively and effectively assessing (foreseeable) risks and developing policies and procedures to address these risks is crucial. The emphasis is on long-term solutions to the risks employees face while working abroad. Short-term, reactive solutions, when a serious accident occurs, are no longer effective.

IT IS IMPERATIVE FOR AN EMPLOYER TO IMPLEMENT SOME TYPE OF TRAVEL RISK MANAGEMENT POLICY THAT ACCOUNTS FOR THE (FORESEEABLE) RISKS ITS EMPLOYEES FACE ABROAD

Once policies and procedures are put in place, these should be communicated clearly and often in training sessions with the entire workforce. The communication of policies and procedures should occur prior to travel (i.e., ensure that employees are appropriately prepared for travel before leaving, brief employees on the hazards of the travel/assignment, and equip them with resources to help them stay safe and healthy) and during the trip (i.e., know the employee's itinerary, proactively communicate any changes in risks while the employee is on assignment, and know where employees are at any given time). In the event an issue arises, having adequately trained and informed employees will be helpful in responding effectively to the incident and potentially evacuating the employee from the work location, in the event an upgrade in their medical care is indicated.

The final step in implementing an appropriate duty of care strategy is for a company to ensure its employees are keeping up with their training, the employer is evaluating whether any changes need to be made to policies/procedures, and to track and analyze data to constantly assess the effectiveness of the employer's travel risk management plan. A crucial part of this final step is documentation. Failure to document, in real-time as well as pre-/post- event, is interpreted that the policies/procedures never existed.

Overall, an employer's travel risk management plan cannot remain stagnant—it needs to address the world issues that are constantly evolving.

REFERENCES

1 WHO, Constitution of the World Health Organization, 2006, http://www.who.int/governance/eb/who_constitution_en.pdf

2 Huber M, Knothenus JA, Green L, et al, How should we define health? BMJ 2011:343 doi: https://doi.org/10.1136/bmj.d4163 (Published 26 July 2011)

3 Huber M, van Vlient M, Giezenberg M, et al. "Towards a "patient-centered" operationalisation of the new dynamic concept of health: a mixed methods study"

4 Rand Corporation. "Do Workplace Wellness Programs Save Employers Money?" http://www.rand.org/content/dam/rand/pubs/research_briefs/RB9700/RB9744/RAND_RB9744.pdf

5 Johne, Marjo "C-suite executives urged to make health of employees a priority" Published online Nov 2, 2016 https://www.theglobeandmail.com/report-on-business/c-suite-executives-urged-to-makehealth-of-employees-a-priority/article32623401/

6 Fabius R, Loeppke, Ronald R, MD, MPH, et al. (2016) Tracking the Market Performance of Companies That Integrate a Culture of Health and Safety: An Assessment of Corporate Health Achievement Award Applicants. Journal of Occupational & Environmental Medicine 58.1 (2016): 3-8.

7 20 U.S.C. § 651, et seq.

8 Occupational Safety and Health Administration, United, States Department of Labor, Francis Yebesi, Acting Director, Directorate of Evaluation and Anaysis, February 10, 2015, Standard Interpretation Letter 1904, 3, Feb. 10, 2015, http://www.crsledge.com/news/documents/Interpertations/Interpertation_5-5-11-15.pdf; see Section 4(a), 29 U.S.C. § 653(a).

9 See Section 5(a), 29 U.S.C. § 654; see also Introduction to OSHA, Instructor Guide, OSHA Directorate of Training and Education April 2011, https://www.osha.gov/dte/outreach/intro_osha/intro_to_osha_guide.html

10 Claus, Dr. Lisbeth, SPHR, GPHR, Professor of Global HR at the Atkinson Graduate School of Management of Willamette University in Salem, Oregon, Duty of care of Employers for Protecting International Assignees, their Dependents, and International Business Travelers, 2009 at 18-19 (hereinafter "Claus Article").

11 Claus, Dr. Lisbeth, SPHR, GPHR, Professor of Global HR at the Atkinson Graduate School of Management of Willamette University in Salem, Oregon has written, and International SOS Assistance, Inc. has published, seminal work on the duty of care topic. See, e.g., Claus Article supra.

PURPOSE

- Focuses on how corporate health can define your mission, as well as your ethos

RECOMMENDED ACTIONS

07 *ORGANIZATIONS SHOULD HAVE ACCESS TO CORPORATE MEDICAL RESOURCES 24/7*

Organizations require medical expertise to support their mobile employees, as well as corporate medical resources to provide management with timely guidance on health issues and incidents that may affect personnel or impact business operations. Typically, companies hire or retain medical experts (physicians, nurses) who have occupational health expertise as well as experience working within the business culture of their organization with the knowledge of the local healthcare infrastructure. These medical staff members are integral to the strategic development, planning, implementation, and management of health programs that meet the organizational policy objectives. They are also essential to ensure effective emergency management of employees who are sick or injured abroad 24/7.

COUNCIL RECOMMENDATION

A corporate medical resource should be available to offer guidance and assistance to employees and management alike, at any time of day and anywhere in the world employees are deployed.

08 *DEVELOP AND MAINTAIN ENTERPRISE BUSINESS CONTINUITY AND PUBLIC HEALTH PREPAREDNESS PLANS AND RESOURCES TO MONITOR AND MITIGATE AGAINST HEALTH SECURITY THREATS*

Outbreaks, natural disasters, and other threats can impact the security of the world if not adequately managed. The G7 termed this Global Health Security.[1] The same holds true for organizations. Without the ability to monitor evolving situations, implement preventive measures, and activate response plans, organizations may not only fail to meet their duty of care obligations, but put employee health and business continuity at risk. Standard practice today is for an organization to have plans for known (and unknown) threats, which includes pre-scripted communications and incident management procedures to protect personnel, the workplace, and maintain operations.

