

Work, Family and Health: Linkages and Leverage Points

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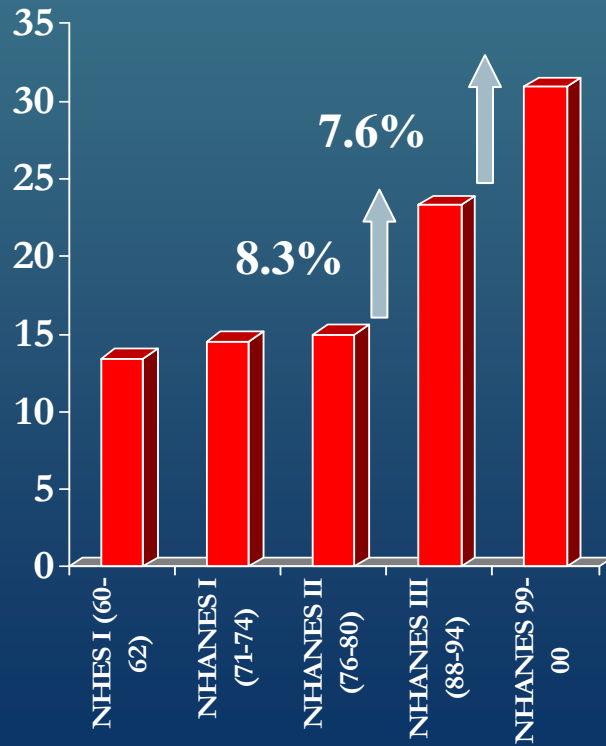
Goal & Specific Aims

- 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.

