BSR

# Healthy Business Metrics Framework

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## About This Report

The purpose of this report is to present the methodology used to develop the Healthy Business Metrics Framework and the associated metrics inventory. The findings in this report are based on interviews with company and community health experts, a workshop with more than 15 company representatives, a review of public health and corporate sustainability frameworks and metrics, and feedback received from more than 15 public health experts.

Support for this report was provided by the Robert Wood Johnson Foundation ("the Foundation"). The views expressed here do not necessarily reflect the views of the Foundation.

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## ABOUT THE HEALTHY BUSINESS COALITION

The Healthy Business Coalition convenes leaders from across a wide range of industries in the United States to create communications and tools that drive interest and investment in health and well-being across value chains.[1] The term "Healthy Business" is defined as a management approach that seeks to create value and optimize performance by improving the health and well-being of employees, consumers, and communities. The collaboration, formerly known as the Business Coalition for Population Health, was launched in 2014.

[1] "Health and well-being" is used throughout this report as an umbrella term to describe all aspects of corporate engagement on community health, from healthcare and safety to prevention and policy influencing. Throughout this report the term "health metrics" is meant to encompass a broad range of metrics that address health and well-being issues.

# CONTENTS


1. **Introduction (pg. 2)**
2. **Overview of Process and Results (pgs. 3 – 4)**
3. **Healthy Business Metrics Framework (pgs. 4 – 7)**
4. **Healthy Business Metrics Inventory (pgs. 8 – 12)**
    a. **Framework Review**
    b. **Metrics Inventory Development and Refinement**
    c. **Final Metrics Inventory**
5. **Areas for Future Consideration (pgs. 13)**
6. **Acknowledgements (pg. 14)**
7. **Appendices (pgs. 15 – 31)**


# INTRODUCTION

The private sector is fundamental to promoting a national Culture of Health.[2] Companies will be instrumental to fulfilling a shared national aspiration to make good health and well-being accessible and affordable to all Americans. The need for business action cannot be overstated: companies play a critical role in our nation's health through programs that improve the health and well-being of their employees and their communities, through the very products and services they offer consumers, and through their vocal support and policy advocacy. The Healthy Business Coalition and similarly Robert Wood Johnson Foundation's **Culture of Health** vision, supports the private sector to increase investment in programs and initiatives that prioritize and improve health outcomes for employees, consumers, and the communities in which these companies operate.

A lack of shared and conducive health metrics limits private sector engagement and increased investment in a Culture of Health. Measuring long-term benefits of business investment and the health impacts of business actions are both singularly difficult – establishing and monitoring metrics that achieve both is a unique challenge that may hinder private sector investment in a field in which its resources are needed. Shared health metrics also serve to spur collective action by facilitating best practice sharing and collaboration among the private sector and civil society. In 2016, members of the Healthy Business Coalition agreed the private sector needs further support on metrics. Shared health metrics offer the opportunity to accelerate private sector efforts to adopt, implement, and scale evidence-based interventions that will deliver significant benefits to public health.

To help individual tracking of health initiatives and foster collective action, BSR endeavored to translate public health metrics for the private sector. BSR conducted a landscape review of influential and illustrative health frameworks, and engaged public health experts and business leaders to define the opportunity for business to act on health. The Framework helps businesses measure their varied impacts on population health and includes an inventory of priority health metrics informed by public health expertise and tailored for business adoption.

This paper describes the research development process of the Healthy Business Metrics Framework. The paper also serves as the supporting material to the Healthy Business Metrics Guide – a user-friendly tool to guide corporate leaders in the consideration and selection of health metrics for their business.

[2] "Culture of Health" is a signature U.S. initiative promoted by the Robert Wood Johnson Foundation. The organization offers the following context on "Culture of Health:" "A Culture of Health is broadly defined as one in which good health and well-being flourish across geographic, demographic, and social sectors; fostering healthy equitable communities guides public and private decision making; and everyone has the opportunity to make choices that lead to healthy lifestyles. The exact definition of a Culture of Health can look very different to different people. A national Culture of Health must embrace a wide variety of beliefs, customs and values. Ultimately it will be as diverse and multifaceted as the population it serves." (Source: "What is a Culture of Health")

# OVERVIEW OF RESEARCH AND RESULTS

BSR manages the Healthy Business Coalition (HBC) through generous support from the Robert Wood Johnson Foundation. The HBC convenes cross-industry companies to address health and well-being across value chains through a "Healthy Business" approach that seeks to improve health outcomes for employees, consumers, and communities. For the past four years BSR has worked with companies seeking to adopt a comprehensive approach to health and created a Healthy Business Coalition Toolkit that supports corporate leaders to drive Healthy Business programs in their organizations.

**Consultation with HBC members during an annual meeting in 2016 highlighted the need for more support to define the key performance indicators (KPIs) to drive Healthy Business programs.** Members asked for further guidance in translating their Healthy Business vision and strategy to relevant and actionable metrics that would support program development and monitoring of progress. The expressed need for Healthy Business metrics drove HBC to embark on a research workstream toward providing members with guidance on selecting and incorporating health metrics.

**Initial research confirmed HBC members' assessment: there is no existing comprehensive health metrics framework that enables the private sector to measure its impact on a broad set of health priorities**. Corporate sustainability reporting frameworks do not provide a comprehensive inventory of health metrics beyond employee health and safety indicators. Public health frameworks present robust health metrics developed through multistakeholder consultations but often lacked applicability and clear guidance for private sector action. Acknowledging the technical robustness of public health frameworks, BSR developed a process to incorporate these frameworks toward translating public health metrics for the private sector.

**BSR conducted a landscape review of existing frameworks to understand public health priorities and the opportunities for business action.** This research involved analyzing a sample of public health and corporate sustainability reporting frameworks for metrics relevant to a broad set of health issues and applicable to the private sector. BSR detected more than 800 relevant metrics and undertook a process to present a short-list of priority issues based on commonality across multiple frameworks. HBC's Annual Convening in 2017 served to review the short-list with expert and corporate stakeholders. The review process served to define key principles for an eventual Healthy Business Metrics Framework and an inventory of related metrics.

**The Healthy Business Metrics Framework is founded on principles for translating existing metrics and frameworks for the private sector.** The three principles defined through the research process are the following:

1. **Enable a Broad Perspective on Health:** A framework for private sector action on health needs must provide guidance on health beyond a focus on disease burdens and access to care. Metrics need to account for critical health factors such as social and economic determinants, as well as healthy behaviors. Companies need an expanded portfolio of health metrics to encompass the full range of issues that impact population health. Member companies also highlighted the value of translating health metrics to emphasize potential positive outcomes where possible. Reframing health impacts, where appropriate, to focus on positive health outcomes and business benefits better enables company practitioners to create internal buy-in for adopting new metrics and engage external stakeholders.

2. **Provide Guidance on Outcomes and Impacts:** Population health can be tracked and quantified based on measurable disease impacts (i.e. incidence of disease, mortality rates). While these long-term metrics serve as a North Star for Healthy Business strategy and ambitions, an actionable framework for the

private sector must also enable monitoring against more near-term outcomes. Companies will be able to manage toward identified impacts through outcome metrics, but impact metrics can be too long-term and broad to adequately guide company actions.

For the purposes of this effort, outcomes are defined as the short- to medium-term effects of the program intervention and evidence increased awareness, increased access, and positive behavior change. Impacts are broader in scope and demonstrate long-term change on population health issues and evidence greater health equity[3].

