Social Determinants of Health—

an Employer Priority

> “**HEALTH FUNCTIONS AS A KIND OF SOCIAL ACCOUNTANT.** IF HEALTH SUFFERS, IT TELLS US **THAT HUMAN NEEDS ARE NOT BEING MET.** ”
>
> — BRITISH EPIDEMIOLOGIST AND HEALTH POLICY EXPERT,
> SIR MICHAEL MARMOT PID

ABOUT THIS REPORT

The Health Enhancement Research Organization (HERO) is a national non-profit dedicated to identifying and sharing best practices in the field of workplace health and well-being (HWB). HERO was established over twenty years ago to create and disseminate research, policy, leadership and strategy to advance workplace HWB, providing leadership of the nation's workforce. Much of the good work that HERO does is achieved through the efforts of its volunteer committees. This paper was produced by one such committee, the Healthy Workplaces Healthy Communities Study Committee (HWHC).

The HWHC Study Committee was created to explore the intersection between workplace well-being, community health, population health improvement and the value of public-private partnerships. This intersection of workplace and community health promotion and improvement represents a two-way street that has the potential to operate in a synergistic manner. To better define the mutually beneficial interconnectivity between healthy workplaces and healthy communities, the HWHC Committee has two areas of focus: 1) understanding employer and business implications of social determinants of health (SDOH); and 2) the expansion of the get-HWHC.org website to include supporting case studies from companies investing in community health. Each focus area has a dedicated workgroup to achieve stated deliverables.

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EXECUTIVE SUMMARY

Modern workplace wellness programs began in the 1970s in response to a perceived shift from government to employer for healthcare-based financial accountability. While early wellness thought leaders advocated for a holistic approach to wellness that included dimensions such as mental, emotional and social well-being, many early programs focused attention primarily on individuals' physical health behaviors. In the last 10 years, the motivation for and the approach to workplace wellness has shifted. Employers are motivated by the influence well-being has on intangible assets such as morale, productivity and retention. The scope of worksite well-being initiatives today extends beyond individuals' physical health to include dimensions of mental and emotional health, job satisfaction, social connectedness and financial well-being.

Workplace well-being is ever evolving, and that evolution includes cooperation between departments, collaboration between professional disciplines, and partnerships across industry sectors. Employers are exploring the properties of the places and institutions that all people depend on to be healthy and well with the understanding that there are social factors that lead to ill health and health inequities. Employers are discovering influences impacting their employee populations that the public health sector has known about for decades. They are learning, as hospitals and health systems have, that health suffers when medical care is provided in isolation from social services.

Health starts in families, schools and workplaces. It's not something people can get in a doctor's office. Sometimes referred to as vital conditions or social factors, social determinants of health (SDOH) have been the focus of the public health sector for decades. It has only been in the last few years that conference speakers, webinar facilitators, and writers have introduced employer audiences to the idea that addressing social determinants of health may make good business sense.

Employers seeking to establish health equity among their employee populations will benefit from this paper. The connection between SDOH and well-being is outlined based on the social risk factors that directly impact workers' health such as food insecurity and social isolation. An explanation of how social determinants impact employees illustrates the interplay between how SDOH can influence employee performance at work and how employment can influence employees' social risk factors. There is a description of this topic's relevance to employers that includes business performance and profitability. This paper introduces the implications social risk factors have on well-being programming by providing examples from employers. Finally, employers will find specific actions they can take to address social risk factors and social needs within their workforces.

