

A Global View of Health and Well-Being

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The workplace has been recognized as an important setting for health promotion and there is evidence that worksite programs can be effective and contribute to the health and well-being of workers with positive results for businesses. However, it is very important to consider the social determinants of health and other factors that influence people's health. Overall, there is no one approach that fits all countries and cultures. In order for global workplace health promotion initiatives to be most effective, it is important to know the epidemiological, social, and cultural aspects in each place. In this context, a key resource for health promotion practitioners is the "Global Burden of Disease" (GBD) platform which was first published in 1997.¹ It includes important indicators such as disability-adjusted life years (DALYs) to measure the burden of disease that is calculated by combining the years of life lost from premature mortality with the years of life lived with disability (YLD), weighted according to severity grading. Implementation of this platform is led by the Institute of Health Metrics and Evaluation and includes 195 countries.

Each year, the GBD study produces age-specific, sex-specific, and location-specific estimates of all-cause and cause-specific mortality, nonfatal outcomes, overall disease burden and risk factor exposure, and attributable burden from 1990 to the current study year. Many more people today are living healthier lives than in the past decade. Nevertheless, people are still suffering needlessly from preventable diseases and understanding each region's needs can inform strategic planning, implementation, and evaluation of health promotion initiatives.

In 2015, the United Nations (UN) adopted Sustainable Development Goals (SDGs),² which are a collection of 17 global goals, to pursue "Transforming our World: the 2030 Agenda for Sustainable Development." The goals are broad and interdependent, yet each has a separate list of targets to achieve. Achieving all 169 targets would signal accomplishing all 17 goals. The SDGs cover social and economic development issues. Noncommunicable disease (NCD) prevention is a UN policy priority. Specifically, goal 3 is to "ensure healthy lives and promote well-being for all at all ages" and establishes target 3.4: "by 2030, reduce one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being."^{2,3}

Globally, 32 million people died in 2016 due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease. The probability of dying from these causes was about 18% for people between 30 and 70 years of age. The 2017 GBD study published in November 2018 corroborates that most nations will fail to meet SDG target 3.4 for reducing deaths from NCDs. The study finds that ischemic heart disease, stroke, and chronic obstructive pulmonary disease all caused more than 1 million deaths worldwide in 2017. Key risk factors for NCDs are responsible for an increased share of global disability compared to 1990, with high blood pressure moving from fifth to first place, smoking from fourth to second place, high blood sugar from 11th to third place, and high body mass index (BMI) from 16th to fourth place. Overall, males are more likely to die than females from an NCD.⁴

The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017 evaluates a total of 476 risk-outcome pairs. The study

further investigates the drivers of changes in risk-attributable burden and explores the relationship between development and risk exposure. The magnitude of the nonfatal disease burden has expanded globally, with increasing numbers of people who have a wide spectrum of conditions. In terms of YLDs, low back pain, headache disorders, and depressive disorders were the leading causes in 2017 for both sexes combined. The 5 leading risks in 2017 were high systolic blood pressure, smoking, high fasting plasma glucose, high BMI, and short gestation for birth weight. Four of the 5 leading risks were behavioral risks (see Figure 1).⁴

For employers, 2 issues are of particular concern based on high prevalence and the impact on they have on people's lives and workforce productivity: mental and emotional conditions and musculoskeletal (MSK) conditions.

Burden of Mental and Substance Use Disorders

The burden of mental and substance use disorders increased by 37% between 1990 and 2010 primarily due to population growth and an aging global population. Mental and substance use disorders are directly accountable for 183.9 million or 7.4% of worldwide disease burden, making them the fifth leading cause of global DALYs and the leading cause of nonfatal burden of disease years lost due to disabilities. Depressive disorders alone accounted for 40.5% of DALYs caused by mental health and substance use disorders, which also include anxiety disorders (14.6%), substance use disorders (10.9%), and alcohol disorders (9.6%). Mental health and substance use disorders were the leading cause of nonfatal YLDs, accounting for 175.3 million or 22.9% of YLD.⁵ But according to Vigo et al, these impressive data are underestimated by more than 30%. They estimate the global burden of mental illness accounting for 32.4% of YLDs and 13% of DALYs, placing mental illness on par with cardiovascular and circulatory diseases in terms of DALYs.⁶