3. **Highlight Scopes of Business Action:** Company influence on population health is not restricted to workplace health issues. A comprehensive framework needs to account for the varied scopes of action in which a company can play a direct and enabling role in improving health outcomes. Stakeholders provided input into various options for categorizing business' opportunities for action. The resulting framework categorizes the private sector opportunity into four areas: Workforce & Operations, Products & Services, Community Partnerships, and Policy & Advocacy. As with the broadened focus on health, these scopes of action expand the arenas in which business can monitor its impact on population health.

## HEALTHY BUSINESS METRICS FRAMEWORK

**The Healthy Business Framework clarifies the opportunities for private sector action.** The Framework acts upon the identified principles to provide an overview of how outcome and impact metrics link to a company's Healthy Business strategy and programs. The existing Healthy Business Coalition Toolkit and research inform the Framework. The Framework demonstrates how companies can set a strategy to improve population health toward developing programs that consider opportunities across all scopes of action. The metrics Framework and inventory rely on companies managing a Healthy Business strategy and enacting programs. The framework is presented below.

[3] The Robert Wood Johnson Foundation (RWJF) provides the following definition for health equity: "Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." (Source: "What is health equity?")

**Diagram 1:** Healthy Business Metrics Framework

**The components of the Framework are**:

- **Healthy Business Strategy and Vision**: The Healthy Business Strategy Tool enables companies to prioritize health issues based on company impact and importance to a range of stakeholders including employees, customers, and relevant communities. The HBC Strategy Tool identifies a long-list of health issues which public health experts and corporate practitioners consider areas where private sector can play a role in improving population health outcomes. In effect, the tool enables companies to develop a vision and strategic perspective for improving health outcomes and fostering health equity through a broadened understanding of health issues.

  The Healthy Business Strategy Tool identifies 42 priority health issues across 6 categories (see Appendix *Table: C*). The categories and issue list were developed in partnership with health experts and companies participating in BSR's HBC. The tool references frameworks from institutions, such as the Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, County Health Rankings and Roadmaps, World Health Organization, Institute for Health Metrics and Evaluation, Vitality Institute, and Gallup Sharecare Well-Being Index.

  The categories serve to focus corporate strategy on population health and delineate areas for impact. Furthermore, the issues list provides a starting point for companies to address health with a broader and more holistic perspective on what constitutes "good health." The strategy tool recognizes that all categories and issues are important, yet it encourages companies to identify those issues that best align with their Healthy Business visions and provides an approach to creating a Healthy Business strategy from the health-issue

categories listed below. When developing the inventory of Healthy Business metrics, BSR used these health categories to help identify relevant health metrics. The categories are presented below:

**Diagram 2:** Healthy Business Issue Categories

- **Healthy Business Programs**: The HBC also produced an Innovation Playbook and Stakeholder Engagement Guide to help companies act on their strategy in partnership with key stakeholders. These resources are reflected in the Healthy Business Metrics Framework as the "Healthy Business Programs" that provide a link between strategy and metrics.

  This component of the Healthy Business Program also reflects the principle that the opportunity for corporate action extends beyond employee health and well-being programs. Employee health is often an entry point into companies' engagement on health, but it does not adequately encompass all potential spheres of influence that a company may have regarding human health. Furthermore, a health program focused entirely on programs within the "four walls" of a company's operations will have limited success: employee health programs must be supported by community efforts that reinforce healthy behaviors and complement healthy work environments. In addition, it is evident that companies' products and services can have significant impacts on consumer health, many corporate community partnerships center on improving community health impacts, and corporate advocacy at the national and sub-national levels can help foster a national "Culture of Health."

  BSR designates these four areas of influence as "scopes of action," which is a categorization of health metrics and provides a framework for companies to develop more comprehensive and strategic Healthy Business Programs. The "scopes of action" distinguish between those areas where a company has a "direct impact" and where a company can have "enabling influence." The scopes of action are described below:

**Diagram 3:** Healthy Business Framework – Scopes of Action

- **Healthy Business Metrics**: The final component, Metrics, reflects best practices in the business and public health community to measure programmatic progress through goal-setting and impact measurement. The Framework reflects stakeholders' perspectives that not all impacts are equivalent and provides one way to distinguish between near-term outcomes and long-term impacts.

  In this Framework "near-term outcomes" are distinct from "long-term impacts." The outcomes are immediate results from Healthy Business Programs and provide evidence of individuals' increased awareness to health issues and factors, their increased access to health initiatives or resources to support positive health and demonstrate changed healthy behaviors. The impacts follow on outcomes and demonstrate long-term change on population health issues or evidence greater health equity.

The Framework is intended to demonstrate the thread linking strategy, programs, and metrics. The Framework emphasizes the need to work on a broader set of health issues and use the comprehensive set of resources available to the private sector to benefit population health.

# HEALTHY BUSINESS METRICS INVENTORY

The Healthy Business Metrics Framework is accompanied by a Healthy Business Metrics Inventory (included in the Appendix as *Table: A* and *Table: B*). The inventory was informed by the same research process that helped identify the three main principles underlying the Framework. The inventory developed by BSR is reflective of a process and does not constitute an exhaustive list of metrics. Companies will ultimately select metrics that connect on their strategy and programs, and new metrics may emerge through consultation with their own stakeholders and based on their specific programming. The inventory developed by BSR serves as a starting point and highlights common metrics.

**The Healthy Business Metrics Inventory reflects BSR's research finding that no current metrics framework exists that synthesizes public health priorities and translates metrics for private sector adoption and use.** BSR conducted a stakeholder-informed and research-based process to develop this inventory. The development process leveraged existing metrics frameworks, mapped metrics to Healthy Business priority issues, and engaged corporate partners to translate public health metrics for the private sector.

**Diagram 4:** Process for developing the Healthy Business Metrics Inventory

## PROCESS PART I – FRAMEWORK REVIEW

**The metrics-development process began by a review of representative measurement frameworks from the fields of public health and corporate sustainability reporting.** By leveraging public health measurement frameworks, many of which represent multistakeholder processes, the inventory would benefit from existing research on key disease burdens and related risk factors and reflect current stakeholder health priorities. Including corporate sustainability reporting frameworks added context on existing corporate reporting practices and provided insight on what "extra-financial" priorities external stakeholders expect from the private sector.

The representative frameworks were selected to cover health priorities across geographies, represent various stakeholder groups, and provide a perspective on relevant health metrics across the previously defined Healthy Business categories. There are numerous product-specific indices, such as Access to Medicine Index or Access

to Nutrition Index, that may be relevant to specific sectors when developing metrics for products and services. There are likewise additional corporate sustainability reporting frameworks but the Global Reporting Initiative (GRI) and the Sustainability Accounting Standards Board (SASB) were selected as proxies. The table below highlights the 14 frameworks selected to generate the starting point for defining health metrics.