INTRODUCTION

For more than thirty years, employers have tried to improve employee health through the development of worksite wellness initiatives, most notably interventions focused on physical health. While physical well-being is important, the results of employers' efforts have been underwhelming. American employees continue to struggle to maintain positive health status as evidenced by the growing obesity and chronic condition epidemics. These epidemics continue to impact American businesses in a variety of ways including productivity losses driven by absenteeism, presenteeism, turnover, and burdensome costs such as healthcare, workers' compensation and disability.[1]

The construct of well-being is complex and multi-faceted. While there are several definitions, the holistic Gallup model goes beyond the physical dimension and includes career, social, financial, and community well-being. The elements are interdependent with people thriving, suffering or struggling in each area.[2]

To improve employee well-being and thereby sustain high-value business performance, employers must not only focus on individual behavior change in the physical well-being dimension. They must also remember that well-being is not prescribed by a doctor, therapist or health system. Rather, well-being can either be generated and sustained or diminished in the communities where people live and by the relationships in their lives.[3]

Social determinants of health (SDOH), also referred to as vital conditions,[4] are the conditions—both good and bad—that shape and influence employee experiences: where they are born, grow, play, learn, work and pray.[5] They are the conditions that influence health and illness, creating a profound impact on morbidity, mortality and quality of life. This, in turn, has implications on productivity and performance. Examples of SDOH include cultural norms, social support, education level, economic stability and the physical attributes of a community including air quality, access to clean drinking water, access to supermarkets and healthy food, reliable transportation, affordable, adequate, and stable housing, and good jobs that pay a living wage.

RELATIONSHIP BETWEEN SDOH AND WELL-BEING

While all social determinants may impact employee well-being, this paper highlights the following SDOH: location, financial stability, access and availability of healthy food, and social connectedness.

Location

Where individuals spend their time matters. Location influences access to food, transportation, safe housing, employment opportunities, and healthcare. One's ZIP code has been shown to have a greater impact on health and happiness than one's genetic code, including the length and quality of life.[6] People living in impoverished neighborhoods, particularly racial minorities, experience increased exposure to environmental risks, thus increasing the risk of illness. In America, adjacent communities can have life expectancies that vary by 20-30 years.[7]

Financial Stability

Poverty has been linked to increased morbidity and mortality and has been shown to have significant health implications throughout the lifespan. Adults living in poverty have a higher incidence of diabetes, heart disease, stroke, obesity, depression, and premature death.[8] They are more sedentary, smoke more, and are more likely to have unhealthy diets.[9] Poverty not only has a negative impact on quality of life, it has been shown to reduce life expectancy by almost five years.[10]
A 2018 Gallup study found that 29% of Americans skip medical care because of finances and half of those people report that it was for a serious condition.[10] While national smoking rates have continued to decline, they remain high among the poor. The rate of lung cancer is 18-20% higher for people who live in under-resourced rural areas.[10]

Access and Availability of Healthy Foods

Research shows that good nutrition is critical to long-term health, yet finding food at all is a challenge for millions of people in the U.S. According to the U.S. Department of Agriculture Economic Research Service, food-insecure households are uncertain of having, or are unable to acquire at some point during the year, enough food to meet the needs of all their family members because they had insufficient money or other resources for food. It must be noted, that full-time employment does not ensure food security. More than half of those Americans who were food insecure (in 2017) had full time jobs.[11]

Social Connectedness

Loneliness has a significant impact on morbidity and mortality.[12] Loneliness impacts health outcomes in ways comparable to smoking, alcohol abuse, obesity, high blood pressure, and sedentary behavior.[13] People who are lonely are at a greater risk of catching a cold, having a stroke, or developing heart disease.[14] A recent 10-year study found that loneliness increases the risk of dementia by 40%.[15] It reduces life expectancy as much as smoking 15 cigarettes per day, and has been found to impact work productivity, creativity, reasoning, and decision making.[16]

Clarifying Definitions for Employer Action

SDOH shape health for better or worse.[17] There is an important distinction, however, between SDOH, social risk factors, and social needs that employers must understand.