Burden of MSK Disorders

Musculoskeletal disorders are the second most common cause of disability worldwide, with low back pain being the most frequent condition. This group of disorders includes more than 140 conditions, such as low back pain, neck pain, rheumatoid arthritis, and gout. Disability due to MSK disorders is estimated to have increased by 45% from 1990 to 2010 and is expected to continue to rise with an increasingly obese, sedentary, and aging population. Impaired MSK health is responsible for the greatest loss of productive life years in the workforce compared with other NCDs, commonly resulting in early retirement and reduced financial security.⁷

Integrated Care Approach Needed

The high prevalence of these conditions in the working-age population significantly impacts personal well-being, health-care costs, and

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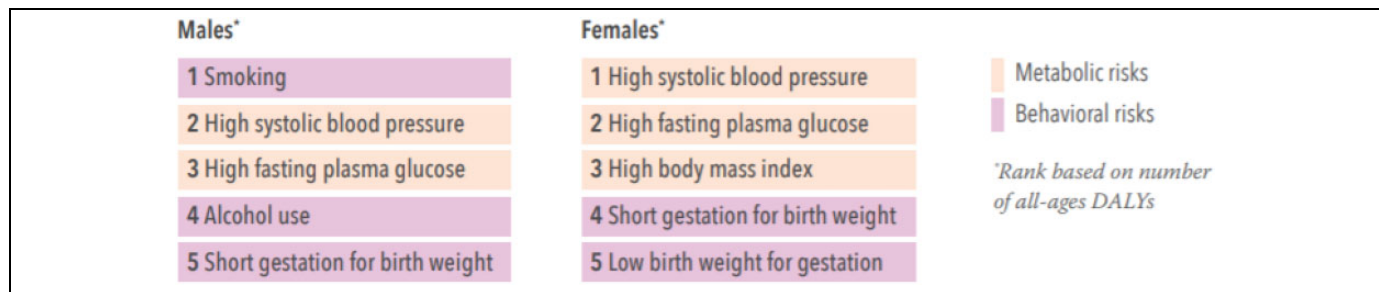


Figure 1. Leading risk factors causing early death and disability, by sex, 2017.

productivity loss, requiring an integrated care approach. Unfortunately, these conditions are often addressed in silos, in the health system, in business, and in the community. Because mental health and MSK health are often comorbid conditions, they require coordinated care and workplace health promotion managers must develop a comprehensive view of the epidemiological situation, identify appropriate potential stakeholders, and formulate a strategic approach.

Conclusion

The GBD highlights the need for policies, strategies, and health promotion programs to take an integrated care approach. It also demonstrates the importance of understanding the epidemiology of each culture and country to develop the most effective strategies and achieve desired results. Integrating workplace health promotion initiatives with the UN SDG also affords a good opportunity to connect workplace health promotion with an organization's sustainability and social capital development initiatives.

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A Global Perspective on Promoting Workplace Mental Health and the Role of Employee Assistance Programs

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Workplace health promotion practitioners have an opportunity to embrace a global movement focused on better understanding and supporting employees with mental health and substance abuse disorders. More than 1500 research articles and applied reports now exist on the topic of workplace mental health.¹ This article provides an overview of key findings from epidemiological and applied research. The prevalence rates and clinical nature of these disorders are briefly noted, followed by an examination of how the workplace can both contribute to and ameliorate the problem. A list is provided of organizations active globally in this area and their key resources. Finally, the growth of employee assistance programs (EAPs) around the world

is recognized as they have evolved into a valued partner for employers interested in advancing workplace mental health.²

Understanding Mental Health Disorders

Worldwide, common mental health disorders affect more than 300 million people and a majority (70%) of these people are employed.³ Most mental disorders are mild or moderate in their level of

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