COUNCIL RECOMMENDATION

All organizations need to invest in resources, plans, and programs to identify evolving threats, mitigate against them, and, when incidents arise, respond appropriately. This requires organizations to be able to systematically monitor global health threats and their proximity to employee locations, whether employees are traveling, at home, or in the workplace. Monitoring requires access to appropriate surveillance systems and adequate personnel resources. Planning requires documentation and actions management will take as a health threat escalates. These include mitigation procedures like door screening, work from home, distribution of personal protective equipment (PPE), and communicating appropriate preventive behaviors. Since health threats are unique, each threat will require specific actions. Thus the traditional “all-hazards” approach crisis managers use is not appropriate for health threats, and specific plans need to be developed for each potential incident. Fortunately, preventive and mitigating interventions are known for most health threats (e.g., tuberculosis, measles, pandemic flu, etc.), so this information can be documented in advance. Most corporate plans for contagious diseases require access to masks, gloves, and other PPE, thus these items require pre-purchase, stockpiling, and monitoring (to maintain efficacy) over time. When responding to outbreaks and other health threats, access to a corporate medical director, or resource, can be business critical and is highly recommended.

09 *USE TECHNOLOGY TO TARGET AND MONITOR PROGRAMS THAT IMPROVE EMPLOYEE WELL-BEING AND HEALTH*

Health-related technology, including tele-assistance, has expanded rapidly over the last three years, and organizations need to consider these new modes of service delivery when developing health programs. Technology today cannot replace healthcare, but it can improve access and enhance expertise by connecting medical providers with patients and/or on-site providers through video and other interfaces. How medical information is collected and controlled remains a global challenge and requires legal direction to mitigate against potential invasion of privacy. Employees, especially millennials, use personal devices that can share their personal health information, and these are new avenues for service delivery and ultimately improved well-being and hence productivity.

COUNCIL RECOMMENDATION

The pace of technology development is advancing rapidly, and organizations need to continually monitor the latest capabilities and how they can enhance corporate healthcare delivery. Like other parts of most organizations' operations, technology is never "fixed"; rather it is an ongoing and ever-present evolutionary platform from which business activity is driven. The same holds for health services. A health system delivered today can be expected to be obsolete within two years, thus vigilance and flexibility are key to ensuring health services delivered to a company's mobile workforce remains relevant and contemporary.

For this to occur, management needs to invest the capability to monitor technology health trends (leveraging corporate medical resources as an example) and invest in best practice solutions, understanding the high turnover rate as technology innovations advance.

10 *HEALTH AGENDA SHOULD BE DEFINED IN WELL-COMMUNICATED POLICIES*

Organizations should define their employee health mission and then create a strategy to meet these objectives. This strategy should be documented into clearly defined policies that will drive internal actions. It is important that health policies are integrated into the organization's corporate policies and procedures, and are a part of the organization's governance, risk management, and compliance program. Organizations that wish to achieve a global culture of health should have the ability to manage and monitor programs that support employee health and well-being. Without policies and reporting, programs may not be effective, and mission and objectives are unlikely to be met. Much effort and cost can be lost without clearly defined health policies.

COUNCIL RECOMMENDATION

The Council believes that documenting policies are critical for ensuring appropriate programs are implemented and then acted upon. While there have been improvements in this area over the last three years, a significant gap remains. Every company should look internally to assess how it has defined its obligations to the health and well-being of its workforce. If this is not well articulated, there is a significant risk that appropriate actions are not being implemented.

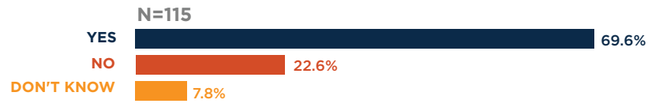
SUPPORTING DATA

ORGANIZATIONS SHOULD HAVE ACCESS TO CORPORATE MEDICAL RESOURCES

- 54% had a corporate medical director
- 69% of corporate medical directors were employees, 23% were contractors

Does your company utilize a third-party medical assistance provider to manage illness/injury of international assignees and business travelers?

Is the medical director or situated healthcare provider either employed by your company or on retainer/contract?

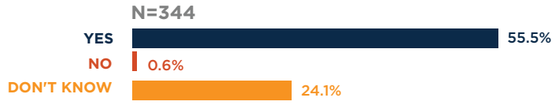


COUNCIL COMMENTARY

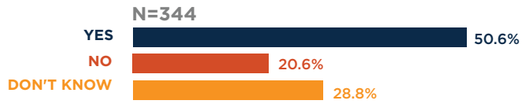
Over half of the organizations surveyed by the Council (54 percent) had a corporate medical director as opposed to 78 percent identifying a medical director in the 2014 report. The differences in the two surveys may very well reflect the fact that corporations may no longer recognize the value of a medical director (full-time or otherwise). In addition, this report canvassed significantly more organizations than in the 2014 report (322 vs 49), so the present result may be a more accurate reflection of the status of corporate medical resources in the market today. The recent outbreaks of Ebola, Zika and other health threats have forced many organizations to urgently, at the time of the crisis, recruit medical expertise either as internal hires or as fractional contractors. That reactive approach can be fiscally challenging. It is critical that the medical expert understands the culture and expectations of the organization, and that management has a relationship with the provider. The resource requirement will be based on the mission objectives, the occupational hazards of work, the size and demographics of the workforce, and the risks at the work locations.

DEVELOP AND MAINTAIN ENTERPRISE BUSINESS CONTINUITY PLANS AND RESOURCES TO MONITOR AND MITIGATE AGAINST HEALTH SECURITY THREATS

Does each of your company's operations have a site-specific medical emergency response plan, inclusive of medical evacuation, if needed?

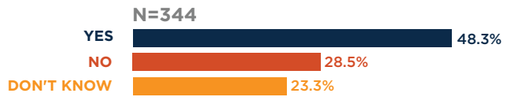


Does your company have an effective process to rapidly identify, track, and communicate with travelers who may be impacted by medical and/or security incidents?

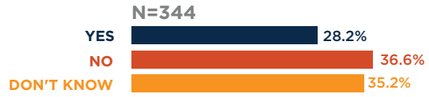


Does your company have a documented plan (e.g., influenza pandemic plan) to manage infectious diseases in the workplace at all work locations?

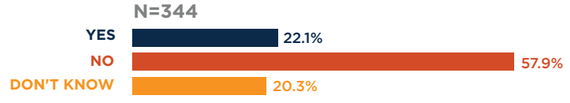
Does your company have a fully deployed and tested crisis management/ business continuity plan that includes medical related incidents?