According to the Health Care Transformation Task Force, "SDOH impact everyone, they are not something an individual can have or not have, and they are not positive or negative".[18] In contrast, social risk factors are "specific adverse social conditions that are associated with poor health, like social isolation or housing instability. These social risks have very real impacts on health and health care."[17] Finally, social needs are defined as the needs of a specific individual at a point in time. "A person may have many social risk factors but fewer immediate social needs".[18] In short, a way to distinguish between SDOH and social risk factors/needs is whether or not the circumstance is individual or population based. "[An] individual-level adverse social determinant of health, such as low education level or housing instability, [should] be referred to as a social risk factor."[18]

Impact of Social Risk Factors On Employees and Communities

Social Risk Factors influence employee behavior and, in turn, the workplace can influence an employee's Social Risk Factors.[17]

For many years, employers have worked to mitigate employees' behavioral risk factors. Workplace wellness programs have offered online and in-person resources to encourage nutritious eating, exercise and stress management. Today, however, employers must recognize that behavioral risk factors may be a result of social risk factors employees are experiencing in their communities. Furthermore, employer efforts to reduce behavioral risk factors may be hampered by workplace circumstances influencing employees' social risk factors.

IMPACT OF SDOH ON EMPLOYEES

The Centers for Disease Control and Prevention (CDC) notes that work is "a central part of people's lives that affects the physical, psychological, and social well-being of workers and their families." A person's career can influence where they live, the type of housing, childcare and education they can afford, the resources they can access, and the amount of time they can spend with their family.[19] A person's income is primarily determined by work, as well as one's social prestige and opportunities for social connectedness, all of which relate to power. In fact, "work is the underlying measure of inequality in any definition of socio-economic health inequalities."[19]

Many aspects of the workplace such as the work environment, compensation, job security, and workplace demands may affect the health of employees.[19] Additionally, variables related to socioeconomic status such as education, gender and racial and ethnic disparities, contribute to the type of work people engage in and the workplace conditions and income they earn.

Work environment

Carefully designed benefits offered to employees have the potential to positively impact the health of employees. According to the U.S. Department of Labor, Bureau of Labor Statistics in 2017, 70% of civilian workers and 67% of private industry workers had access to health insurance, while 89% of state and local government employees had access.[20] Furthermore, additional benefits such as paid sick and maternity leave have been associated with a number of positive outcomes, such as protection from unexpected medical costs and enhanced maternal and child health.[21,22]

Reported workplace injuries can indicate the conditions of the workplace. Findings from the Robert Wood Johnson Foundation[23] indicate that workers are "more prone to injuries and illness if their job includes repetitive lifting, pulling or pushing heavy loads, poor quality office equipment, long-term exposure to harmful chemicals such as lead, pesticides, aerosols, and asbestos, or a noisy work environment." Additionally, the job demands, lack of autonomy, workplace interpersonal conflict, evening shift work and working multiple jobs are reported sources of psychosocial stress.[24-31]

Education

According to the Pew Research Center, among adults ages 25 and older, 23% of African American and 15% of Hispanic individuals have a bachelor's degree or higher education in comparison to 36% of white adults and 53% of Asians.[32] Research has shown that those with less education tend to have "fewer employment choices" leading to positions "with low levels of control, job insecurity, and low wages." This type of work is also far more likely to include roles that expose individuals to environmental toxins and that are physically strenuous.[33]

Gender

Sexism in the workplace highlight several disparities. Noted by the 2018 LeanIn Organization and McKinsey Women in the Workplace study, "women are underrepresented at every level, and women of color are the most underrepresented group of all". The survey noted that "for every 100 men promoted to [a] manager [role], 79 women are promoted, and due to this gender gap, men hold "62% of manager positions, while women hold only 38%."[34] Other studies looking at Fortune 500 companies note that this percentage is even lower with women holding only 26% of executive or senior-level positions, 21% of board seats and 5% of CEO positions.[35] This gap expands when looking at women of color who hold only 3.9% of executive or senior level roles and 0.4% of CEO positions in 2015.[36] The McKinsey report goes on to say that key factors, including microaggressions and sexual harassment, lead to an uneven playing field and less opportunities for women.

