CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE

FEB 25, 2025

Equitable Workforce Health as a Sustainable Business Strategy: Research Findings From UIC's Center for Healthy Work

welcome!

Please introduce yourself in the chat:
Name, title, organization

CHICAGOLAND
HEALTHCARE
WORKFORCE
COLLABORATIVE

MISSION

The Chicagoland Healthcare Workforce Collaborative unites employers and industry partners to support an inclusive healthcare workforce, provide accessibility for unemployed and underemployed populations, and develop innovative responses to the evolving needs of the healthcare industry.

STRATEGIC PILLARS

1

Local & Targeted Hiring

Focusing recruitment efforts in areas with higher concentrations of unemployment

2

Education & Training

Bridging the gap by uniting a variety of partners across the healthcare industry

3

Retention & Career Pathways

Offering education & training opportunities to new career pathways for employees

EMPLOYER-LED SECTOR PARTNERSHIP

- 12+ employer partners
- 20+ strategic partners

AdvocateAuroraHealth

Sinai Chicago

RUSH UNIVERSITY MEDICAL CENTER

Northwestern Medicine

UI Health | UIC

THE UNIVERSITY OF CHICAGO MEDICINE

Ann & Robert H. Lurie Children's Hospital of Chicago

SAINT ANTHONY HOSPITAL

Endeavor Health

South Shore hospital

COOK COUNTY HEALTH

LOYOLA MEDICINE

ASCENSION

Upcoming Events

- **Chicagoland Healthcare Workforce Collaborative's March Quarterly Meeting**
  - March 4th, 8:30-10AM | Virtual | *register at chihealthworks.com*
    - *CHWC updates including results from our 2024 year-end survey, presentation of our 2025 strategic plan, and an update on the Good Jobs Challenge*
    - *Local healthcare workforce data overview (Lightcast reports) and discussion*
    - *Healthcare workforce policy update from Illinois Health & Hospital Association*
    - *Update on a grant initiative to increase Black male participation and success in healthcare pathways at Malcolm X College*

- **Public Health Workforce Collaborative's March Quarterly Meeting**
  - March 13th, 1-2:30PM | Virtual | *email Anna Yankelev or April Harrington to register*

CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE

Equitable Workforce Health as a Sustainable Business Strategy: Research Findings From UIC's Center for Healthy Work

Do employer-based health and well-being initiatives exacerbate health inequities?

Join researchers from the University of Illinois Chicago's Center for Health Work to learn about their ongoing collaborative project with a regional mid-Atlantic health system, **studying the organization's efforts to implement an equitable culture of health and well-being** (HWB). Presenters will share workforce health and well-being data aggregation and analysis efforts, leadership interview findings and front-line worker focus group feedback to provide an overview of their experiences with the study, including results and lessons learned.

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Division of Environmental and Occupational Health Sciences, University of Illinois Chicago School of Public Health

Emily Stiehl, PhD
Clinical Associate Professor
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Bruce Sherman, MD, FCCP, FACOEM
Workforce Health Management Researcher/Consultant, Adjunct Professor
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Workforce Health and Well-being for All as a Sustainable Business Strategy

Emily Stiehl, PhD
Bruce Sherman, MD
Preethi Pratap, MSc, PhD

Chicagoland Healthcare Workforce Collaborative Learning Event

February 25, 2025

Chicago, IL

UIC PUBLIC HEALTH
Center for Healthy Work

UIC Research Team

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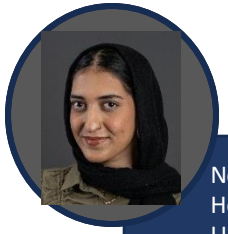

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Health Policy and Administration,
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Bruce Sherman, MD, Study
investigator and Cone Health
contractor

Caroline Wator, MPH Student,
Health Policy and Administration,
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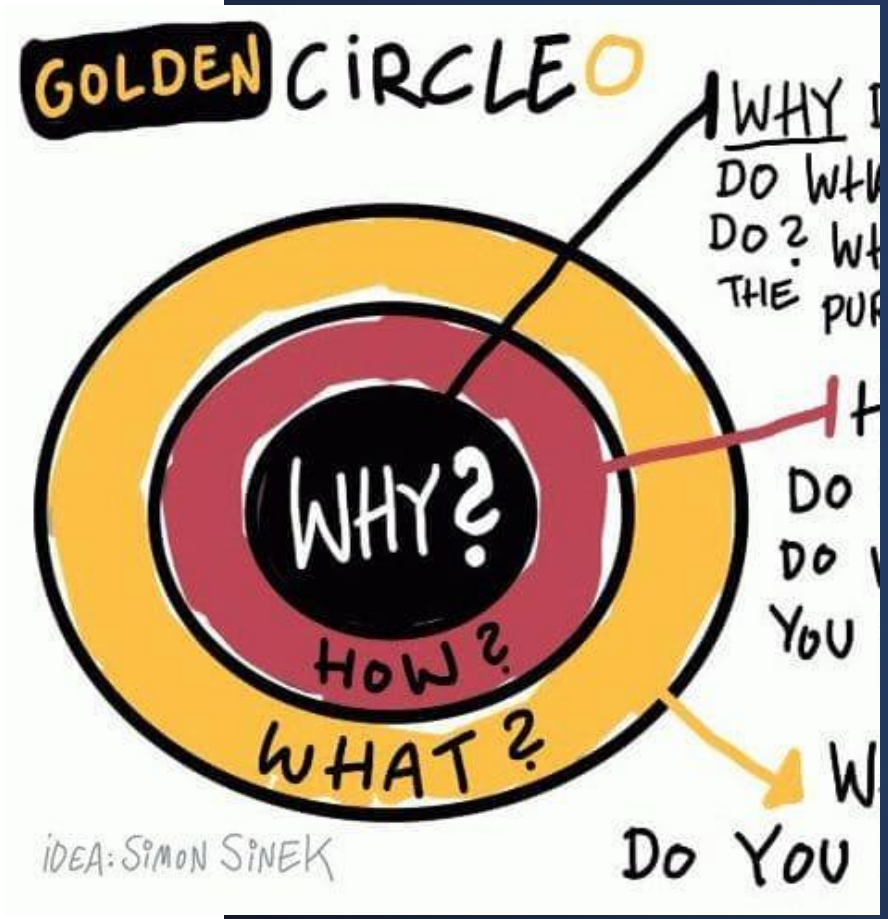
UIC PUBLIC HEALTH

Center for Healthy Work

Starting with the Why?