**Table 1:** Frameworks reviewed in development of Healthy Business Metrics Inventory

| Reviewed Frameworks | | # of Metrics | Purpose and Focus | Private Sector Focus | Health Focus |
|---|---|---|---|---|---|
| Global | Sustainable Development Goals (SDGs) | 232 | Global framework for public and private action | Partial – global indicators w/ some private sector specific | Partial |
| | OECD – Better Life Index | 24 | Dashboard of indicators for national well-being | Minimal – country and systems level indicators | Partial |
| | WHO Core Health Indicators | 100 | Global framework for priority health indicators | Minimal – country and systems level indicators | Full |
| | Global Burden of Disease – Risk Factors | 65 | Global framework for health outcomes and risk factors | Minimal – country and systems level indicators | Full |
| Corporate | Global Reporting Initiative (GRI) – G4 Standard | 149 | Corporate sustainability disclosure | Full - corporate disclosure framework | Minimal – broad range of stakeholder issues |
| | Sustainable Accounting Standards Board | variable | Corporate sustainability investment disclosure | Full - corporate disclosure framework | Minimal – varies by sector |
| | Just Capital | 66 | Corporate sustainability benchmark | Full - corporate benchmark | Minimal – broad range of stakeholder issues |
| | CDC Worksite Health Scorecard | 17 metrics 60+ questions | Employee health toolkit with participation metrics and scorecard for programs | Full – intended for employers | Partial – primarily focused on work environment issues |
| National and Community | County Health Rankings & Roadmaps | 75 | Index of county health metrics and indicators | Minimal – no specific private sector indication | Full |
| | Healthy People 2020 | 26 | Government index of priority health indicators | Minimal – no specific private sector indication | Full |
| | America's Health Rankings | 50 | Index of national health indicators | Minimal – no specific private sector indication | Full |
| | AARP Livability Index | 40 | County index for citizen well-being indicators | Minimal – no specific private sector indication | Full |
| | RWJF Culture of Health | 34 | Action framework for national Culture of Health | Partial – systemswide w/ private sector component | Full |
| | Mariposa Healthy Living Toolkit | 19 | Example of community health framework | Minimal – no specific private sector indication | Full |

As a result of the framework review, our research identified four key themes:

1. **Corporate sustainability metrics are lacking a level of sophistication regarding health**: Sustainability frameworks do not offer a comprehensive set of indicators for health and well-being, and selection of metrics is based on materiality. Employee Health and Safety (EHS) metrics are the predominant area in corporate sustainability where health-related metrics can be found.

2. **Greater alignment needed between public health and corporate sustainability frameworks**: There is close alignment among global, national, and community health frameworks in selection of health metrics, but corporate sustainability reporting frameworks do not fully integrate these public health metrics. Clearly these frameworks serve distinct audiences and interests but increased investment in public health initiatives by the private sector depends on greater integration.

3. **Public health metrics go beyond disease burdens to incorporate risk factors and determinants of health**: Frameworks distinguish social determinants of health from health outcomes; and some contemplate health equity as an overarching goal of public health. Frameworks adopt a "prevention-first" approach that requires consideration of social and economic determinants of health and other drivers that contribute to health outcomes.

4. **There can be significant variation of metrics among public health frameworks**: Public health frameworks intentionally align on health priorities and issues, yet there can be variation regarding specific metrics that reflect individual frameworks' target audience, geographic focus, and depth of engagement on a particular health issue.

**No single framework among this representative selection of frameworks conveyed a comprehensive and a holistic set of metrics for the private sector.** Furthermore, these frameworks in aggregate often are composed of duplicate metrics; and, therefore, a process of harmonization was used to further refine these sets of metrics. While the aggregate of 850+ metrics provided sufficient fodder for companies seeking to select health metrics to guide their programs, BSR experience and HBC member input recommended a process to synthesize the frameworks and narrow down the list of metrics to make selection more feasible and user-friendly.

## PROCESS PART 2 – HEALTH METRICS INVENTORY

To make these metrics relevant for Healthy Business Programs and actionable for the private sector, the HBC conducted a multi-step process to make the universe of health metrics more manageable for companies.

- **Filtering for Health Priority**: BSR reviewed the 850+ metrics for applicability and relevance to the defined Healthy Business categories and issues outlined in the HBC Strategy Tool. These health issues, developed in accordance with input from the Robert Wood Johnson Foundation and guided by existing WHO and CDC frameworks, outline six health categories with more than 30+ health issues. Metrics that did not pertain to the identified health issues were screened out of the metrics inventory. This process yielded 500+ relevant metrics.

- **1st Screening for Commonality**: A second process reviewed these 500+ relevant metrics for duplication and commonality across frameworks. Considering presence in multiple frameworks as a sign of priority, more than 80 metrics were selected that appeared in more than one framework. This yielded more than 80 metrics spanning most of the Healthy Business categories and issues.

- **2nd Screening for High Priority**: The 80+ metrics identified were further refined to select those metrics that appeared in three or more frameworks. The Appendix includes a list of these common metrics in *Table: D*.

- **Private Sector Translation and Expert Consultation**: To make the final health metrics inventory actionable and useful for the private sector, BSR engaged members of the HBC during its annual meeting in October 2017 to review the preliminary short-list of health metrics. Company representatives were requested to address if metrics were relevant, actionable, or currently in use, to measure existing programs. Furthermore, companies provided feedback on metrics that were potentially missing from the current inventory, and they refined language on existing metrics to increase their relevance to the private sector.

The meeting feedback and subsequent reviews with companies and community health experts resulted in further refinement to develop the final inventory.

## HEALTHY BUSINESS METRICS INVENTORY

**The Framework is accompanied by a Healthy Business metrics inventory** (included in the Appendix as *Table: A* and *Table: B*). The final inventory leverages the identified principles for Healthy Business Metrics in three ways:

» The inventory links health metrics to the six Healthy Business issue categories.
» The inventory connects health metrics to the relevant Scopes of Action.
» The inventory distinguishes between near-term outcomes and long-term impacts.

The diagrams below demonstrate how the outcome and impact metrics are presented for corporate use in the Healthy Business Metrics tool. The diagrams offer a complementary way of identifying relevant metrics as outcomes and impacts are linked in both presentations. For companies with existing programs, the outcome metrics provide guidance on potential metrics to help monitor and evaluate current efforts. For companies that have defined a health priority issue but need guidance on relevant outcomes to influence, the impact metrics enable companies to identify contributing outcomes. The appendix version includes sources for these metrics.

**Diagram 5:** Reading the Healthy Business Outcome Metrics

| Scope of Action | Healthy Business Category | Outcome | Outcome Definition | Connected Impacts |
|---|---|---|---|---|
| Workforce & Operations | Work Environment | Re-Skilling Opportunities | % of employees with access to and utilizing learning and development opportunities to build skills for evolving workplace | Inequality Ratios<br>Unemployment Rates |
| Workforce & Operations | Healthy Behaviors | Biometric Screenings | % of employees regularly visiting health professionals for necessary tests, screenings, and observation | Years of Potential Life Lost Rate<br>Diabetes Rates<br>Cancer Mortality |
| Workforce & Operations | Disease Burdens | Parental Leave Access | % of new parents among employees, contract workforce, and supply chain workers with access to paid family leave | Infant Mortality Rates<br>Maternal Mortality Rates<br>Breastfeeding Rates |
| Workforce & Operations | Healthy Behaviors | Access to Recovery | % of employees with access to services and programs that support recovery from alcohol and substance abuses | Substance Abuse<br>Suicide Rates |

*Identified outcome metrics are tagged to the most relevant scope of action and relevant Healthy Business category.*

*Outcome metrics are labeled and defined.*

*Outcome metrics are connected to significant long-term impacts on which they play a deciding factor.*

**Diagram 6:** Reading the Healthy Business Impact Metrics

| Healthy Business Category | Impact | Impact Definition | Contributing Outcomes | |
|---|---|---|---|---|
| | | | Outcome | Scope of Action |
| Economic & Social Determinants of Health | Inequality Ratios | Ratio of household incomes at the 80th and 20th percentile | Diverse Leadership | Workforce & Operations |
| | | | Diverse Hiring | Workforce & Operations |
| | | | Re-Skilling Opportunities | Workforce & Operations |
| | | | Access to Living Wage | Workforce & Operations |
| | | | Housing Affordability | Community Engagement |
| | | | Voting Participation | Policy & Advocacy |
| Physical Environment | Air Quality Index | Average daily amount of fine particulate matter in micrograms per cubic meter | Availability of Public and Pedestrian Transportation | Workforce & Operations |
| | | | Travel Time and Cost | Workforce & Operations |
| | | | Well-Being Building Standards | Workforce & Operations |
| | | | Environmental Responsibility – Greenhouse Gases and Pollutants | Products & Services |
| | | | Safe and Comfortable Housing | Community Engagement |

*Identified impacts are tagged to the relevant Healthy Business category.*

*Impacts and definitions provided reflect a sampling of key priorities common across multiple public health frameworks.*

*Near-term outcomes that may contribute to changes in the impact metrics are included and categorized by their respective scope of action.*

## Areas for Future Consideration

**BSR will create a companion tool to support the adoption and use of the Healthy Business Metrics Framework within companies.** The tool will be published in a business-friendly PowerPoint presentation with an Excel version of the Healthy Business metrics. This tool is intended to help companies advance a corporate Culture of Health that prioritizes health and well-being as central to its business strategy.