Additionally, the 2017 U.S. Census reported that the income for women was 80.5% of their male counterparts.[37] Even though women tend to be overrepresented in lower-paying occupations such as healthcare, education and social services[38], regardless of industry, women earn less than men in their industry.[39] When considering racial differences, this gap widens even further with African American women earning 67% and Hispanic women earning 62% of what their White male counterparts earn.[40] The degree of this disparity is due to lower earnings in occupations that are comprised mainly of women, limited or no paid family leave or child care, and use of discriminatory compensation and hiring processes.[41]

Research is still needed to understand and address the specific disparities of the lesbian, gay, bi-sexual, transgender (LGBT) and gender nonconforming communities in the workplace. A 2014 research study from the Human Rights Campaign Foundation indicated that 53% of LGBT workers nationwide have to hide who they are in the workplace due to an unwelcoming work environment. This has impacts on broader employee engagement, retention and productivity with 17% of LGBT workers avoiding interaction with certain clients or customers, 27% avoiding certain people at work and 30% feeling unhappy or depressed at work. Positively, the study found that organizations with an inclusive environment for LGBT employees reported that one in four employees stayed with the organization specifically due to the workplace environment.[42]

Race and ethnicity

Ethnic disparities and racism are also common in the American workplace. As previously noted, there are salary differences between men and women, but when considering racial and ethnic differences there are a variety of gaps. According to the Pew Research Center in a 2015 report, Asian men earned 117% as much as white men, with African American men earning 73% and Hispanic men earning 69% of what their white male counterparts earned.[43] When considering those of the same education level, wage disparity still exists. "College-educated black and Hispanic men earn roughly 80% the hourly wages of white college educated men ($25 and $26 vs. $32, respectively). White and Asian college-educated women also earn roughly 80% the hourly wages of white college-educated men ($25 and $27, respectively)."[44]

In addition, according to the Centers for Disease Control and Prevention, African Americans are more likely to be employed in jobs where they are at a higher risk for injury or illness.[44] Furthermore, a study assessing occupational health disparities concluded that ethnic and racial minority groups are more likely to face workplace inequalities, which can lead to poor mental and physical health.[45]

RELEVANCE TO EMPLOYERS

SDOH, social risk factors and employees' individual social needs can impact employer business performance and profitability.[47] Furthermore, employee performance and productivity may be impacted by chronic conditions caused by SDOH. Workforce social risk factors can also be evaluated in relation to business performance, including work quality, safety, efficiency, and customer satisfaction.

Today, employers are leaning toward value-based benefit design offerings that encompass SDOH. Emerging strategies focus on high-value services which decrease cost-related non-adherence, reduce health care disparities and improve the efficiency of healthcare spending without compromising quality.[48] Value-based benefit design requires a unified definition of value that includes elements of clinical effectiveness, patient personalization and patient perspective.[48]

When the health care system partners with employers, providers, well-being vendors, consumers, local, regional and federal governments and community organizations, the conditions in which people live can improve. The Population Health Alliance (PHA) is leading the charge to identify best practices while problem solving with members and the healthcare community to create and sustain cross-sector partnerships for health.[49]

Example of high-value service design

An example of partnership is at Geisinger Health System. Geisinger's commitment to increasing access and availability of healthy foods has led to a program called Springboard Healthy Scranton which empowers employees and patients to eat better and get healthier. Its innovative food prescription program, the Fresh Food Farmacy™, helps patients sustain lifestyle changes by improving access to healthy foods and brings together community organizations including a hospital and local food bank.[50]

In addition to value-based benefit design that considers employees' SDOH, employers today are building workplaces that foster fulfilling employee experiences[51] and seeing how employees' functional well-being and emotional intelligence intertwine with SDOH through a behavioral economics lens.[52]

IMPLICATIONS FOR WELL-BEING PROGRAMMING

Beyond benefit offerings

Historically, employers have tried to improve employee health and well-being by focusing on the health care delivery system. Public health researchers have shown that comparatively small expenditures to address community based SDOH priorities can lead to significant reductions in overall healthcare costs.[53] Similar to employee well-being, public health seeks to ensure conditions in which people can be healthy. Employers have traditionally focused on the workplace while public health practitioners focus on community efforts to prevent disease and promote health.[3] A 2019 report published by the Bipartisan Policy Center and de Beaumont Foundation asks employers to consider the question: "Is our community thriving, healthy, inspiring, and attractive to blossoming talent, or is it perceived as deteriorating, sick, and unsafe?"[3] How an organization answers that question will shape the approach taken towards public health promotion and SDOH interventions.