- Organizational “cultures of health” and “health equity” efforts
  - Expansion of previous health promotion efforts with a more holistic approach
  - Focus on equality - not equity – with the same benefits options for all enrollees
  - Disparities in wages and benefits create barriers to deriving personal value
  - Need for granular data to appreciate business consequences of non-engagement



Specific Aims for NIOSH -Funded Total Worker Health ® Research Study

- ***Aim 1:*** To explore how unmet social needs and health/well-being (HWB) inequities impact workers, the extent to which employers are aware of and address these gaps, and how these efforts impact business outcomes.

- ***Aim 2*****:** To develop an evidence-based HWB roadmap and identify HWB initiatives that address unmet employee needs as part of broader diversity, equity and inclusion (DEI) efforts.

- ***Aim 3*****:** To develop and implement a policy, systems and environment (PSE)-level pilot intervention and to assess its feasibility for addressing workers' unmet social needs, health inequities and business outcomes.

Project Activities (September 2021- August 2026)

Phase 1

- Conduct scoping literature review to identify best practices for including social determinants of health and equity in the workforce.
- Gather and analyze existing employee data- Enterprise Data Warehouse.
- Organizational scan- focus groups and interviews with the organization's employees to identify needs and opportunities.

Phase 2

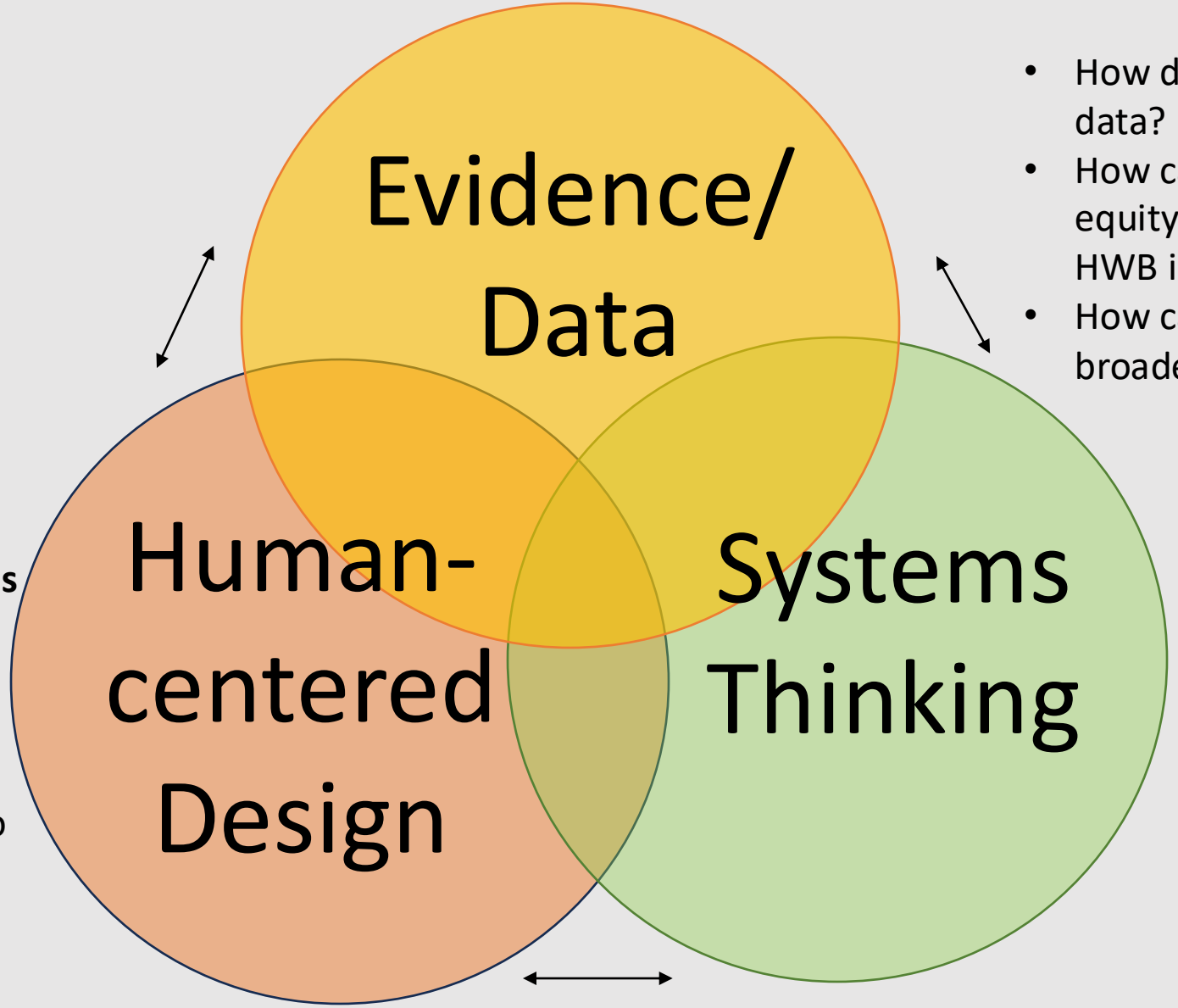
- Share findings with leadership
- Engage in conversations about gaps and opportunities for prioritizing equitable HWB at the organization .
- Develop pilot intervention

Phase 3

- Implement and evaluate intervention
- August 31, 2026- project wrap up.

Evidence and data for action

- How do we leverage existing data?
- How can we bring a 'health equity lens' to the existing HWB initiatives/ programs?
- How can we connect to broader business measures?



Co-creating approach vs problem solving approach

- Participatory action research methods to engage employees

Connecting the dots across the system

- How can we build on existing assets**?**

Sherman BW, Stiehl E, Gupta R, Pratap PL. The Importance of Human-Centered Design in Health Promotion. Am J Health Promot. 2024.