**The Healthy Business Metrics Framework and metrics inventory are a starting point.** The Framework is not a conclusive definition of business' responsibility to population health; the metrics inventory are not comprehensive metrics that are relevant to all businesses and communities. Instead the Framework is intended to provide businesses with an approach to selecting metrics that will help advance their Healthy Business programs.

**The lack of private sector metrics to measure population health impacts is a significant gap in the broader corporate sustainability effort.** At the same time, BSR's research is itself evidence of a burgeoning dialogue between public and community health experts and the private sector. Further harmonization and action is needed, and increasing communication among communities, civil society, the private sector, and public health experts is essential to building and advancing a Culture of Health.

We view the following as opportunities for further exploration:

- *Encourage Continuing Dialogue between the Public Health and the Private Sectors:* The public health field holds essential expertise that can guide business action to develop employee health programs, sponsor community health initiatives, and develop products and services that promote positive health outcomes. Public health guidance has been focused on public sector efforts, but there is an ongoing need to identify the opportunities for the private sector to responsibly contribute to national, state, and local goals for health and well-being.

- *Increase Translation of Public Health Research:* In addition to encouraging further dialogue, the public health field should be mindful of the need to translate new research for a business audience. Providing clear guidance on links between disease risks and burdens and the importance of determinants of health are critical to supporting company advocates who endeavor to build the business case for action on health and well-being. Companies should be ready partners in engaging with, and allocating resources to public health experts who can provide the necessary translation of this literature.

- *Private Sector Commitment to Reporting*: The private sector needs to raise the current standard of corporate reporting on health impacts. Building a database of corporate health programs and impacts is essential to advancing the public health field and further developing the opportunities for scaling Healthy Business and Culture of Health.

The HBC serves as a platform for this continued collaboration and dialogue among companies, civil society, and other stakeholders. This report and the subsequent business tool on health metrics are intended to be resources that support private sector action on health. This issue is too large and too complex for one single organization, field, or discipline to solve. A healthier, more inclusive, and productive U.S. depends not only on private sector action, but also collaboration among private and public stakeholders, and BSR invited companies, public health experts, and community leaders to support a concerted effort to promote a national Culture of Health.

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# Appendix

## a. Healthy Business Metrics Inventory – Outcome Metrics

| Scope of Action | HBC Category | Outcome | Outcome Definition | Connected Impacts | Outcome Derivation (Sources) |
|---|---|---|---|---|---|
| Workforce & Operations | Access to Care | Workforce coverage | % of workforce covered by adequate health coverage | • Years of Potential Life Lost Rate<br>• Affordability of Healthcare | SDGs; WHO Core Health; Global Burden of Health; Just Capital; CDC Work-site; County Health Rankings; America Health Rankings; RWJF Culture of Health |
| Workforce & Operations | Disease Burdens | Flu Vaccinations | % of workforce receiving annual flu vaccinations | • Years of Potential Life Lost Rate | Derived from Healthy Business consultations |
| Workforce & Operations | Disease Burdens | Parental Leave Access | % of new parents among employees, contract workforce, and supply chain workers with access to paid family leave | • Infant Mortality Rates<br>• Maternal Mortality rates<br>• Breastfeeding rates | RWFJ - Culture of Health |
| Workforce & Operations | Disease Burdens | Parental Leave Usage | % of new parents among employees, contract workforce, and supply chain workers taking full advantage of available family leave policy | • Infant Mortality Rates<br>• Maternal Mortality rates<br>• Breastfeeding rates | RWFJ - Culture of Health |
| Workforce & Operations | Economic & Social Determinants of Health | Harassment & Discrimination | Total number of incidents of discrimination and corrective actions taken | • Crime and Violence Rates | GRI |
| Workforce & Operations | Healthy Behaviors | Access to Recovery | % of employees with access to services and programs that support recovery from alcohol and substance abuses | • Substance Abuse<br>• Suicide Rates<br>• | RWFJ - Culture of Health |
| Workforce & Operations | Healthy Behaviors | Access to Healthy Foods | % of workforce with healthy and affordable food options in company cafeterias and local area. | • Diabetes Rates<br>• Healthy Eating Choices<br>• Obesity Rates | Mariposa Healthy Living Initiative |
| Workforce & Operations | Healthy Behaviors | Biometric Screenings | % of employees regularly visiting health professionals for necessary tests, screenings, and observation | • Years of Potential Life Lost Rate<br>• Diabetes Rates<br>• Cancer Mortality | WHO Core Health; America's Health Rankings; CDC Worksite Health; Healthy People 2020 |
| Workforce & Operations | Healthy Behaviors | Volunteering | % of workforce volunteering | *Depends on volunteering activity* | GRI; Culture of Health |
| Workforce & Operations | Healthy Behaviors | Tobacco Cessation Programs | % of employees who currently smoke that are actively engaged in a tobacco-use cessation program | • Tobacco Smoking Rates<br>• Chronic Respiratory Illness Mortality<br>• Cancer Mortality | CDC Worksite Health |
| Workforce & Operations | Healthy Behaviors | Sleep quality and quantity | % of workforce with access to mindfulness training and programs to improve sleep quality | • Obesity Rates<br>• Traffic Accidents<br>• Hypertension and Control | America's Health Rankings |

| | | | | | |
|---|---|---|---|---|---|
| Workforce & Operations | Physical Environment | Availability of Public and Pedestrian Transportation | % of employees with access to convenient and frequent local transit services, as well as walkable options for commute and with convenient and frequent local transit services | • Traffic Accidents<br>• Air Quality Index | AARP |
| Workforce & Operations | Physical Environment | Well-Being Building Standards | % of employees working regularly within buildings with improvements made to improve indoor air quality and access to natural light | • Hypertension and Control<br>• Air Quality Index | Derived from Healthy Business consultations |
| Workforce & Operations | Physical Environment | Travel Time and Cost | Average length of commute and ratio of travel costs compared to average income | • Traffic Accidents<br>• Air Quality Index | SDGs; County Health Rankings; AARP Livability Index; Mariposa Health |
| Workforce & Operations | Physical Environment | Housing Affordability | Average household expenditure on housing (or % of families spending 50% or more of monthly income on rent or mortgage) | • Crime and Violence Rates<br>• Healthy Eating Choices<br>• Inequality Ratios | SDGs; OECD Better Life; AARP Livability Index; RWJF Culture of Health |
| Workforce & Operations | Work Environment | Diverse Leadership | Senior Leadership by percentage of gender, race, and other diverse indicators | • Inequality Ratios<br>• Unemployment Rates | SDGs; GRI; Just Capital |
| Workforce & Operations | Work Environment | Diversity Hiring | Total workforce by percentage of gender, race, and other diversity indicators (depending on local context) | • Inequality Ratios<br>• Unemployment Rates | SDGs; GRI; Just Capital; CDC Work-site |
| Workforce & Operations | Work Environment | Employee Satisfaction | % of employees undertaking engagement surveys who record satisfaction with their job | • Hypertension and Control<br>• Suicide Rates<br>• Unemployment Rates | OECD Better Life; GRI; Just Capital; CDC Work-site |
| Workforce & Operations | Work Environment | Re-Skilling Opportunities | % of employees with access to and utilizing learning and development opportunities to build skills for evolving workplace | • Unemployment Rates<br>• Inequality Ratios | SDGs; GRI; Just Capital |
| Workforce & Operations | Work Environment | Access to Living Wage | % of direct workforce and contractors who are currently receiving a living wage | • Unemployment Rates<br>• Inequality Ratios | Derived from Healthy Business consultations |
| Workforce & Operations | Work Environment | Injury Rates | Type of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities | • Years of Potential Life Lost Rate | Global Burden of Health; GRI; Just Capital; CDC Work-site; America Health Rankings |
| Workforce & Operations | Work Environment | Ergonomics | Proportion of direct and indirect employees who are exposed to ergonomic risk factors for low back pain at work/through their occupation | • Years of Potential Life Lost Rate | Global Burden of Health |
| Workforce & Operations | Work Environment | Satisfaction with Employee Wellness Programs | % of direct and indirect employees satisfied with the quality of their employee wellness programs | • Years of Potential Life Lost Rates | Overall Satisfaction with Health (Not Employer Program Specific): OECD Better Life; AARP Livability Index; RWJF Culture of Health |