Several health systems have begun to address patients' social needs and social risk factors in partnership with the public health sector. For example, the Centers for Medicare and Medicaid Services has initiatives that require health plans to screen for social needs and provide referrals.[53] Private health plans are approaching social risk factors by providing screening and referrals to social services, including housing support, nutritional assistance and integrated case management. Examples include:

- Anthem's Healthy Generations initiative uses social mapping technology and analyzes public health data to provide a snapshot of the major health issues in each state, allowing the organization to target initiatives at the ZIP code level.[55]
- Humana's Bold Goal initiative creates physician, non-profit, business and government partnerships to address social risk factors like food insecurity, loneliness and social isolation.[56]
- Kaiser Permanente has donated 200 million dollars to fight homelessness. The organization's Total Health initiative focuses on health promotion policies and environmental changes to address the SDOH in neighborhoods and school settings, as well as screens patients for unmet social needs.[57]
- L.A. Care Health Plan's provides permanent housing for the homeless.[58]
- United Healthcare and the American Medical Association's nearly two dozen ICD-10 codes trigger referrals to social and government services that connect patients directly to local and national resources in their communities to help address social needs.[59]

In order to improve health and reduce health disparities, employers will need to follow the health systems' lead by collaborating with community organizations and businesses to address employee social risk factors. This work has begun with several innovative employers including:

- Financial well-being: Tom's of Maine pays the lowest-paid workers more than 25% above a living wage.[60]
- Housing: Housing Trust Silicon Valley, a nonprofit community development financial institution including Cisco, LinkedIn, and Pure Storage, has committed millions in support of affordable housing initiatives in the region.[61]
- Access and availability of healthy food: Campbell Soup Company's Healthy Communities campaign works to improve food security through a collective impact model by bringing together the disparate work of government, nonprofits and businesses to make the community healthier.[62]

RELATIONSHIP TO CORPORATE SOCIAL RESPONSIBILITY

Investment in coalitions and policy advocacy to address SDOH and programs to screen for addressing social risk factors/ needs is both a responsibility of good corporate citizenship and a key element of an enterprise talent strategy.[63] Society expects organizations to play a pivotal role in strengthening population health and well-being. Organizations are responding to these evolving expectations, focusing primarily on employees, the supply chain[64] and, in some industries, on customers. Walmart[65] and PepsiCo[66] have extended health initiatives across their entire value chains to include suppliers, local communities, and the general public.

Employers can consider community partnerships to address social risk factors. Anchor institutions are rooted in their communities, making them invaluable to local economies through their potential to lead community wealth building. The largest and most numerous of anchors are universities and healthcare systems. Over the past two decades, useful lessons have been learned about how to leverage the economic power of universities as they relate to targeted community benefits. The University of Southern California (USC), for example, has instituted a program to increase employment in neighborhoods immediately surrounding its campus. This is an impactful investment as recent reports have shown that “one out of every seven applicants for staff positions at USC was hired from the seven ZIP codes nearest the campus.”[67]

Complex health challenges require cross-sector partnerships.[3] Leaders from both business and public health must work to address SDOH in a manner that leads to mutual benefits, and benefits the community as a whole.

ACTION STEPS FOR EMPLOYERS

A compelling goal for businesses should be the optimization of valuable workforce human capital. The impact of existing company practices on workforce health in all aspects of business operations must be considered, even in areas that don't traditionally impact employee health such as sustainability and supply chain management. Once successfully implemented, "health in all policies and practices" can become a new organizational mantra with measurable quantitative benefit.