Evidence/Data for Action

Quantitative Analysis of Employee Health and Well-Being: Initial Equity Focus

Demographic Data	• Distribution by race, ethnicity, and wage band (4 quartiles based on population distribution, with lowest band split into two)
Claims Data	• Chronic condition prevalence (by disease state and number of diseases) • Healthcare utilization patterns (preventive care, ambulatory care, ED use, avoidable admits)
Clinical Data	• Chronic condition control (obesity, hypertension, diabetes)
Well-Being Program Data	• Premium reduction incentive status • Participation rates

***We've been working with internal analysts in the organization on the analysis—building internal capacity**

Benefits-enrolled Employee Data: Demographics by Race, Ethnicity, and Wage Band

Race/Ethnicity	Members	Percent
White	6,558	60.2%
Black	2,975	27.3%
Hispanic	440	4.0%
Asian	417	4.0%
Two or More	187	1.7%
Alaska Native / American Indian	36	0.3%
Native Hawaiian / Pacific Islander	3	0.03%
Unknown	204	1.9%
Not coded	78	0.7%
Total	10,898	100.0%

Annual Wage ($)	Members	Percent
32,000 - 35,000	618	5.7%
35,001 - 39,000	1,009	9.3%
39,001 - 63,000	2,605	23.9%
63,001 - 92,000	2,256	20.7%
92,001 and over	2,739	25.1%
Unknown	1,671	15.3%
Total	10,898	100.0%

Analysis of 2023 incurred claims data

Inequitable Distribution of Wage by Race and Ethnicity

Employee Demographics by Race, Ethnicity and Wage*

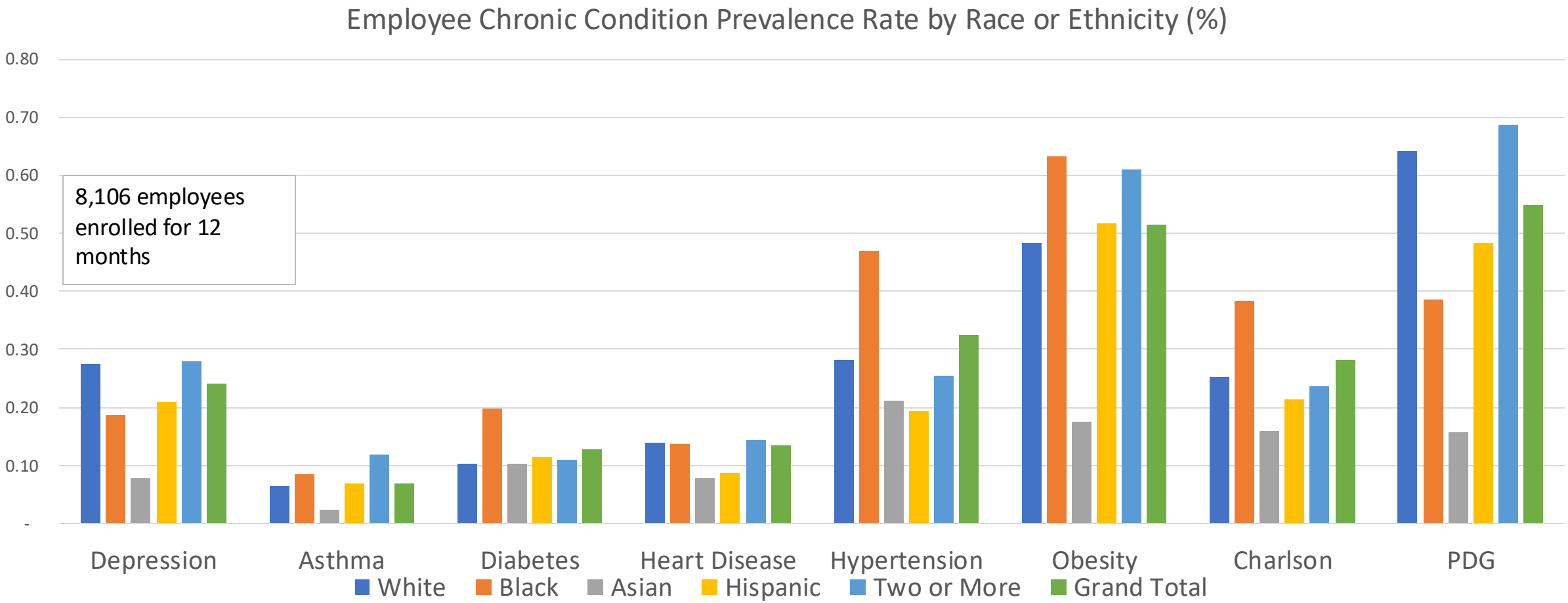
Race and Ethnicity	Members	Percent
White	6,166 (62.3%)	
$32,000 - 35,000	227	3.7%
$35,001 - 39,000	424	6.9%
$39,001 - 63,000	1,508	24.5%
$63,001 - 92,000	1,830	29.7%
$92,001 and over	2,177	**35.3%**
Black	2,725 (27.5%)	
$32,000 - 35,000	400	14.7%
$35,001 - 39,000	589	21.6%
$39,001 - 63,000	936	34.3%
$63,001 - 92,000	436	16.0%
$92,001 and over	364	**13.4%**

Race and Ethnicity	Members	Percent
Asian	413 (4.2%)	
$32,000 - 35,000	24	5.8%
$35,001 - 39,000	16	3.9%
$39,001 - 63,000	55	13.3%
$63,001 - 92,000	90	21.8%
$92,001 and over	228	**55.2%**
Hispanic	394 (4.0%)	
$32,000 - 35,000	60	15.2%
$35,001 - 39,000	73	18.5%
$39,001 - 63,000	136	34.5%
$63,001 - 92,000	74	18.8%
$92,001 and over	51	**12.9%**

*Data not adjusted for age, gender or illness burden
Analysis of 2022 incurred claims data

Health Benefits Equity Concerns: Representative Examples

Disparities in Condition Prevalence



*Data not adjusted for age, gender or illness burden. Analysis of 2023 incurred claims and EHR data
Charlson=Charlson Comorbidity Index; PDG= Psychiatric Diagnosis Groupings