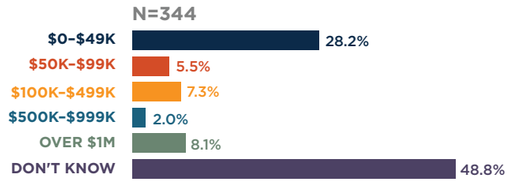
Does your company perform a health impact assessment (baseline/evaluation) when there is the possibility that a project may have direct or indirect adverse health effects on the local community?



Have the recent outbreaks (e.g., Ebola, MERS, Zika) changed your organization's planning priorities?



How much, on average, does your company invest in health security and pandemic planning per year (including procurement of supplies, management time, etc.)?



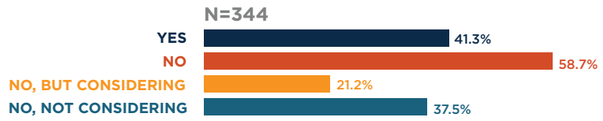
COUNCIL COMMENTARY

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.

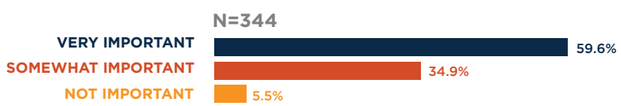
USE TECHNOLOGY TO TARGET AND MONITOR PROGRAMS THAT IMPROVE EMPLOYEE WELL-BEING AND HEALTH

- Nearly 60 percent believe technology is very important to healthcare delivery
- Over 40 percent use telemedicine services
- A quarter believe wearables are very common in their workforce
- 12 percent offer wearables to their employees; and of those, 70 percent collect data
- Over 50 percent use corporate health portals and email alerts to distribute health information
- 25 percent collect employee biometric data

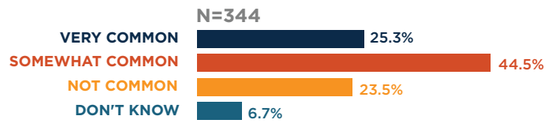
Does your company utilize telemedicine services?



How important do you feel technology is in delivering healthcare globally?

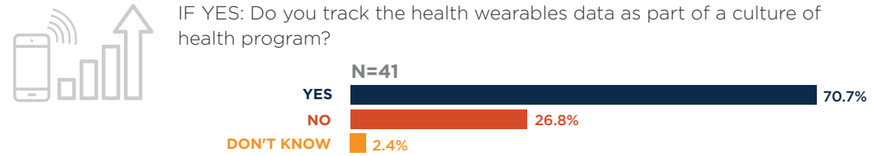


How common are health wearables (e.g., Fitbit, Garmin, etc.) among your workforce today?

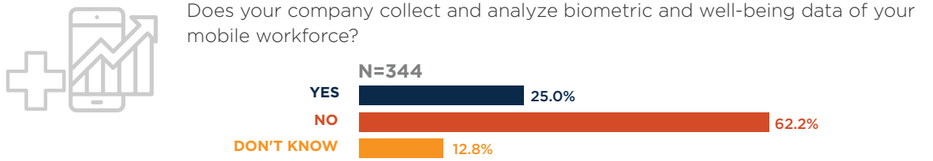


Do you provide health wearables to your employees?

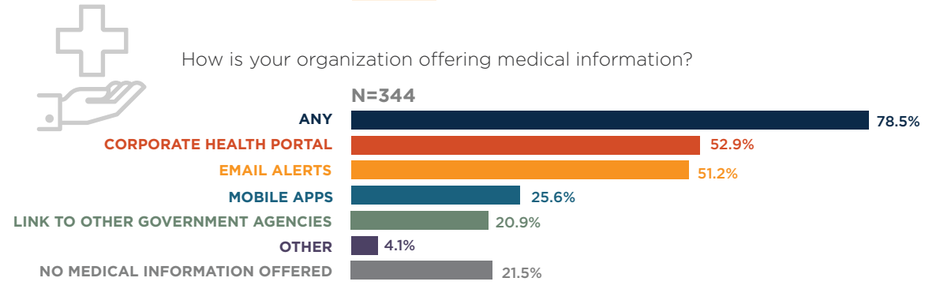
IF YES: Do you track the health wearables data as part of a culture of health program?



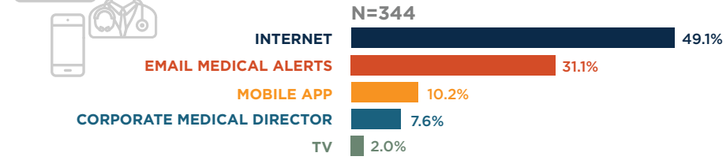
Does your company collect and analyze biometric and well-being data of your mobile workforce?



How is your organization offering medical information?



What mode is the most utilized for obtaining health information?



COUNCIL COMMENTARY

Technology is rapidly changing how healthcare information is consumed and how care can be delivered. It is critical that organizations keep up-to-date with the latest advancements, and look to integrate their services with personal health tools—like wearables and other data collecting devices. Technology-based assistance services are expanding into offering virtual medical teleconsultations, which may improve productivity and reduce cost. These services should be carefully evaluated by an expert—an important role of the corporate medical resource.

HEALTH AGENDA MUST BE DEFINED IN WELL-COMMUNICATED POLICIES

- 38 percent have no health policies
- 48 percent have health policies for business travelers, but only 36 percent for international assignees
- 64 percent either have no baseline health policies or do not know if they have them
- 36 percent have a global well-being program
- 64 percent say "culture of health" is a priority
- 34 percent say the C-suite is never involved in health program decisions
- 71 percent have return-to-work policies, but only 17 percent have global policies

Does your company utilize a third-party medical assistance provider to manage illness/injury of international assignees and business travelers?

COUNCIL COMMENTARY

While nearly two-thirds of respondents said global health is a priority, only 36 percent have baseline health policies and global well-being programs. A third never had C-suite engagement in health decision-making. It is clear that organizations may state that health is a priority, but they do not back this up consistently with action. Waiting until an incident before integrating a health policy is likely to be too late for an effective response.