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| Workforce & Operations | Work Environment | Employee Use of Vacation Hours | % of workforce that fully utilizes available paid-time off | • Suicide Rates | Just Capital |
| Workforce & Operations | Work Environment | Flexibility & Predictable Work Hours | % of employees satisfied with their work schedule / working shift schedules / worked less than 10 hrs. from previous shift. | • Suicide Rates<br>• Healthy Eating Choices | Derived from Healthy Business consultations |
| Workforce & Operations | Work Environment | Reported Work-Life Balance | % of employees working over-time hours or identifying lack of work-life balance | • Suicide Rates<br>• Healthy Eating Choices | OECD Better Life; Just Capital; CDC Work-site |
| Product & Services | Access to Care | Accessible and Affordable Coverage | % of population covered by adequate, accessible, and affordable health coverage | • Affordability of Healthcare<br>• Diabetes Rates<br>• Obesity Rates | SDGs; WHO Core Health; Healthy People 2020; America Health Rankings; AARP Livability Index |
| Product & Services | Access to Care | Affordability of Pharma/Drugs | % of costs for medical devices and pharmaceuticals not covered by patient insurance | • Affordability of Healthcare<br>• Hypertension and Control | SDGs; WHO Core Health; Healthy People 2020; America Health Rankings; AARP Livability Index |
| Product & Services | Healthy Behaviors | Access & Affordability of Quality Food | % of food products in a company portfolio that have been reformulated to be "better health" products | • Diabetes Rates<br>• Healthy Eating Choices<br>• Obesity Rates | SDGs; OECD Better Life; WHO Core Health; County Health Rankings; America Health Rankings; RWJF Culture of Health; Mariposa Health |
| Product & Services | Physical Environment | Environmental Responsibility – Greenhouse Gases (and Pollutants | Emissions of GHGs and other pollutants | • Air Quality Index<br>• Chronic Respiratory Illness Mortality | GRI |
| Product & Services | Physical Environment | Environmental Responsibility – Water | Total water withdrawal, and amount and quality of water discharge | • Access to Safe Water | GRI |
| Community Engagement | Access to Care | Access to Community Health Services | % of population with regular access to community health workers, health promotion services, and community-based services | • Affordability of Healthcare<br>• Substance Abuse | SDGs; WHO Core Health; Global Burden of Health; Just Capital; CDC Work-site; County Health Rankings; America Health Rankings; RWJF Culture of Health |
| Community Engagement | Access to Care | Access to Primary and Specialist Care | % of population with regular access to primary care physicians, dentists, mental health services, and other specialists | • Affordability of Healthcare | WHO Core Health; Global Burden of Health; Just Capital; County Health Rankings; Healthy People 2020; America Health Rankings; RWJF; Culture of Health |
| Community Engagement | Access to Care | Community Health Partnerships | % of local health departments that collaborated with community organizations (that do not typically deal in health care) in at least four public health program areas in the last year | • *Can vary depending on health interventions prioritized by community health organizations* | RWJF Culture of Health |
| Community Engagement | Healthy Behaviors | Better Food Options | Number of healthy food outlets within 1/2 mile of neighborhood | • Healthy Eating Choices | Mariposa Healthy Living Initiative |

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| Community Engagement | Healthy Behaviors | Female Reproductive Health Services & Education | % of sexually active females receiving reproductive health services | • Sexually-Transmitted Diseases<br>• HIV Infections | Healthy People 2020 |
| Community Engagement | Healthy Behaviors | Sexual Health & Education | % of adolescents receiving education on healthy sexual relationships | • Crime and Violence Rates<br>• Sexually-Transmitted Diseases<br>• HIV Infections | Healthy People 2020 |
| Community Engagement | Healthy Behaviors | Regular Health Visits | % of population visiting health providers for regular check-ups (dental, cholesterol screening, cancer screenings) | • Affordability of Healthcare<br>• Diabetes Rates<br>• Cancer Mortality | WHO Core Health; America's Health Rankings; CDC Worksite Health; Healthy People 2020; |
| Community Engagement | Healthy Behaviors | Access to Activity & Utilization | % of people who have access to places for leisure-time physical activity and utilize those opportunities regularly | • Obesity Rates | WHO Core Health; CDC Work-site; County Health Rankings; Healthy People 2020; America Health Rankings; AARP Livability Index |
| Community Engagement | Physical Environment | Safe and Comfortable Housing | Number of households living in homes with housing qualities (at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities) | • Access to Safe Water<br>• Air Quality Index<br>• Years of Potential Life Lost | SDGs; Global Burden of Health; County Health Rankings; AARP Livability Index |
| Policy & Advocacy | Access to Care | Availability of Choice | % of population with multiple options for health coverage | • Affordability of Healthcare | Derived from Healthy Business consultations |
| Policy & Advocacy | Access to Care | Universal Coverage | % of population served by a comprehensive health system | • Affordability of Healthcare | SDGs; WHO Core Health; Global Burden of Health; Just Capital; CDC Work-site; County Health Rankings; America Health Rankings; RWJF Culture of Health |
| Policy & Advocacy | Access to Care | Satisfaction with Healthcare | % of population satisfied with the quality of their healthcare | • Affordability of Healthcare | OECD Better Life; AARP Livability Index; RWJF Culture of Health |
| Policy & Advocacy | Disease Burdens | Family Leave | Annual % of families with parents who are eligible for FMLA coverage and can afford it | • Affordability of Healthcare<br>• Maternal Mortality Rates<br>• Infant Mortality Rates<br>• Childhood Illnesses<br>• Breastfeeding rates | RWFJ - Culture of Health |
| Policy & Advocacy | Economic & Social Determinants of Health | Access to Living Wage | Average annual income compared to self-sufficiency wage | • Inequality Ratios<br>• Unemployment Rates | GRI; Just Capital; America Health Rankings; Mariposa Health |
| Policy & Advocacy | Economic & Social Determinants of Health | Voting Participation | % of eligible voters who vote in general elections | • Inequality Ratios | OECD Better Life; AARP Livability Index; RWJF Culture of Health; Mariposa Health |