Health Benefits Equity Concerns: Representative Examples

Disparities in Condition Control

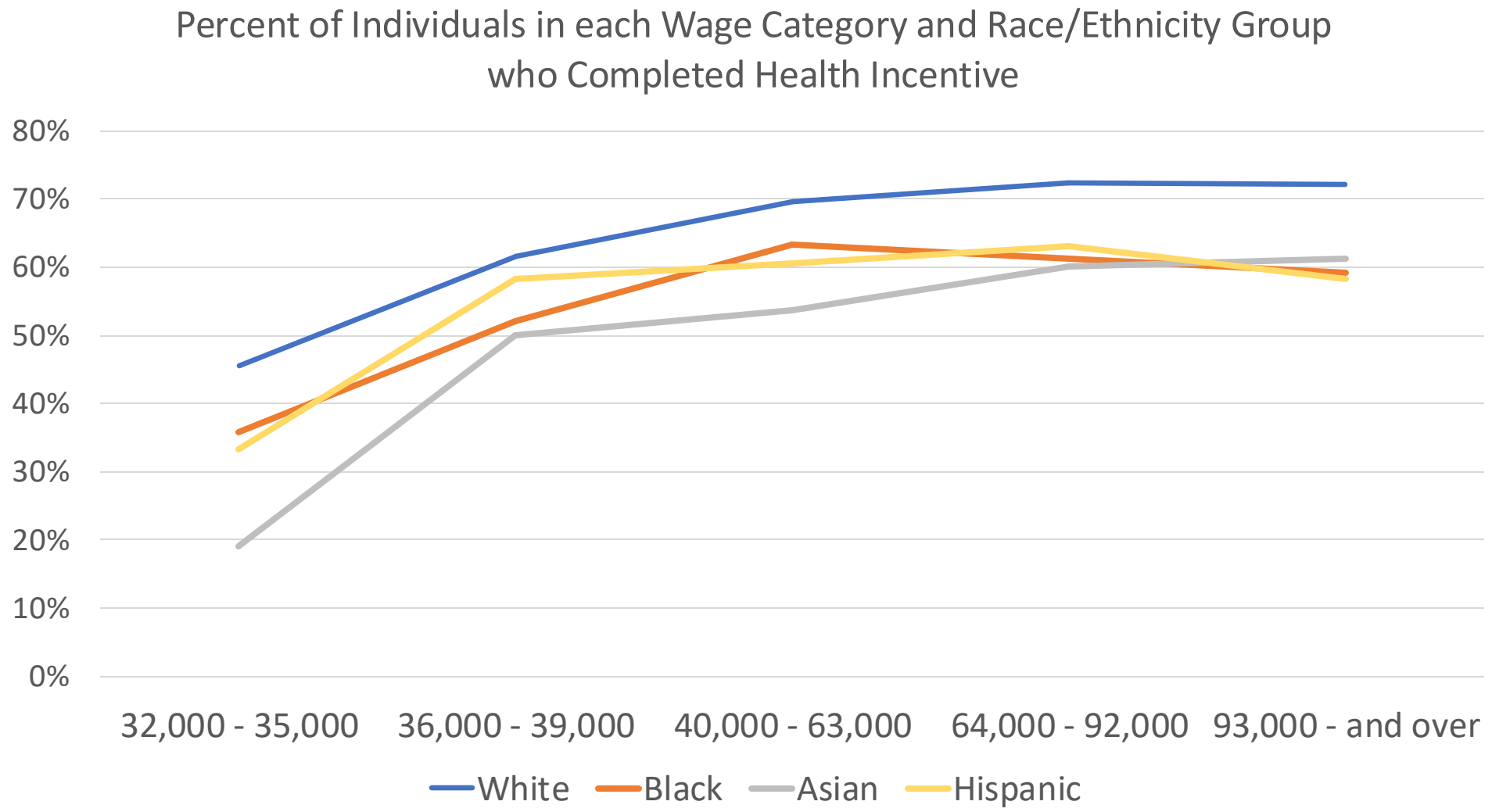
Hypertension Control*

Less than 130/80 = controlled

Employees who are:	Members	BP Control %
White	4,782	53.1%
Black	2,071	39.5%
Asian	291	48.1%
Hispanic	277	56.0%
Two or More Race/Ethnicities	105	56.2%
Total	**7,558**	**49.3%**

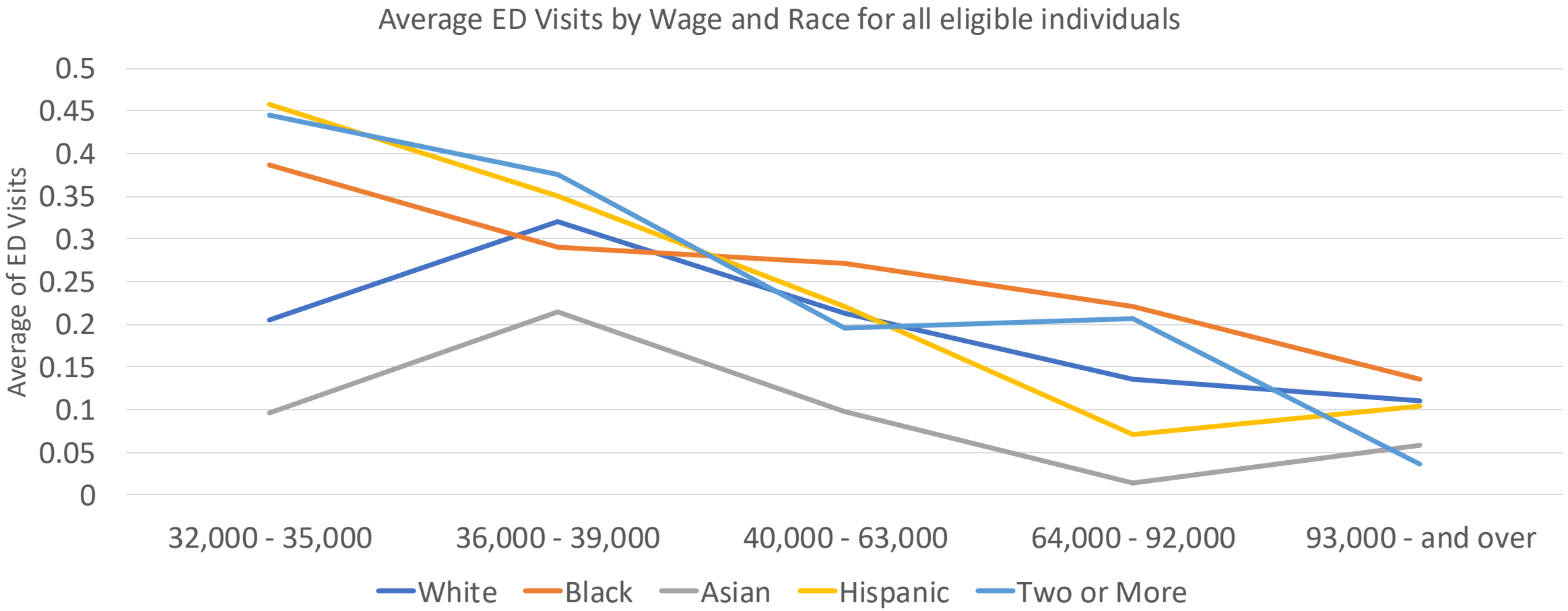
*Data not adjusted for age, gender or illness burden. Analysis of 2023 incurred claims and EHR data