CURRENT TRENDS

GLOBAL HEALTH SECURITY

In our 2014 report, the need for organizations to plan for the potential business disruption caused by health threats was articulated. In fact, the Council's third recommended action was "Business sustainability requires health crisis management plans and the resources to respond effectively." The importance of this action was seen first-hand when Ebola broke out in Western Africa in 2014. The timeline below is illustrative of how a global response can be vulnerable.

The first Ebola case was a two-year-old boy from Guinea who died on December 6, 2013. The disease spread rapidly in Guinea, as health workers had never seen the illness before. By March, the disease was considered out of control, and on March 23, 2014, WHO confirmed an Ebola outbreak in Guinea. Less than a week later, WHO confirmed cases in Liberia. On May 25, 2014, WHO announced the outbreak had spread to neighboring Sierra Leone. Not until after the Ebola case in Nigeria on July 27, 2014, did WHO finally announce that the Ebola outbreak was a "Public Health Emergency of International Concern (PHEIC)"—on August 8, 2014.[2] By that time, thousands of people had been infected, and there were hundreds of fatalities. Ebola had spread to Senegal on August 30 and Mali in October 2014. There were travel-related cases in many countries, including fatalities in the United States. The American government in September 2014 declared Ebola a national security threat[3] and sent 3,000 troops to Liberia to support the relief effort. This was six months after the outbreak began.

The outcome was that the Western Africa Ebola outbreak took over two years to control (end of WHO PHEIC March 29, 2016[4]), caused over 28,000 cases and killed a significant number of the regional population. The outbreak devastated three countries in Western Africa where widespread outbreaks occurred, but it also impacted seven other countries through importation of the disease. The World Bank estimates that Liberia, Guinea, and Sierra Leone lost over $1.6 billion in economic growth in 2015.[3]

The long-term effects on communities are still being assessed. Ebola killed many of the healthcare providers in the affected countries, impacting health services for years to come. Families have lost parents, children, and caregivers, and those who survived suffered emotional stress, as well as chronic illness post-infection. The impact will be felt for generations.

This outbreak highlighted very clearly the major gaps in our ability to detect, mitigate, and respond. Major institutions like WHO and other global institutions were limited in their ability to intervene in a timely manner. Funding and rapid distribution of funds for an effective response were not only scrutinized, but delayed.

The Global Health Security (GHS) Agenda was founded in February 2014 endorsed by the G7 in June 2014, and, as of November 2016, there were 55 country members, as well as a number of partner global institutions. The GHS Agenda states its goal is to facilitate "collaborative, capacity-building efforts to achieve specific and measurable targets around biological threats, while accelerating achievement of the core capacities required by The World Health Organization's International Health Regulations (IHR), the World Organization of Animal Health's (OIE) Performance of Veterinary Services Pathway, and other relevant global health security frameworks".[1]

The GHS Agenda has identified 12 "action packages" to improve detection, mitigation, and response to threats.[5]

THE ACTION PACKAGES

PREVENT

01 Antimicrobial Resistance
02 Zoonotic Disease
03 Biosafety and Biosecurity
04 Immunization

DETECT

01 National Laboratory System
02+03 Real-Time Surveillance
04 Reporting
05 Workforce Development

RESPOND

01 Emergency Operations Centers
02 Linking Public Health with Law and Multisectoral Rapid Response
03 Medial Countermeasures and Personnel Deployment Action Package

In addition, the GHS Agenda can assess the preparedness of government institutions and assist those in need. The U.S. government has funded over $1 billion in this effort. The U.S. government's domestic response to the Zika pandemic, as communicated by the CDC, was consistent with the GHS agenda and manifested with the "Zika Action Plan": five risk-based scenarios and six actions.[6]

What this means for non-governmental organizations and business operations is very important. The lessons for companies were three-fold: First, organizations can utilize the content and processes developed by the GHS Agenda for their own internal purposes. Second, it is clear that companies cannot fully rely on government agencies to provide all the services they need to protect their personnel and maintain business operations. Companies should have their own, clear and well-funded plans to monitor local events, mitigate threats, and manage incidents when they occur. From the Council's research, it is not uncommon for companies to spend millions of dollars on enterprise-wide health security plans.

Third, organizations need to understand their local public health capabilities and ensure they have local relationships so there is clear alignment on what can be expected in a crisis. They need to proactively engage and partner with their local authorities to assist in augmenting resources in a crisis. While the Council discussed the example of Ebola, other threats remain on their radar, including Zika, MERS CoV, and H5N1, while potential issues such as natural disasters and man-made events (terrorism) are also a concern. Companies need to be part of the community response—not only to support their own personnel, but to help ensure their whole community is maintained, and, if impacted, that life can return to normal as soon as possible.

Global health security is an enterprise issue; organizations should have their own complete health security plans in place with the relevant resources (monitoring process, communication tools, personal protective equipment, water/food supplies, medical supplies, accommodation needs, etc.) ready when these incidents do occur.

TECHNOLOGY

Technology continues to be rapidly disseminated globally. Not only do most people in developed countries own and rely on a mobile device, but the growth in some emerging market countries is even greater.[7]

A recent whitepaper, the Cisco Visual Networking Index: Global Mobile Data Traffic Forecast Update 2016–2021,[8] highlighted global technology trends. Global mobile traffic data grew approximately 63 percent in 2016 with the Middle East and Africa having the highest growth rate of 96 percent followed by Asia Pacific at 71 percent, Latin America at 66 percent, and Central/Eastern Europe at 64 percent. The report identified seven major trends contributing to the growth of mobile traffic data:

01 Evolving toward smarter mobile devices
02 Defining cell network advances: 2G, 3G, and 4G
03 Measuring mobile ioT adoption: M2M and emerging wearables
04 Analyzing the expanding role and coverage of Wi-Fi
05 Identifying new mobile applications and requirements
06 Comparing mobile network speed improvements
07 Reviewing tiered pricing: unlimited data and shared plans

With the continued globalization of the workforce, mobile connectivity has become essential for network users. Most business travelers consider mobile voice service a requirement, and mobile voice, data, and video services are fast becoming an integral part of consumers' and business users' lives, not just in developed markets but in emerging markets where mobility has proved to be transformational. The bandwidth demand for data and video content continues to rise, and the mobile networks continue to evolve (4G or LTE). The expansion of wireless access (cellular and Wi-Fi) will increase the number of consumers (business travelers and expatriates) who can access and in turn rely on mobile networks, creating a need for greater economies of scale and lower cost per bit.