In addition to paying all employees a living wage, below is a representative list of areas that business leaders can explore to ensure they are promoting a healthy, high-performing workforce related to addressing social risk factors and needs. This list is not meant to be exhaustive; instead, the intent is to prompt further internal analysis. Employers can use this outline to identify opportunities to better align workforce health and well-being with enhanced business performance objectives.

Organizational Philosophy

Socialize SDOH internally.

With the foundation of ensuring that the organization's mission supports employee health and well-being, there are several ways to socialize SDOH and address social needs internally. These strategies can include educating business partners on SDOH in their communities, training managers to recognize employees who struggle with social risk factors, giving employees space to identify their immediate social needs, and developing approaches to improve community health.

There is value in teaching empathy to managers while encouraging them to connect with their employees. Worline and Dutton[68] instruct managers to utilize appreciative inquiry to probe for life circumstances that may be contributing to performance issues. Notably, Gallup reports that 70% of the variability in employee engagement is driven by the manager.[69] Some important questions to consider are:

- To what extent does the organization include beliefs about the importance of workforce human capital in its mission and/or vision statements?
- To what extent are the mission and/or vision statements operationalized in daily practice?
- Is employee engagement at work considered an important organizational priority? If so, how broad, rigorous and data-driven is the process to improve job satisfaction, engagement and retention levels?
- Are employees paid a fair living wage, particularly in geographic regions where the cost of living may be higher than national norms?
- Do supervisors receive formal management training to foster constructive working relationships with their direct reports? If so, is there a formal process for evaluating the effectiveness of these programs?
- Does supervisor training include raising awareness about SDOH and resources they can refer employees to?
- Does supervisor training include strategies for addressing performance issues that may be directly related to SDOH?

Work Cultural Environment

Create policies and practices to support health employee self-care and care of others, including paid time off for doctor's appointments, subsidized public transportation, and childcare. Important considerations include:

- What employee-identified workforce factors interfere with their ability to perform their jobs well (e.g. high demand, low control environment, inadequate staffing, or hostile peer environment to name a few)?
- How do employees describe their sense of job security? Do they feel their employment status could change at any point?
- Is there a formal process that considers workforce health and well-being when implementing new corporate policies or practices?
- Do all employees have an opportunity for career advancement?

Health And Well-Being Benefits

Learn about employees and their struggles. Employers can directly ask employees about which social services and programs would be most valuable to them. This may be done through focus group conversations or formal employee surveying. Kaiser Permanente, for example, deployed an anonymous survey to measure employees' subjective well-being that included SDOH metrics.[70]

Leverage existing vendor partners including employee assistance providers, onsite social workers, financial partners (i.e., 401k, insurance), and health plans to understand employee data with a SDOH perspective. Explore new vendor partners that may be able to provide SDOH data for program planning purposes. Internally, there may be human resources data such as ZIP codes and income levels that help identify target locations for intervention. Externally, public health records, area depravity indexes, medical carrier ICD-10 codes, and data aggregation services can help employers make informed decisions.

Lastly, teach employees how to use their benefits to locate providers in their communities. Research and promote local resources addressing various SDOH that are relevant to the employee population, including 211 assistance. Identify and communicate local transportation resources and aid to those who struggle getting to and from work and appointments.

Below is a sampling of questions to better illustrate what social services may be available to employees, how employees' overall well-being is best supported in the workplace, and how supportive an employer health plan(s) might be in addressing social risk factors.

- Have employers heard directly from employees and their family members as to what they value in available and desirable offerings to promote their health and well-being?
- Do all employees have equitable access to affordable benefits with some type of wage-based subsidy for lower income earners?
- Do all employees have the ability to leave work without penalty to obtain recommended preventive care services, including cancer screenings?
- Are programs available to support the financial well-being of all employees?
- Are programs available to support the mental well-being of all employees?
- Do employees receive employer support to promote their financial well-being, either through retirement fund contributions or performance-based incentives or both?
- Are health plan partners addressing SDOH within their delivery system and in the community?
- Is the health plan offering SDOH screening and referral services for members, especially for food insecurity and adverse childhood experiences?
- Does the health plan support the local community where employees live, such as reinvesting funds to support the overall health and well-being of the community?