Completion of Health Incentive



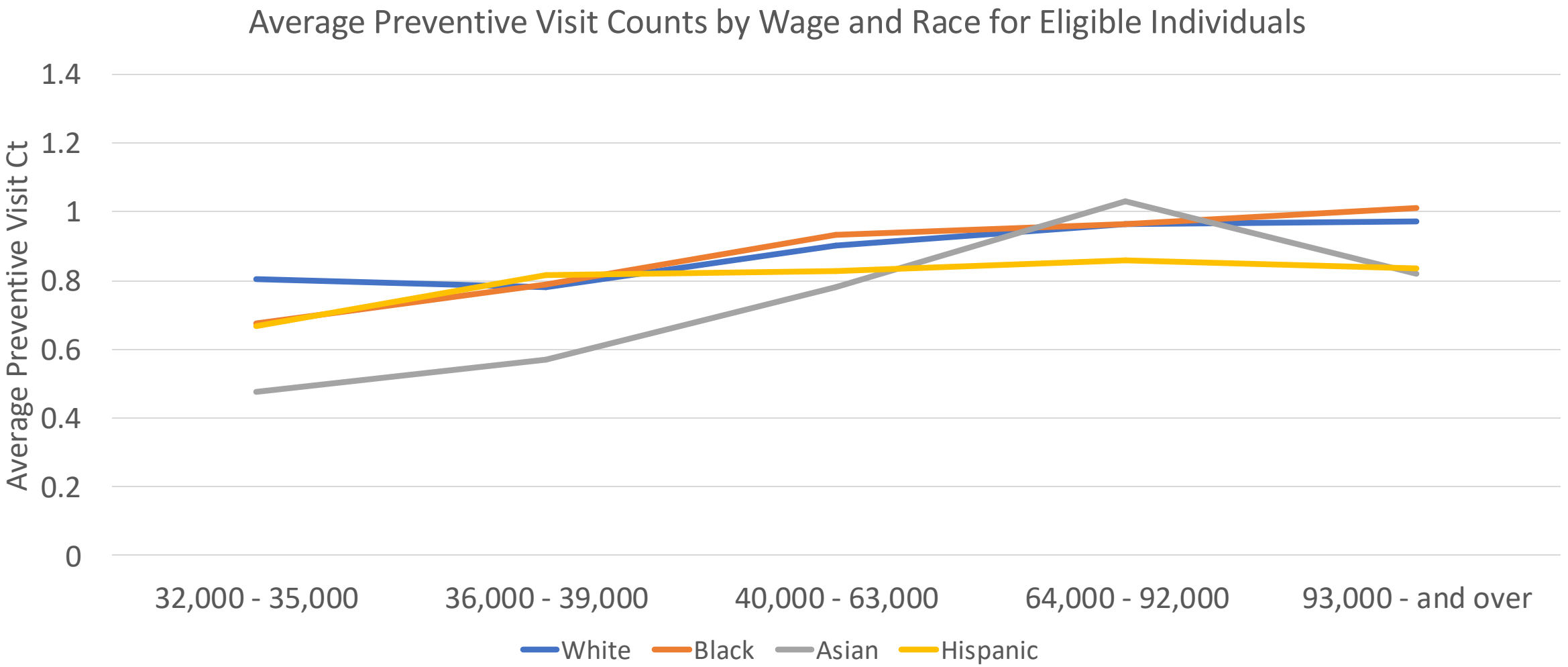
Employees who were benefits eligible for 12 months (N=8,106), of which 5,243 (65%) completed health incentive

Emergency Department Visits by Wage Band and Race, Ethnicity



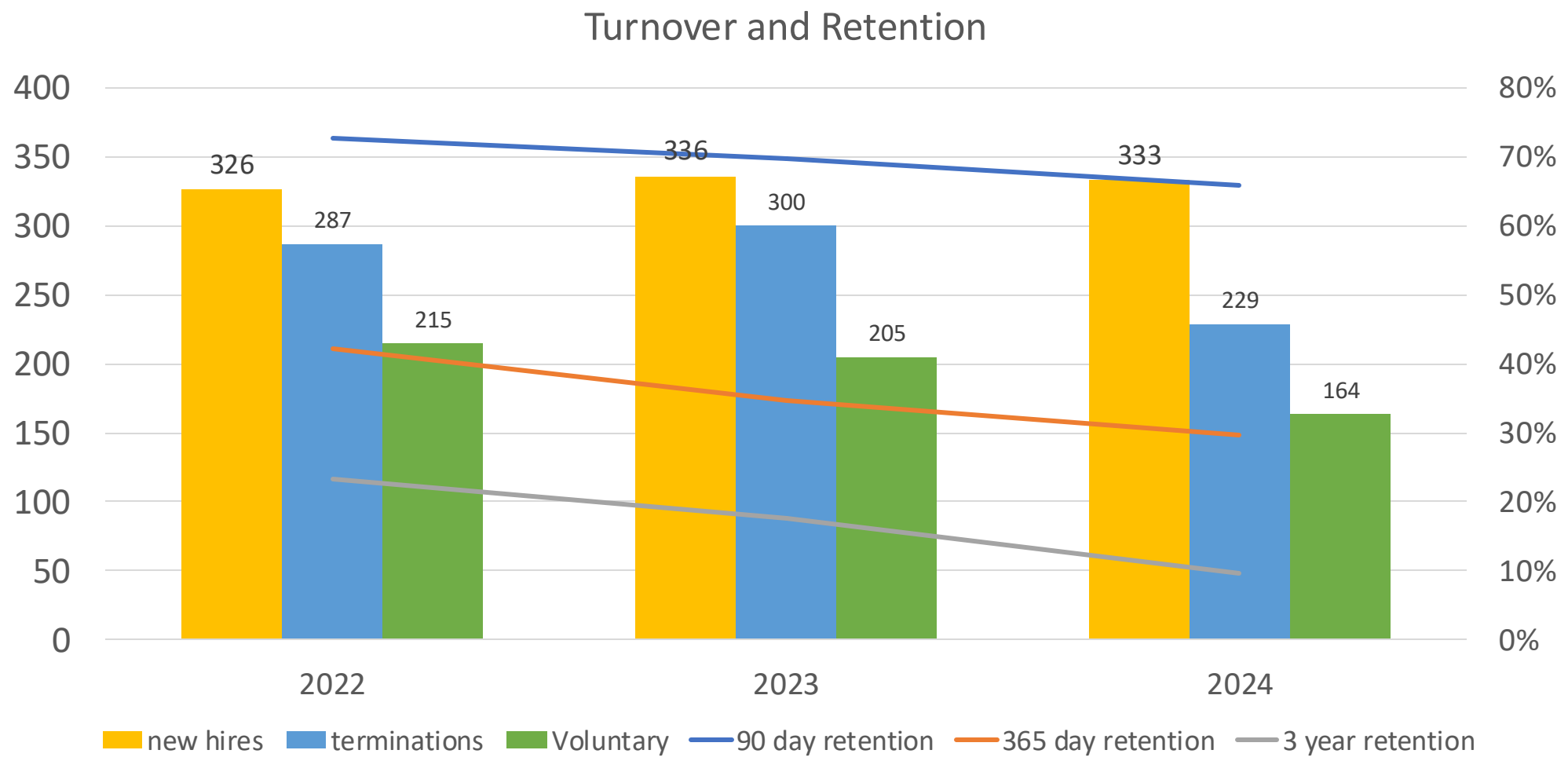
Employees who were benefits eligible for 12 months (N=8,106)