As this technology becomes more ubiquitous, corporations, in the spirit of their duty of care, will institute health security agendas to further provide assistance to their mobile workforces. This gesture will undoubtedly be well received by the millennials in the workforce who embrace these sorts of advances. From a proactive standpoint it is now considered best practice to provide medical/security alerts specific to an employee's current location via an app and provide a digital learning library for employees to access (mandated or not) prior to deployment. Similarly, particularly in light of the constant threat of a terrorist attack, corporations should mandate the mobile check-in capability to rapidly assess location(s) and safety of their deployed travelers.

Using this same technology to enhance the healthcare of their mobile workforce will significantly reduce the likelihood of a "bad outcome" when employees cross borders (m-health). Employees who are sick or injured now have the ability to capture and send diagnostic images in real time from their location thus improving triage, speed of diagnosis, and minimizing need to travel for an upgrade in care. There are now multi-channel options available for organizations to enable effective communication: audio/video/messaging/email. Employers can now assist their employee in finding a local healthcare provider by using interactive mapping tools and real-time directions to the local provider when required (thus avoiding a written instrument(s)).

Video-based teleconsultation (remote doctor-patient consult using technology) from a hotel using locally licensed providers (each region has its own unique laws dictating use of teleconsultation) eliminates the security risk of travel in a foreign city and is fiscally much more attractive. Similarly, cross-border teleconsultations from a study-abroad student to their own (home) therapist ensure continuity of care in the delivery of behavioral health support regardless of the local health system.

Obviously, constant oversight and management by the corporation's IT professionals is required to ensure data is housed and accessible in a manner that meets national requirements, and also may support evolving global standards as well (e.g., H-TRUST and ISO-9001 certification). This will be an ongoing and ever-present challenge. To further ensure privacy protection, the company's IT security team should routinely perform vulnerability assessments and request penetration assessments by accredited third parties.

REFERENCES

1 https://www.ghsagenda.org

2 http://www.who.int/features/ebola/storymap/en/

3 http://www.heritage.org/research/reports/2015/04/the-ebola-outbreak-of-20132014-an-assessment-of-us-actions

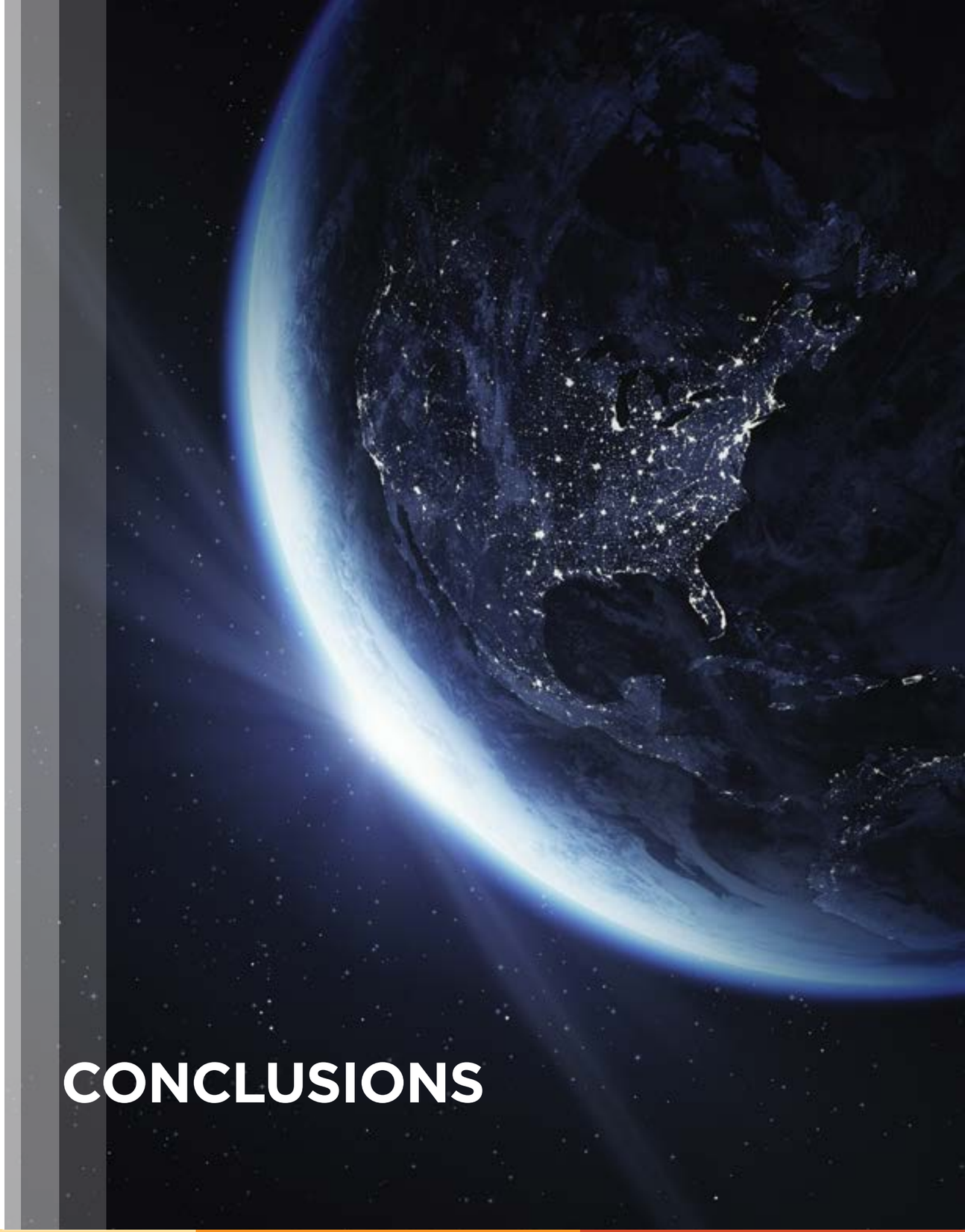
4 http://apps.who.int/iris/bitstream/10665/204714/1/ebolasitrep_30mar2016_eng.pdf?ua=1