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| Policy & Advocacy | Healthy Behavior | Child Vaccination | %of children receiving the recommended vaccinations | • Childhood Illnesses<br>• Infant Mortality Rates | SDGs; WHO Core Health; Healthy People 2020; America Health Rankings; AARP Livability Index |

## b. Healthy Business Metrics Inventory – Impact Metrics

| HBC Category | Impact | Impact Definition | Contributing Outcomes | | Impact Derivation (Sources) |
|---|---|---|---|---|---|
| | | | Outcome | Scope of Action | |
| Access to Care | Affordability of Healthcare | Cost of healthcare expenses as a percentage of household income | Workforce Coverage<br>Accessible & Affordable Coverage<br>Affordability of Pharma/Drugs<br>Access to Community Health Services<br>Access to Primary and Specialist Care<br>Community Health Partnerships<br>Regular Health Visits<br>Availability of Choice<br>Universal Coverage<br>Satisfaction with Healthcare<br>Family Leave | Workforce & Operations<br>Workforce & Operations<br>Products and Services<br>Community Engagement<br>Community Engagement<br>Community Engagement<br>Community Engagement<br>Policy & Advocacy<br>Policy & Advocacy<br>Policy & Advocacy<br>Policy & Advocacy | SDGs; WHO Core Health; Global Burden of Health; Just Capital; CDC Work-site; County Health Rankings; America Health Rankings; RWJF Culture of Health |
| Disease Burdens | Cancer Mortality | Mortality rate attributed to cancer | Biometric Screenings<br>Tobacco Cessation Programs<br>Female Reproductive Health Services & Education<br>Regular Health Visits | Workforce & Operations<br>Workforce & Operations<br>Community Engagement<br>Community Engagement | SDGs; WHO Core Health; America Health Rankings |
| Disease Burdens | Chronic Respiratory Illness Mortality | Mortality rate attributed to chronic respiratory illness | Tobacco Cessation Programs<br>Environmental Responsibility – Greenhouse Gases and Pollutants | Workforce & Operations<br>Products & Services | SDGs; WHO Core Health |
| Disease Burdens | Diabetes Rates | Persons with diagnosed diabetes (whose A1c value is greater than 9) | Access to Healthy Foods<br>Biometric Screenings<br>Access to Care<br>Access & Affordability of Quality Food<br>Regular Health Visits | Workforce & Operations<br>Workforce & Operations<br>Community Engagement<br>Community Engagement<br>Community Engagement | SDGs; WHO Core Health; CDC Work-site; County Health Rankings; Healthy People 2020; America Health Rankings |

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| Disease Burdens | Hypertension and Control | Adults with hypertension whose blood pressure is under control | Sleep Quality and Quantity<br>Well-Being Building Standards<br>Employee Satisfaction<br>Affordability of Pharma/Drugs | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Products & Services | SDGs; WHO Core Health; CDC Work-site; Healthy People 2020; America Health Rankings |
| Disease Burdens | HIV Infections | Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations | Female Reproductive Health Services & Education<br>Sexual Health & Education | Community Engagement<br>Community Engagement | SDGs; WHO Core Health; Healthy People 2020 |
| Disease Burdens | Childhood Illnesses | Incidence rate of primarily childhood diseases such as pertussis, measles, etc. | Family Leave<br>Child Vaccination | Policy & Advocacy<br>Policy & Advocacy | SDGs; WHO Core Health; Global Burden of Health; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |
| Disease Burdens | Food-related illnesses | Incidence rates of salmonella, E. coli, and other food-related illnesses | Access & Affordability of Quality Food | Products & Services | SDGs; WHO Core Health; Global Burden of Health; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |
| Disease Burdens | Sexually-Transmitted Diseases | Incidence rates of chlamydia and other sexually transmitted diseases | Female Reproductive Health Services & Education<br>Sexual Health & Education | Community Engagement<br>Community Engagement | SDGs; WHO Core Health; Global Burden of Health; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |
| Disease Burdens | Traffic Accidents | Mortality and accident rates for road traffic accidents | Sleep Quality and Quantity<br>Availability of Public and Pedestrian Transportation<br>Travel Time and Cost | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations | SDGs; WHO Core Health; County Health Rankings; Healthy People 2020; America Health Rankings; RWJF Culture of Health; Mariposa Health |
| Disease Burdens | Infant Mortality Rates | Stillbirth, infant, and under-five mortality rates | Parental Leave Access<br>Parental Leave Usage<br>Family Leave<br>Child Vaccinations | Workforce & Operations<br>Workforce & Operations<br>Policy & Advocacy<br>Policy & Advocacy | SDGs; WHO Core Health; Global Burden of Health; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |
| Disease Burdens | Maternal Mortality Rates | Maternal mortality rates | Parental Leave Access<br>Parental Leave Usage<br>Family Leave | Workforce & Operations<br>Workforce & Operations<br>Policy & Advocacy | SDGs; WHO Core Health; Global Burden of Health; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |
| Disease Burdens | Breastfeeding Rates | Exclusive breastfeeding rate (0-6 months of age) | Parental Leave Access<br>Parental Leave Usage<br>Family Leave | Workforce & Operations<br>Workforce & Operations<br>Policy & Advocacy | SDGs; WHO Core Health; Global Burden of Health; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |

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| Disease Burdens | Suicide Rates | Suicide (age-adjusted, per 100,000 population) | Access to Recovery<br>Employee Satisfaction<br>Employee Use of Vacation Hours<br>Flexibility & Predictable Work Hours<br>Reported Work-Life Balance | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations | SDGs; WHO Core Health; CDC Work-site; America Health Rankings |
| Disease Burdens | Obesity Rates | Percentage of people who are obese (BMI>= 30) | Access to Healthy Foods<br>Sleep Quality and Quantity<br>Accessible and Affordable Coverage<br>Access & Affordability of Quality Food<br>Access to Activity & Utilization | Workforce & Operations<br>Workforce & Operations<br>Products & Services<br>Products & Services<br>Community Engagement | WHO Core Health; CDC Work-site; County Health Rankings; Healthy People 2020; America Health Rankings |
| Disease Burdens | Years of Potential Life Lost Rate | Age-adjusted YPLL rate per 100,000 | Workforce Coverage<br>Flu Vaccinations<br>Biometric Screenings<br>Injury Rates<br>Satisfaction with Employee Wellness Programs<br>Safe and Comfortable Housing | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Community Engagement | County Health Rankings |
| Economic & Social Determinants of Health | Crime and Violence Rates | Crime and Homicide rates | Harassment & Discrimination<br>Housing Affordability<br>Sexual Health & Education | Workforce & Operations<br>Community Engagement<br>Community Engagement | SDGs; County Health Rankings; Healthy People 2020; America Health Rankings; AARP Livability Index; Mariposa Health |
| Economic & Social Determinants of Health | Inequality Ratios | Household net adjusted disposable income and ratio of household incomes at the 80th and 20th percentile | Diverse Leadership<br>Diversity Hiring<br>Re-Skilling Opportunities<br>Access to Living Wage<br>Housing Affordability<br>Voting Participation | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Community Engagement<br>Policy & Advocacy | SDGs; OECD Better Life; America Health Rankings; Mariposa Health; County Health Rankings, America Health Rankings, AARP Livability Index |
| Economic & Social Determinants of Health | Unemployment Rates | % of population ages 16+ unemployed and looking for work | Diverse Leadership<br>Diversity Hiring<br>Employee Satisfaction<br>Re-Skilling Opportunities<br>Access to Living Wage | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations | OECD Better Life; GRI; County Health Rankings; AARP Livability Index; Mariposa Health |