Preventive Care Visits



Employees who were benefits eligible for 12 months (N=8,106)

Turnover among Environmental Services, Patient Transport, and Nutrition



Thoughts?

Do you have any experience looking at quantitative data in your organization?

What have you found?

Qualitative Data: Leaders and Employees

- Explore perceptions of culture of health and wellbeing and health equity
- December 2022- July 2023
- 19 mid-level managers, directors, and C-suite leader interviews
  - HR, facilities management, safety and employee wellness, DEI
- 61 employees participated in focus groups
  - EVS, Nutritional services, Lab techs, CNAs, Nursing, Security, office staff
  - Multiple shifts at 3 sites

Facilitators to engaging in health and well-being offerings

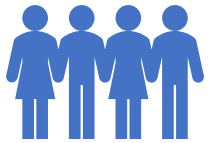
A diverse set of programs addressing physical health, mental health, safety, financial well-being

Commitment of leadership to employee health and wellbeing

Role of managers, and peers (including superusers) in supervisors supporting each other

Leadership Perceptions of Culture of Health and Health Equity

Holistic view of culture of health

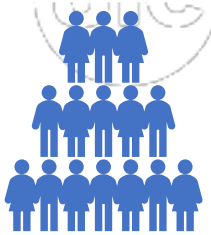


Health equity **focused at patient and community-level** vs for employees

Awareness of frontline employee challenges and barriers

Lack of data to understand uptake of programs and populations served

Employee Perceptions of Culture of Health and Health Equity



Feel disconnected with broader organizational values- lack of belonging and trust- do not feel valued or "seen”

Several individual, policy and system level barriers to equitable access to benefits – communication, clock in/clock out, other social needs

Lack of opportunities to grow within the organization- qualifications, few promotion pathways, role of supervisors

Summary of findings

Quantitative

- Intersectionality between **wage, race/ethnicity**
- Differences in **health, health promotion program access, use, and participation**
- **High turnover** among front-line staff (issues around a sense of belonging; career development)

