Work, Family and Health: Linkages and Leverage Points

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Goal & Specific Aims

- Goal: Demonstrate the salience of paid work and the work-family interface as a leverage point for population health.
- To accomplish this goal I will
  - Outline ecological data pointing to work and the w/f interface as a lever for health
  - Describe a conceptual model and theoretical rationale argument suggesting the w/f interface is a lever for health.
  - Overview evidence suggesting the w/f interface is a lever for health.
  - Prioritize future avenues for future w/f research and intervention for promoting health.
Health Trends: Obesity


Disease Trends: Diabetes

Age-adjusted prevalence of Diabetes


Disease Trends: Recurrent Otitis Media

Health Behavior Trends among US Adults

Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System
Women’s employment Has Grown

Other Demographic & Social Trends

- Men’s real wages fell
- Adults are spending more time in paid work
- Growth in single-parent households
- Deindustrialization
- Globalization and growth in the “24/7” economy
Are experiences at the work-family interface a leverage point for population health?
Basic Conceptual Framework

Work

Work-Family Interface

Family

Behavior
(exercise, diet)

Stress
(Affective, biological)

Health
Defining a Leverage Point

A leverage point is any attribute (individual, social, cultural) that exerts a disproportionate amount of influence on human health.

Key Characteristics of “salient” Leverage Points

- Widespread exposure
- Significant health impact
  - Magnitude of health effect
  - Breadth of health effect
- Modifiability
Interference between work and family is increasing
Work-Family “Balance” is rare

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- Widespread exposure
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  - Magnitude of health effect
  - Breadth of health effect
## Work-Family “Balance” and Health

<table>
<thead>
<tr>
<th>Work-Family “Balance”</th>
<th>Very Good or Excellent Physical Health</th>
<th>Chronic Health Problems (High Quartile)</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work to Family Conflict</td>
<td>0.81 *</td>
<td>1.57 ***</td>
<td>1.32 **</td>
</tr>
<tr>
<td>Family to Work Conflict</td>
<td>0.81 *</td>
<td>1.43 **</td>
<td>0.89</td>
</tr>
<tr>
<td>Work to Family Facilitation</td>
<td>1.17 *</td>
<td>1.00</td>
<td>0.99</td>
</tr>
<tr>
<td>Family to Work Facilitation</td>
<td>1.15 +</td>
<td>0.85 *</td>
<td>1.04</td>
</tr>
</tbody>
</table>

Models adjust for age, gender, race/ethnicity, educational attainment, household earnings, neuroticism, extraversion, self-reported health at 16, marital status, parental status, and hours worked/week.

# Work-family “balance” and Psychiatric Disorder

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-to-Family Conflict (WFC)</td>
<td>.30**</td>
<td>.45**</td>
</tr>
<tr>
<td>Work-to-Family Facilitation (WFF)</td>
<td>-.04</td>
<td>-.06</td>
</tr>
<tr>
<td>Family-to-Work Conflict (FWC)</td>
<td>.49**</td>
<td>.72**</td>
</tr>
<tr>
<td>Family-to-Work Facilitation (FWF)</td>
<td>-.18*</td>
<td>.20</td>
</tr>
<tr>
<td>WFC*WFF</td>
<td>-.04</td>
<td>-.35**</td>
</tr>
<tr>
<td>FWC*FWF</td>
<td>-.15</td>
<td>-.30*</td>
</tr>
</tbody>
</table>

Interactive Effects of WFC and WFF on Odds of Major Anxiety Disorder
Key Characteristics of “salient” Leverage Points

- **Widespread exposure**
- **Significant health impact**
  - **Magnitude of health effect**
    - Average $r = -0.23$ (Mesmer-Magnus & Viswesvaran, 2005)
  - **Breadth of health effects**
    - Self-reported symptoms, obesity, incident hypertension, depressive symptoms, anxiety, physical inactivity, poor eating, compromised sleep, smoking, alcohol use
- **Modifiability**
Flexibility as a target?

- Health-like outcomes
  - Greater job satisfaction among workers in some flexible work arrangements (Baltes et al., 1999)

- Job Demands-Control Literature
  - Perceived control associated with less physical disease (e.g., CVD), mental disorder (e.g., depression) and physical and mental symptoms
Odds of Medically Certified Sickness Absence

Other Evidence

Flexible Work Arrangements and Mental Health

Flexible Work Arrangements are Associated with less Stress & Burnout

Research Priorities

- Longitudinal research
  - Varying time horizons, ranging from days to quarters to years
- Discrete health and health-related outcomes
  - Health: obesity, hypertension, depression
  - Health-related: disease management, treatment adherence, physical activity, eating behavior, sleep
More Research Priorities

- **Mechanistic Studies**
  - Behavioral mechanisms (does work-family conflict affect health through behavior?)
  - Psychobiology studies (does poor work-family balance contribute to allostatic load?)

- **Intervention Studies**
  - Workplace initiatives
    - Does flexibility promote work-family balance and subsequent health (Work, Family & Health Network)
  - Community or Individual Initiatives
    - Individual outreach? Childcare cooperatives? Social Norms Marketing Approaches?
Questions