Work Scheduling and Pay

Review recruiting and hiring practices to incorporate new skills and perspectives, especially those of underserved populations including the formerly incarcerated.[71] Employers such as King's Kitchen[72] in Charlotte, NC, and Greyston Bakery[73] in Yonkers, New York employ previously incarcerated individuals with a goal to educate and train and to address the cycles of poverty that impact health status. Promote ongoing training to incorporate cultural competency and health equity into the culture.[74]

- Do employers understand what employees desire in terms of equitable work scheduling and pay?
- Do all employees have predictable work schedules to ensure a steady source of income?
- Do all employees have access to regular pay – and do opportunities exist to facilitate access to emergency funds/ advance pay in the event of a financial crisis?
- Are shift work schedules designed to promote/facilitate favorable health outcomes?
- Is paid sick leave available for all employees? Paid maternity/paternity leave?
- Are sleep disturbances considered when planning travel for your frequently traveled employees?
- Are there programs to support diversity and inclusion in hiring and promotion processes?

Work-Life Integration

Integrating work and life includes focusing on employees' behavioral health issues, especially stress and depression, as well as the workplace culture. Employers should not only reduce the stigma associated with mental health, they must establish a confidential, safe setting where employees can meet with human resources, an onsite employee assistance professional, or an onsite social worker to help target local referrals. In addition to providing psychological safety, it is necessary to foster social connection among teams in the workplace. Social connection can help to address loneliness and isolation. Creating a culture where people feel valued and cared about, and one that supports kindness, can help foster connections. For some employees, the kind word they receive from colleagues may be the only positive thing they hear all day, particularly if they are returning home to a dysfunctional environment.[76]

- Do employers understand employee issues/concerns regarding work-life balance?
- Are employees given opportunities to propose flexible work arrangements within their teams or to their managers?
- What expectations have employers set around the acceptable number of hours/ days worked/week without hindering business outcomes?
- Are employees able to disconnect from all business communications during their "off" time without penalty?
- Does the employer provide adequate resource support for employee lives outside of work (i.e addressing caregiver concerns)?

Work Physical Environment

Build a work environment that makes the healthy choice the easy choice. Create easy access to healthy food options, filtered water, a quiet room, a locker room with showers, and walking paths. Employees may only have access to such amenities at work.

- Does the physical environment support a healthy workforce?
- Are healthy food options available and subsidized?
- Are stairwells well-lit and easy to use?
- Is physical activity or periods of rest for active jobs during paid work time (e.g., walking meetings or breaks) encouraged?
- Are potential workplace ergonomic issues being proactively addressed?

CONCLUSION

Health is a personal and national resource. It is what allows people to engage with life. Without mind-body-health-well-being, people cannot share in loving, enduring relationships with family and friends, contribute to their communities, or fully participate in work. When people can maximize positive emotion, engagement, relationships, meaning and accomplishment, they flourish.[77] Yet, as Dr. Sandro Galea explains, "Each of us is shaped by the conditions around us – the combination of place, time, power, money and connections, by what we know, and by the compassion of the people we encounter. And, importantly, our health depends on these things, too."[78] Therefore, there is a call to action to address SDOH, social risk factors and social needs throughout the workforce.

The Health Enhancement Research Organization (HERO) calls business leaders across the country to identify at least one action your organization can take in the next 12 months to address the social determinants impacting your employee population. After implementation. consider drafting and submitting a case study to HERO for publication on the HERO and get-hwhc.org websites. The resources shared will help stakeholders, communities, and organizations come together as a team to tackle the challenge of SDOH and social needs in the public-private sector. Your ability to demonstrate how your organization is working to address SDOH for your employees can inspire other business leaders and motivate change throughout the country.

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