5 https://www.ghsagenda.org/packages

6 www.cdc.gov/zika/public-health-partners/risk-based-prep.html

7 http://documents.worldbank.org/curated/en/961621467994698644/pdf/102724-WDR-WDR2016Overview-ENGLISH-WebResBox-394840B-OUO-9.pdf

8 Cisco Visual Networking Index: Global Mobile Data Traffic Forecast Update, 2016–2021 White Paper http://www.cisco.com/c/en/us/solutions/collateral/service-provider/visual-networking-index-vni/mobile-white-paper-c11-520862.html



CONCLUSIONS

THE MAJORITY OF THE NEWLY IDENTIFIED EIGHT HEALTH TRENDS ARE A CONSEQUENCE OF THE EXPECTED EVOLUTION OF THE PREVIOUSLY IDENTIFIED TRENDS AND THE CHANGING PROFILE OF THE MOBILE EMPLOYEE

Since the 2014 Corporate Health Trends Report, the majority of the newly identified eight health trends are a consequence of the expected evolution of the previously identified trends and the changing profile of the mobile employee. Today's mobile employee workforce includes more and more millennials whose livings are intimately intertwined with social interactions, education, and health. Many more mobile employees originate from outside the United States and Europe. This same generation focuses on well-being and lifestyle as a priority, unlike their Baby Boomer predecessors. They encourage and accept diversity and inclusion in the workplace. However, they bring to their respective employment arenas behavioral health issues.

To accommodate this transitioning of the mobile workforce, organizations redefined their electronic applications (particularly as it applies to the health and welfare of their workers). Their cultures within, learned and adapted the principles of a "Global Culture of Health." Employers have had to educate themselves and their managing staff on the value and importance of a diverse workforce, including those members of the LGBT community. In the process, they have had to determine how best to manage the situation of deploying an employee who may not be welcome in their destination just by virtue of their gender identity. Furthermore, and not mutually exclusive from a global culture of health, organizations have had to accommodate the multiple behavioral health issues that are now impacting the performance of their workers. They have had to audit their own environment (both domestically and across borders) to determine whether they have an adequate set of resources/tools to manage and treat those affected with behavioral health challenges without compromising productivity.

As the global (and even domestic) safety environment becomes more unpredictable (now that terrorism is ubiquitous), corporations have had to enhance their enterprise global health security plans well beyond pandemic planning. As those same organizations continue to deploy workers to emerging markets, there is an increase in attention to pre-deployment screening and evaluation of destination healthcare, as potential failed assignments (due to employee chronic diseases [NCDs] or their dependents) could negatively impact productivity and subsequently revenue generation. Mental illness and NCDs affect the workforce, and it is essential that organizations have tools/procedures in place to recognize these conditions (ideally through screening tools) and resources in the destination site to manage in an effort to mitigate against failed assignments.

Finally, although most organizations follow the domestic laws/regulations as they apply to the worker and workplace, many are unaware that destination work sites have their own laws/regulations as they apply to occupational health and workers' compensation. It behooves any company with an international footprint to familiarize itself with such local practices to avoid compliance issues and potential legal ramifications.

GLOBAL PREDICTIONS—OUR CRYSTAL BALL

The Council, based on its review of the current literature, recent survey results, and its collective expert opinions, has put together a list of predictions that will likely impact the mobile workforce of the near future.

01 International travel will continue to increase despite natural (i.e., weather) and man-made (i.e., terrorism) threats to a ("fearless") mobile workforce.

02 Traveler health and safety will become an important key performance indicator (KPI) for any global organization—surpassing travel expenses and traveler satisfaction.

03 Technology, in response to the ever-increasing need for immediate feedback, will evolve at such a rate that handheld devices accessing “big data” will become the "go-to" source of intelligence.

04 Requests for more flexible work/life arrangements (e.g., annual leave, sabbaticals, “right to disconnect”) will be commonplace as the new business traveler focuses on “body, mind, and spirit.”

05 Shared economy and other new transportation and accommodation business services will continue to evolve, exposing new foreseeable risks, thus increasing the challenge employers will face in providing effective health and safety support in the spirit of their duty of care.

06 Diversity in the workforce, particularly at the senior management level, will grow exponentially to include other poorly represented populations, including members of the LGBT community.

07 “Climate change” will continue to impact geographies, and with it the health of those employees traveling to and living there. Businesses will need to adapt and react efficiently to support personnel at multiple locations simultaneously.

08 There will likely be another significant infectious disease outbreak soon, further reinforcing the need for corporate medical resources and global expertise, as well as demonstrating the critical value of effective business continuity plans.