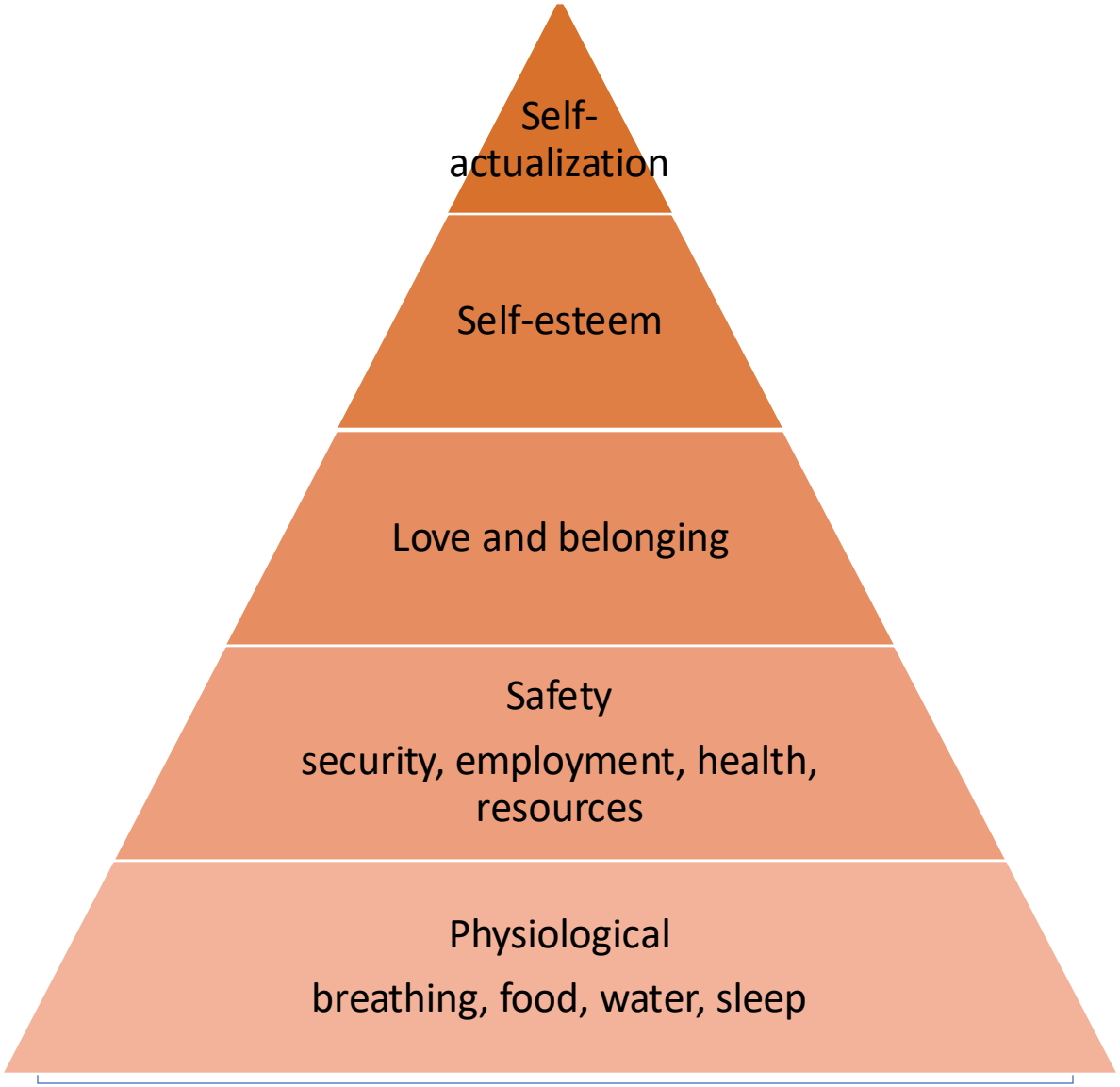
Qualitative

- **Holistic, multifaceted** internal initiatives around health
- **Lack of data** on these issues
- Challenges addressing **employee needs** (priorities relative to patients)
- **Lack of trust**
- Some **supervisors are too busy** to address employee health
- **Systems that hinder** employee health, belonging, or growth

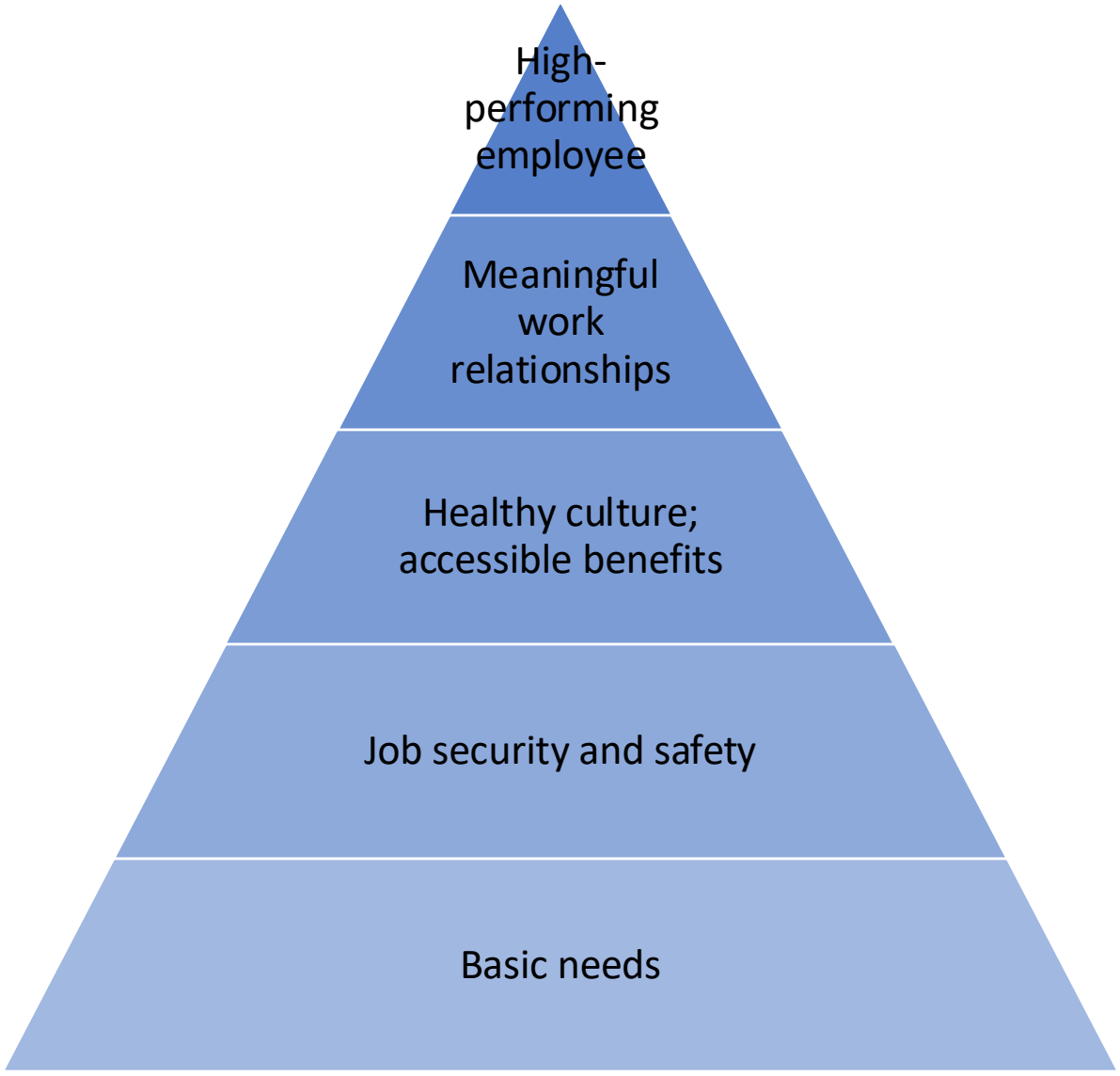
Key takeaways

- Numerous examples of health disparities and inequities exist among Cone Health benefits-enrolled employees
- Intersectionality of race, ethnicity and wage band is evident; non-White and low-wage status associated with greater disparities and inequities
- Results are likely associated with adverse business outcomes, including high turnover among low-wage workers
- Root causes/contributors to observed findings are likely multifactorial in nature, but can be identified with more in-depth analysis
- Opportunities exist to directly address these findings to mitigate observed inequities
- Business implications are significant – particularly for the Centers for Health Equity and Value-based Care

Maslow's hierarchy of needs…



… applied to the workplace



Trust is a foundational building block in both pyramids.

Thoughts?