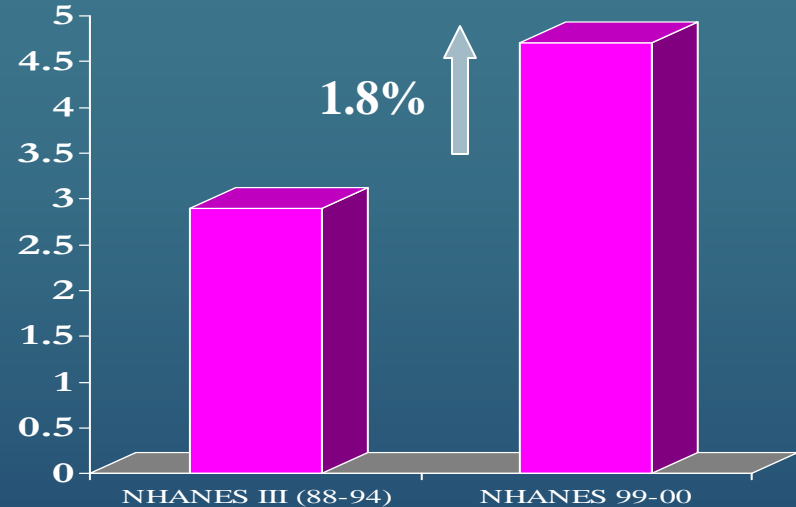


Health Trends: Obesity

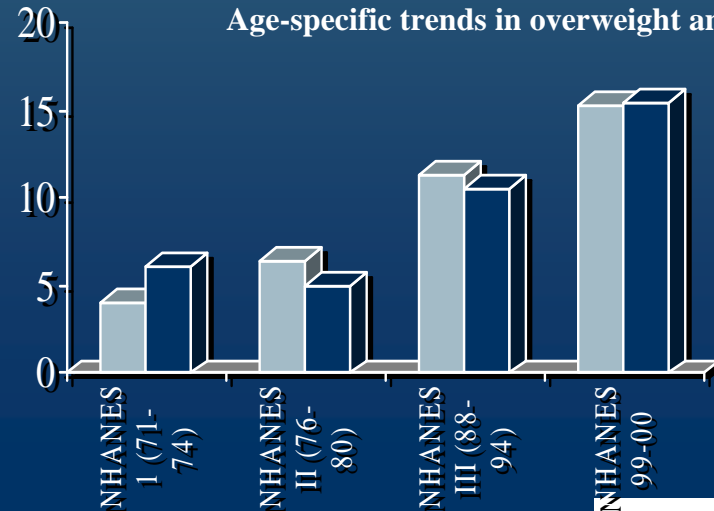
Age-adjusted obesity prevalence



Age-adjusted prevalence of severe obesity



Age-specific trends in overweight among children



■ Age 6-11 □ Age 12-19



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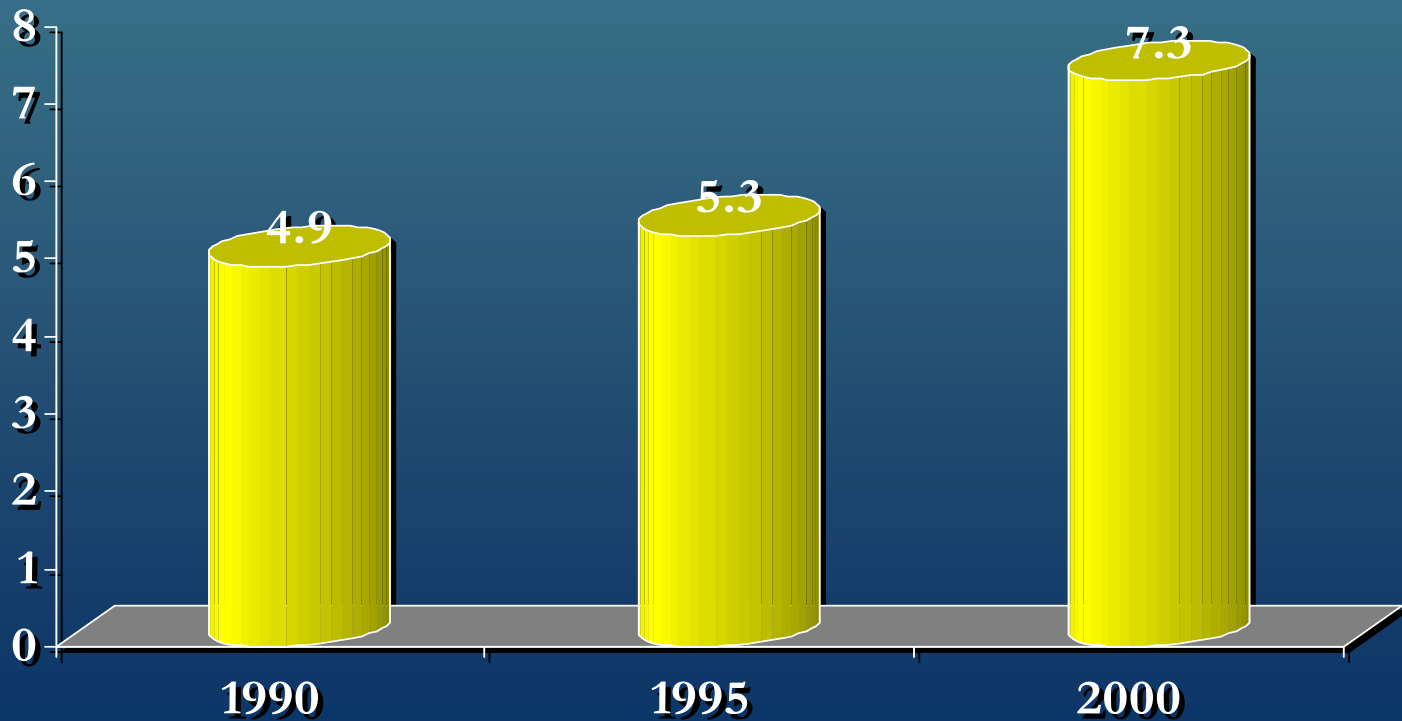
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Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults, 1999-2000. *JAMA*. 2002;288:1723-27.

Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. *JAMA*. 2002;288:1728-32.