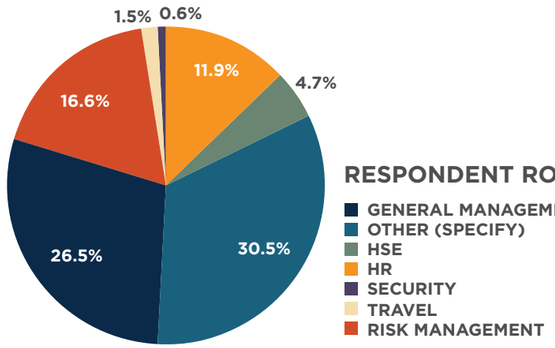
APPENDIX

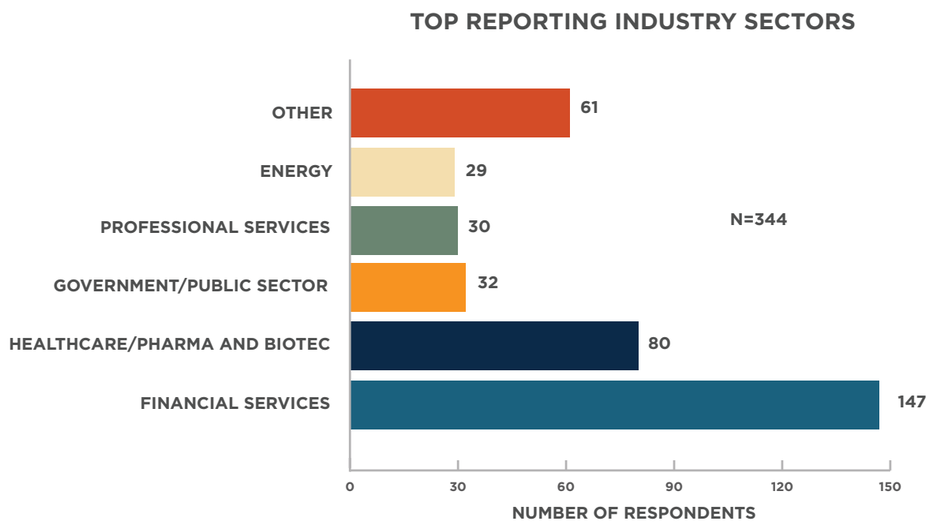
THE SUPPORTING DATA

The 2017 report assesses current literature and, as was the case in the 2014 report, reviews corporate polling results to provide management recommendations to best protect an organization's mobile workforce. The Council surveyed 344 top Fortune 500 international companies representing more than 2.5 million workers (see demographic details below). The respondent companies, representing 26 industry sectors, are representative of global businesses generally. The Council however recognizes that the F500 has shifted dramatically toward the East, with China having three in the top 10 in 2016.

INDUSTRY DEMOGRAPHICS

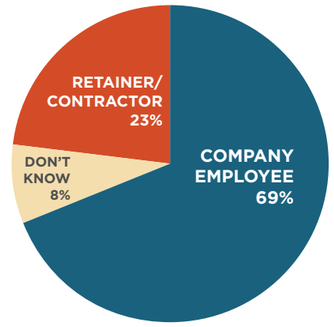
Efforts were made to reach representation of industries conducting business across borders. Care was taken to avoid focusing on any one particular sector. More than a third of the responding organizations represented financial services and almost a third of the respondents chose not to identify their role in their organization. Curiously the poll taken in 2014 was completed by 75 percent medical professionals.





Just over half of the 344 responding organizations identified as having a medical director. This number is subsequently lower than that represented in the 2014 survey (78 percent). Whether the decrease is related to a fiscal issue or otherwise, it is ironic as organizations since 2014 have had to develop best practices in the management of and mitigation against two pandemics, Ebola and Zika. Despite the impact of both diseases on, among other things, productivity, the Council did not find any evidence indicating new recruitment of medical directors for international organizations. The absence of a medical director may also represent a gap in recognition of the value proposition for health and productivity in rapidly growing Eastern economies.

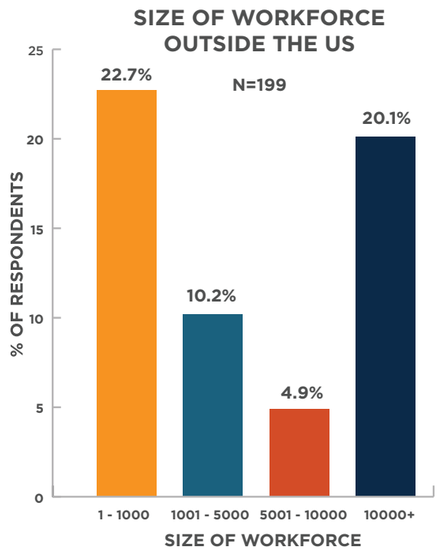
Although it remains unclear whether the medical director is on full-time or otherwise it is clear to the Council that appropriate health policies and guidelines to ensure effective health and well-being program management can only be implemented by a medical professional.

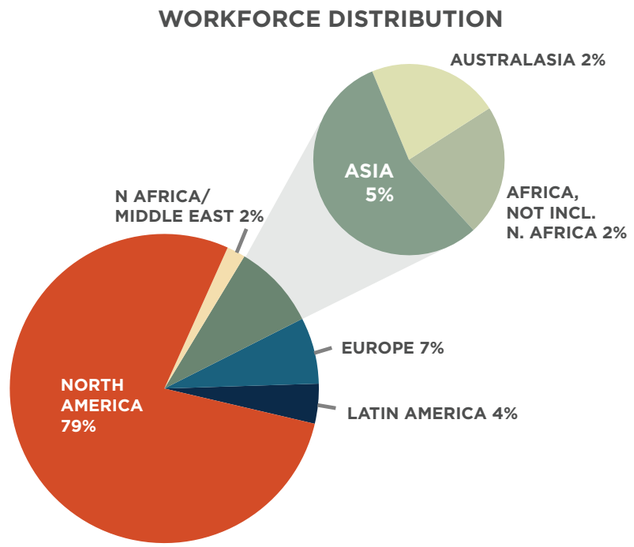


MEDICAL DIRECTOR STATUS
(WITHIN ORGANIZATION)

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.

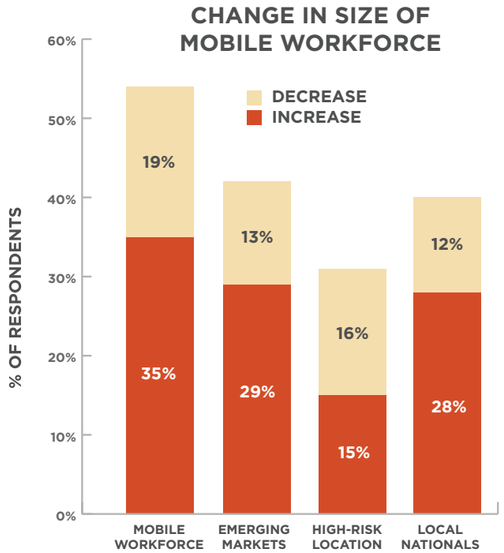




WORKFORCE DEMOGRAPHICS

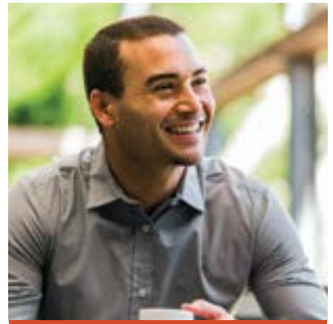
When the Council compared the changing demographics between the survey of 2014 and 2017, it became apparent that the mobile workforce has more likely increased in size, and the mobile worker is more likely being deployed to more emerging markets and high-risk locations. All are more likely increasing 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.