What does health equity mean to your organization?

Where do you see the inequities when it comes to employee HWB in your organization?

Understanding the System

Understanding the System – Assets and Opportunities

Meetings with leaders (November 2023 –August 2024)

Goal

- Share program specific findings
- Ask: How can we support your work?
- Identify specific projects or initiatives
- Engage in meetings, strategy sessions, planning activities
- What data do we have, what can we collect

Key impacts to date

- Leadership engagement
  - People and Culture
    - Talent and Acquisition- job architecture efforts; talent pipelines
    - Culture Coalition
    - Re-imagining orientation
    - Well-being (Wellness warriors)
    - Communications
    - Center for Health Equity- community health to employee health focus
    - Chief Equity and Belonging Officer
  - Data Analytics and infrastructure
    - integrating employee health and wellbeing with the value-based care ecosystem
    - clinical vs non-clinical metrics
  - Enterprise leadership team
- Collaborative efforts in building roadmap
- Career pathways programs
  - partnerships with local institutions

Workforce Health Equity Roadmap: Key Considerations

Data and Evidence for Action

- **Data-driven decision making to promote and sustain equitable health and well-being**
  - **Rigorous evaluation of equity in health/well-being benefits** design and offerings
  - **Data infrastructure**
  - **Health equity dashboard** development

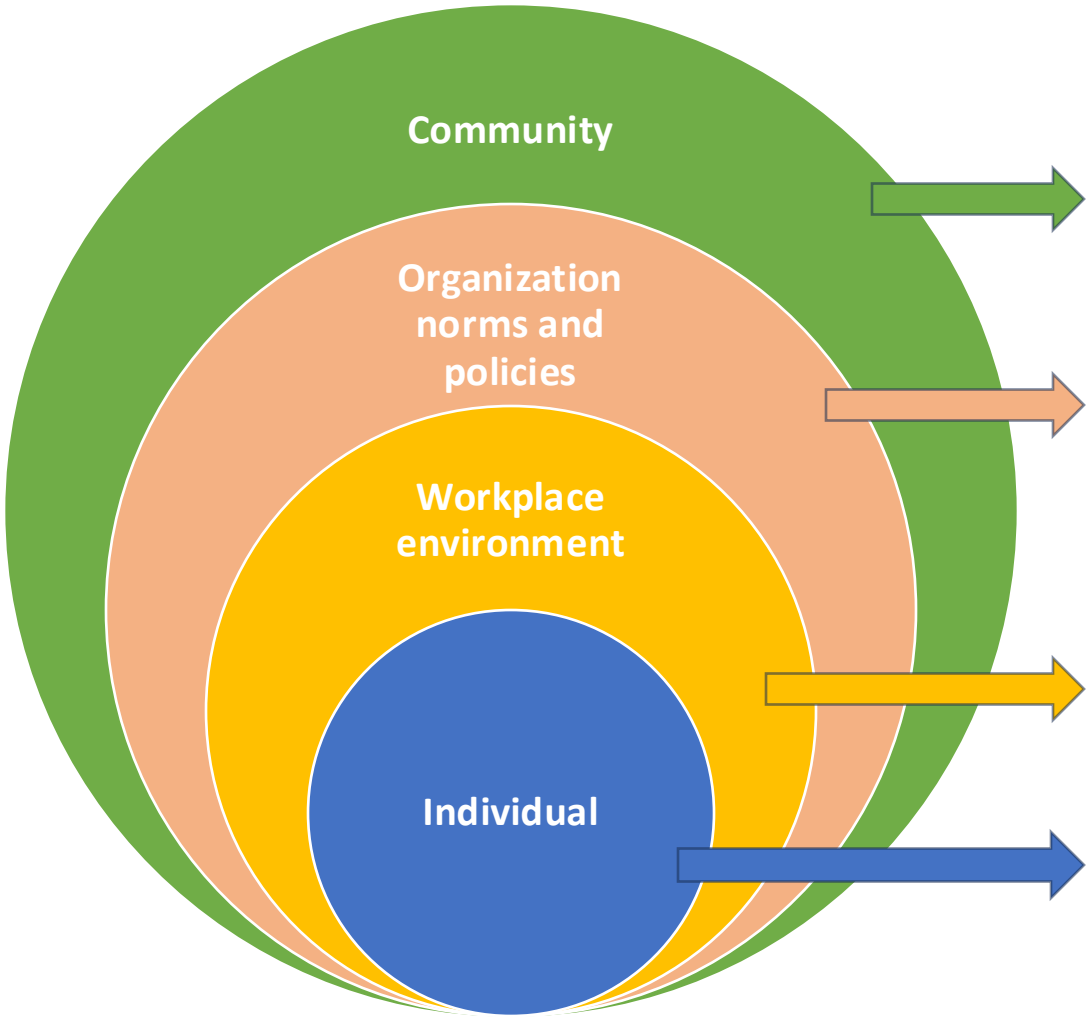
Ecosystem for Health Equity

- **Embed Health Equity into the organizational ecosystem**
  - **Operationalize health equity throughout the organization**
  - **Create a strategy, tactics and metrics for health equity** – patients and employees

Equitable Culture of Health

- **Employees are fully engaged in owning the organization's culture of health**
  - **Health equity** – a key pillar of culture of health efforts
  - **Trust and belonging-** employees feeling valued

Pilot Intervention Idea



Our goal is to

- Pilot test the **creation of an ecosystem that fosters health equity** to
  - **improve retention** and create career pathways for EVS, Nutrition and frontline new hires
  - **enhance the health and well-being** of these employees through sustained engagement in HWB programs and offerings

Workforce Health Equity Study: Lessons Learned

- New topics for organizations first have to find a supportive “home”
- Keep business value at the forefront
- Organizational business priorities don’t always align with research priorities
- “We’re already doing that” isn’t a reason to stop innovating
- Employee empowerment fosters alignment
- Patience is a virtue

Health equity vs DEI: the way forward

- **Similarities**
  - Both address inequities
  - Both involve ensuring fair and just access to resources:
    - Achieving optimal health or optimal wages, opportunities, careers and advancement
- **Differences**
  - Good health is/should be a foundational human right – and is different from considerations related to employment and career advancement, which involve other individuals

Potential Collaborations in Chicago?

- Are you or your organization interested in partnering on future research? We would love to hear from you.

Acknowledgements

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