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| | | | Access to Living Wage | Policy & Advocacy | |
| Healthy Behaviors | Substance Abuse | % of adolescents/adults reporting binge drinking, alcoholism, or use of addictive substances (i.e. opioids) | Access to Recovery<br>Community Health Partnerships<br>Access to Community Health Services | Workforce & Operations<br>Community Engagement<br>Community Engagement | WHO Core Health; Global Burden of Health; County Health Rankings; America Health Rankings |
| Healthy Behaviors | Healthy Eating Choices | Mean number of fruits and vegetables consumed daily by adults | Access to Healthy Foods<br>Flexibility & Predictable Work Hours<br>Reported Work-Life Balance<br>Access & Affordability of Quality Food<br>Better Food Decisions | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Products & Services<br>Community Engagement | America's Health Rankings; SDGs; Healthy People 2020; Global Burden of Health |
| Healthy Behaviors | Tobacco Smoking Rates | % of adults and adolescents that reported they are currently smoking | Tobacco Cessation Programs | Workforce & Operations | WHO Core Health; Global Burden of Health; GRI; Just Capital; County Health Rankings; Healthy People 2020; America Health Rankings; AARP Livability Index |
| Physical Environment | Air Quality Index | Average daily amount of fine particulate matter in micrograms per cubic meter | Availability of Public and Pedestrian Transportation<br>Travel Time and Cost<br>Well-Being Building Standards<br>Environmental Responsibility – Greenhouse Gases and Pollutants<br>Safe and Comfortable Housing | Workforce & Operations<br>Workforce & Operations<br>Workforce & Operations<br>Products & Services<br>Community Engagement | SDGs; OECD Better Life; WHO Core Health; Global Burden of Health; GRI; County Health Rankings; Healthy People 2020; America Health Rankings; Mariposa Health |
| Physical Environment | Access to Safe Water | % of population with access to safely managed drinking water / Percentage exposed to water quality violations | Environmental Responsibility – Water<br>Safe and Comfortable Housing | Products & Services<br>Community Engagement | OECD Better Life; GRI; Just Capital; County Health Rankings; Healthy People 2020 |

### c. Healthy Business Priority Issues and Categories

| Healthy Business Issue Category | Healthy Business Priority Issue | Definition |
|---|---|---|
| **Access to Care** | Primary and specialist care | Ease of setting appointments and seeing primary care physicians and specialists for physical and mental health services |
| | Affordability of health services, medicines, and health technologies | Ability to access treatments with respect to pricing and reimbursement |

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| | Accessibility of providers | Geographic proximity to pharmacies, clinics, health services and resources |
| | Quality of care | Ability to obtain clinical care that is effective, efficient, accessible, acceptable/patient-centered, equitable, and safe |
| | Safety | The safety of services including adequacy and compliance with medical standards |
| **Disease Burdens** | Chronic Respiratory Illness | Conditions of the airways and other structures of the lung, such as asthma and COPD. Risk factors include air pollution, smoking and occupational chemicals and dusts. |
| | Heart Disease | Heart conditions that include coronary artery disease, high blood pressure, cardiac arrest, and others |
| | Injuries | Bodily harm resulting from unintentional or violent exposure to an external force or substance (mechanical, thermal, electrical, chemical, or radiant) |
| | Diabetes | A group of diseases resulting in too much sugar in the blood, including Type 1 and Type 2 |
| | Obesity | Body mass index over acceptable levels, signaling obesity |
| | Cancers | Diseases resulting from abnormal cell divisions such as breast, prostate, melanoma cancers, and others |
| | Mental Health | Mental health defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community |
| | Musculoskeletal Disorders | Conditions resulting from workplace ergonomics and posture, such as back pain |
| | Reproductive health services | Access to reproductive health education and contraceptives |
| | Infectious Diseases | Diseases that can be spread directly or indirectly such as tuberculosis, meningococcal meningitis, measles, and others |
| | Sexually-Transmitted Diseases | Infections caused through sexual contact including HPV, HIV, and others |
| | Public Health Crises & Emerging Diseases | A collection of social and health factors - determinants and diseases - as well as diseases with sudden increasing incidence which may require immediate intervention, such as the Ebola Crisis, Zika, SARS, etc. |
| **Economic and Social Determinants** | Vulnerable populations | Populations characterized as minority, single-parent, poor, female, or low income |
| | Gender | Gender norms and roles that impact the risks, health-seeking behaviors, and health outcomes of men and women in different age and social groups |

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| | Income inequality | Adequate income to cover basic expenses, necessities, and social needs |
| | Community safety | Access to emergency services including fire, police, and hospitals |
| | Access to social safety nets/benefits | Access and availability of health insurance, welfare benefits, subsidized housing, child/elder care, paid sick and personal leave, nutritious food, parental leave and re-entry, access to childcare on premises |
| | Living Wage | Wages are sufficient to provide the necessities and comforts essential to an acceptable standard of living |
| | Level of education | Access to quality education including secondary and post-secondary institutions |
| **Healthy Behaviors** | Tobacco/Cigarette Use | Tobacco use and exposure in all of its forms, including cigarettes, e-cigarettes, and cigars |
| | Alcohol Use | Binge or heavy drinking on a regular basis |
| | Physical activity and frequency | Presence and frequency of leisure-time physical activity, including access to exercise opportunities |
| | Eating habits and food quality | Access and adoption of healthy food options and dietary choices about fruits and vegetables |
| | Sleep quality and quantity | Ability to have uninterrupted, restful sleep |
| **Physical Environment** | Air quality | GHG and particulate levels in the air, linked either to company emissions or other sources, and their impacts on populations of interest |
| | Drinking water | Access to and availability of high quality water on a long-term basis for populations of interest |
| | Quality housing | Ample space in adequate dwellings, including necessary facilities, safe environment, and reasonable occupancy |
| | Commuting and community infrastructure | Length and nature of commuting - whether to/from employer or more generally in the community |
| | Emergency response | Contingency plans and resources availability to community and employees |
| **Work Environment** | Work-life balance | Demands placed on employees due to job, i.e. stress management |
| | Respect in the workplace | Decision latitude, support from supervisors, equal treatment, open and trusting environment |

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| | Job satisfaction | Clarity regarding role and responsibilities, availability of job training, and recognition |
| | Occupational environment, health, and safety | Appropriate EHS procedures and policies in addition to compliance with all OSHA regulations |
| | Job security | Relative job security related to mergers, reorganizations, and market demands |
| | Organizational Justice | Processes that include all affected parties and suppress bias |
| | Diversity | Accepting and empowering environments for people with differing religions, ethnicities, races, genders, orientations, and abilities. |
| | Social support at work | Positive work culture including interest-based groups and social outings |

d. Common Metrics in Reviewed Frameworks by Healthy Business Category (Metrics with 3+ citations labelled in orange)

| *Healthy Business Category* | *Metrics* | *Sustainable Development Goals* | *OECD Better Life Index* | *WHO Core Health* | *Global Burden of Health - Risk Factors* | *Global Reporting Initiative* | *Just Capital* | *CDC Work-site Scorecard* | *County Health Rankings & Roadmap* | *Healthy People 2020* | *America Health Rankings* | *AARP Livability Index* | *RWJF Culture of Health* | *Mariposa Healthy Living Toolkit* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Access to Care** | **Population to primary care physician ratio** | | | X | X | | X | | X | X | X | | X | |
| **Access to Care** | **Population to dentists ratio** | | | X | | | | | X | X | X | | X | |
| **Access to Care** | **Percentage of people under age 65 without insurance** | | | | | | X | | X | X | | | X | |
| **Access to Care** | **Percentage of population served by a comprehensive public health system** | X | | X | X | | X | X | X | | X | | X | |
| **Access to Care** | **Density and distribution of health workers** | X | | X | | | | | | | | X | | |