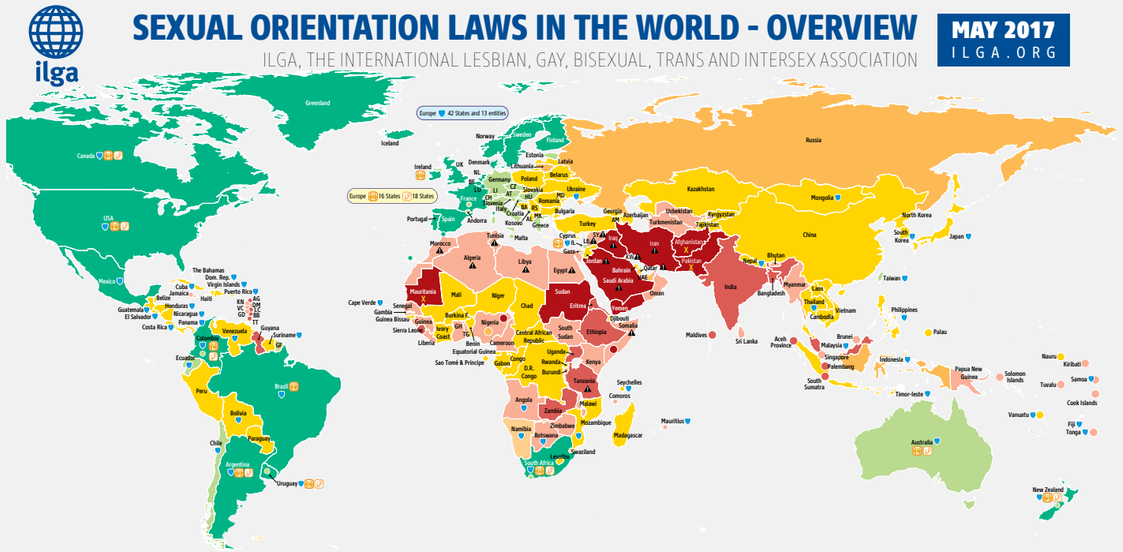
MEDIAN MOBILE WORKFORCE AGE DISTRIBUTION

INTERNATIONAL BUSINESS TRAVELER 44.9 YEARS



EXPATRIATE 42.8 YEARS

LOCAL NATIONAL 29.9 YEARS



CRIMINALISATION

72 STATES

DEATH

- implemented in **8 States** (or parts of)
- X **not** implemented in **5 States**

⚠ Religious-based laws alongside the civil code: **19 States**

- 14 Y - life (prison) **14 States**
- Up to 14 Y **57 States**
- 'Promotion' laws **3 States**
- No penalising law

In green, yellow and orange countries, same-sex sexual acts were decriminalised or never penalised: **123 States**

PROTECTION

85 States

Many States run concurrent protections

Constitution	9 States
Employment	72 States
Various	63 States
Hate crime	43 States
Incitement to hate	39 States
Ban on 'conversion therapy'	3 states

RECOGNITION

47 States

A small number of States provide for marriage and partnership concurrently

- Marriage **22 States**
- Partnership **28 States**
- Joint adoption **26 States**
- 2nd parent adoption **27 States**

Separate detailed maps for these three categories are produced alongside this Overview map.

The data represented in these maps are based on ***State-Sponsored Homophobia: a World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition***, an ILGA report by Aengus Carroll and Lucas Ramón Mendos. The report and these maps are available in the six official UN languages: English, Chinese, Arabic, French, Russian and Spanish on ILGA.org. This edition of the world map (May 2017) was coordinated by Aengus Carroll and Lucas Ramón Mendos (ILGA), and designed by Eduardo Enoki (eduardo.enoki@gmail.com).

International Lesbian, Gay, Bisexual, Trans and Intersex Association: Carroll, A. and Mendos, L.R., State-Sponsored Homophobia 2017: A world survey of sexual orientation laws: criminalisation, protection and recognition (Geneva; ILGA, May 2017).

ACKNOWLEDGMENTS

EDITOR-IN-CHIEF

Robert L. Quigley, MD, D.Phil, Professor of Surgery, SVP & Regional Medical Director, (Executive Chairman)
International SOS

CONTENT AND EDITORIAL CONTRIBUTORS

James Aw, MD, Chief Medical Officer
Medcan

Deena L. Buford, MD, MPH, Medical Director
Exxon Mobil Corporation

Wayne N. Burton, MD, FACP, FACOEM, VP & Global Corporate Medical Director (Retired)
American Express

Laura Cain, MD, Chief Medical Officer & Director of Health Services
The Boeing Company

Myles Druckman, MD, SVP & Regional Medical Director, (Chairman)
International SOS

Jules R. Duval, MD, Senior Medical Officer, Health Services Department, Clinic Manager, (Honorary Chairman)
The World Bank

Paul F.G. Gannon, MD, FFOM, Chief Medical Officer
Du Pont de Nemours

Richard J. Heron, MBChB, FRCP, FFOM, FACOEM, Vice President Health & Chief Medical Officer
BP International Limited

T. Warner Hudson, MD, FACOEM, FAAFP, Medical Director, Occupational and Employee Health
UCLA Health System and Campus

Pamela A. Hymel MD, MPH, FACOEM, Chief Medical Officer
Walt Disney Parks & Resorts

Ron Joines, MD, MPH, Global Associate Health and Well Being Officer
Mars, Inc.

Brent Pawlecki, MD, MMM, Chief Health Officer
The Goodyear Tire & Rubber Company

David Roomes, MBChB, MRCGP, FFOM, LLM, Chief Medical Officer
Rolls-Royce plc

Anne-Gaëlle Selod, MD, MBA, Chief Medical Officer
United Nations FAO/IFAD

J. Shawn Standridge, DO, MBA, MS, Corporate Medical Director
The Proctor & Gamble Company

Marcelo Targino, MD, Chief Health Officer & Corporate Medical Director
Johnson & Johnson

PROJECT COORDINATOR

Patrina Muller, RN, MPH & TM (Executive Director)
International SOS

NOTES