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| Access to Care | Percentage of patients/population who are satisfied with quality of healthcare (i.e. self-reported health) | | X | | | | | | | | | X | X | | | |
| Disease Burdens | Mortality rate attributed to cancer | X | | X | | | | | | | X | | | | | |
| Disease Burdens | Adults receiving colorectal cancer screening and mammograms based on most recent guidelines | | | X | X | | | X | X | X | X | | | | | |
| Disease Burdens | Mortality rate attributed to chronic respiratory illness | X | | X | | | | | | | | | | | | |
| Disease Burdens | Persons with diagnosed diabetes (whose A1c value is greater than 9) | X | | X | | | | X | X | X | X | | | | | |
| Disease Burdens | Adults with hypertension whose blood pressure is under control | X | | X | | | | X | | X | X | | | | | |
| Disease Burdens | Children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by age 19–35 months | X | | X | | | | | | X | X | X | | | | |
| Disease Burdens | Injury mortality and accident rates for road traffic accidents | X | | X | | | | | X | X | X | | X | X | | |
| Disease Burdens | Number of mental health providers (MHP) / Percentage of adults with a mental or substance use disorder who reported receiving treatment in the past year | X | | X | | | | X | | | X | | | | | |
| Disease Burdens | Percentage of people who are obese (BMI >=30) | | | X | | | | X | X | X | X | | | | | |

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| Disease Burdens | Number of people requiring interventions against neglected tropical diseases | X | X | | | | | | | | |
| Disease Burdens | Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods | | X | | | | | | | X | |
| Disease Burdens | Chlamydia cases per 100,000 | X | X | X | | | X | X | | | |
| Disease Burdens | Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations | X | X | | | | X | | | | |
| Disease Burdens | Percentage of births with low birth weight (<2500g) | | X | | | | | X | | X | |
| Disease Burdens | All infant deaths (per 1,000 live births, <1 year) | X | X | | | X | X | X | | | X |
| Disease Burdens | Maternal mortality ratio | X | X | | | X | X | X | | | |
| Social & Economic Determinants of Health | Percentage of black/Hispanic (under age 18) living in poverty | | | | | X | | | | | |
| Social & Economic Determinants of Health | Number of children that live in single-parent households | | | | | X | | | | | |
| Social & Economic Determinants of Health | Percent of population living below poverty level | X | | | | | | | | | X |
| Social & Economic Determinants of Health | Age-group diversity of local population compared to the national population: measured at the neighborhood scale from 0 to 1, higher values are better | | | | | | | | X | | |

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| Social & Economic Determinants of Health | Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence | X | | X | | | | | | | | | |
| Social & Economic Determinants of Health | Proportion of women in managerial positions | X | | | | | | | | | | | |
| Social & Economic Determinants of Health | Household net adjusted disposable income – US Dollar | X | X | | | | | | | X | | | X |
| Social & Economic Determinants of Health | Ratio of household income at the 80th percentile to income at the 20th percentile | | | | | | | X | | X | X | | |
| Social & Economic Determinants of Health | Percentage of full-time sworn personnel who have served as community policing or community relations officers or were designated to engage regularly in community policing activities in the last year | | | | | | | | | | | X | |
| Social & Economic Determinants of Health | Crime / Homicide Rate | X | | | | | | X | X | X | X | | X |
| Social & Economic Determinants of Health | Annual percentage of families with parents who are eligible for FMLA coverage and can afford it, nationally and by state | | | | X | | X | | | | | X | |
| Social & Economic Determinants of Health | Benefits provided to employees | | | | X | X | X | | | | | | |
| Social & Economic Determinants of Health | Average annual income compared to the self-sufficiency wage / minimum wage | | | | X | X | | | | X | | | X |
| Social & Economic Determinants of Health | Students graduating from high school 4 years after starting 9th grade (percent) [AH-5.1] | X | X | | | | | X | | X | X | | X |

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| Social & Economic Determinants of Health | Annual dollar amount of U.S. corporate giving to K–12 education, higher education, and community/economic development | X | X | | | | | | | | | | X | |
| Social & Economic Determinants of Health | Early childhood education (number of states in which 60 percent or more of 3- and 4- year-olds are enrolled in preschool) | X | X | | | | | | | | | | X | |
| Healthy Behaviors | Percentage of adults that reported currently smoking | | | X | X | | | X | X | X | X | X | | |
| Healthy Behaviors | Adolescent cigarette smoking in past 30 days or exposed to smoking | | | | X | | | X | | X | | | | |
| Healthy Behaviors | Percentage of adolescents/adults using alcohol or illicit drugs | | | X | X | | | | X | | X | | | |
| Healthy Behaviors | Number of alcohol-impaired motor vehicle deaths | X | | | | | | | X | X | | | | |
| Healthy Behaviors | Percentage of people who have access to leisure-time physical activity and places for activity | | | X | | | | X | X | X | X | X | | |
| Healthy Behaviors | Annual measure of children's exposure to TV ads for unhealthy and healthy foods/beverages | | | | | | | | | | | | X | |
| Healthy Behaviors | Access to healthy foods (percentage of U.S. population with limited access to healthy foods) | X | X | X | | | | X | X | | X | | X | X |
| Healthy Behaviors | Number of fruits, vegetables consumed daily | | | | X | | | | | | X | | | |
| Healthy Behaviors | Percentage of adults who reported sleeping less than seven hours in a 24-hour period on average | | | | | | | X | | | X | | | |

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| Physical Environment | Average daily amount of fine particulate matter in micrograms per cubic meter / (Air Quality Index) | X | X | X | X | X | | | X | X | X | | | X |
| Physical Environment | Air quality (percentage of population covered by comprehensive smoke-free indoor air laws, by state) | | | | X | | | | | | | | X | |
| Physical Environment | Percentage of people exposed to water quality violations and/or number of water/environmental fines received by company | | X | | | X | X | | X | X | | | | |
| Physical Environment | Housing affordability (percentage of families spending 50 percent or more of monthly income on rent or mortgage) | X | X | | | | | | | | | X | X | |
| Physical Environment | Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities | X | | | X | | | | X | | | X | | |
| Physical Environment | Length of work commute | | | | | | | | X | | | | | X |
| Physical Environment | Number of workers who drive alone | | | | | | | | X | | | | | |
| Physical Environment | Cost of transportation and housing as a percentage of average income | X | | | | | | | | | | X | | X |
| Work Environment | Percentage of employees working very long hours | | X | | | | X | X | | | | | | |
| Work Environment | Number of grievances about labor practices or discrimination filed, addressed, and resolved through formal grievance mechanisms | X | | | | X | X | | | | | | | |

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| Work Environment | Percentage of employees undertaking engagement survey / recording their job satisfaction | | X | | | X | X | X | | | | | | |
| Work Environment | Type of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities, by region and by gender | | | | X | X | X | X | | | X | | | |
| Work Environment | Index of employer health promotion and practices | | | | | | | X | | | | | X | |
| Work Environment | Unemployment rate: Percentage of population ages 16+ unemployed and looking for work | | X | | | X | | | X | | | X | | X |
| Work Environment | Total workforce by employment contract and gender | X | | | | X | X | X | | | | | | |
| Work Environment | Proportion of women in managerial positions | X | | | | X | X | | | | | | | |
| Additional Metrics | Annual dollar amount of U.S. corporate giving to K–12 education, higher education, and community/economic development | | | | | X | | | | | | | X | |
| Additional Metrics | Percentage of eligible voters who vote in general elections | | x | | | | | | | | | X | X | X |