Disease Trends: Diabetes

Age-adjusted prevalence of Diabetes

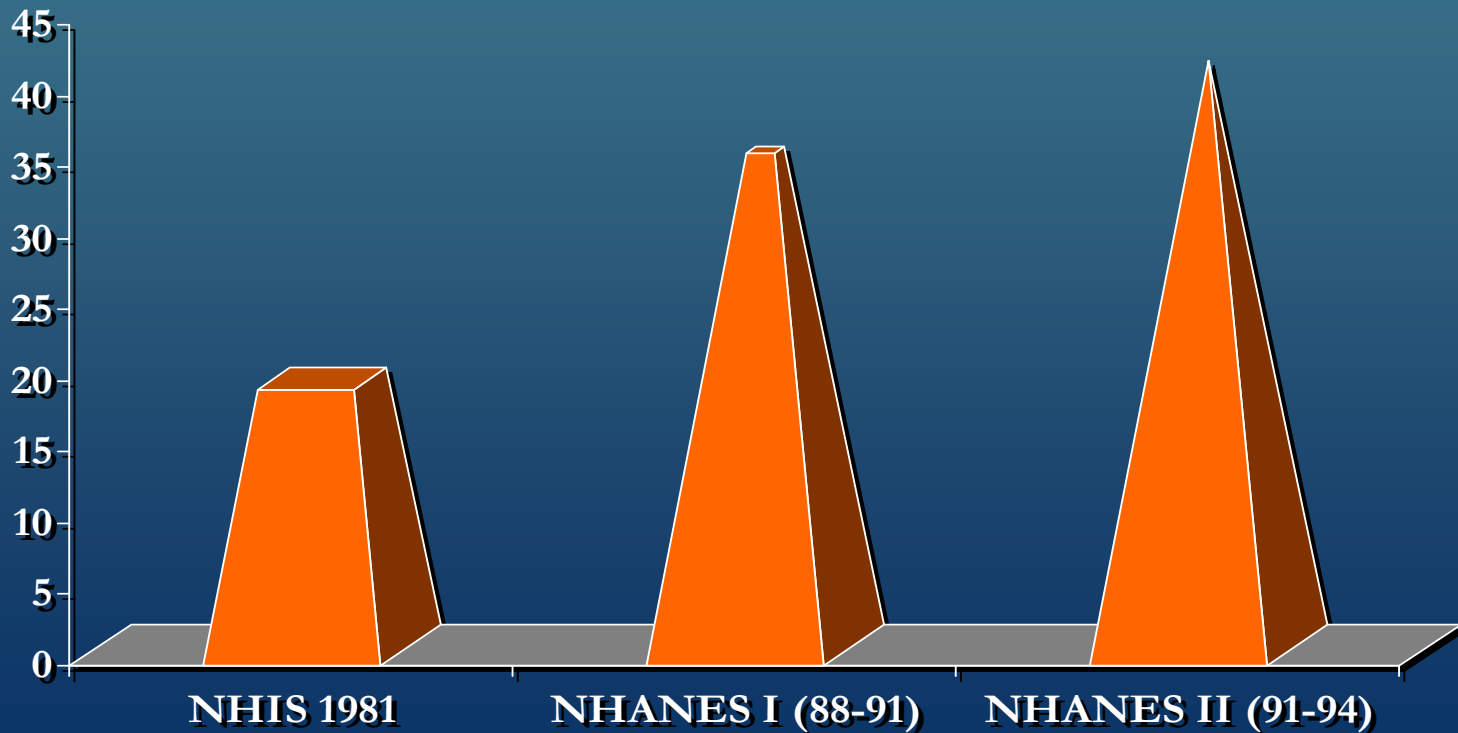


Mokdad AH, Ford ES, Bowman BA, et al. Diabetes trends in the U.S.: 1990-1998. *Diabetes Care*. 2000;23:278-83.
Mokdad AH, Ford ES, Bowman BA, et al. The continuing increase of diabetes in the US. *Diabetes Care*. 2000;23:278-83.



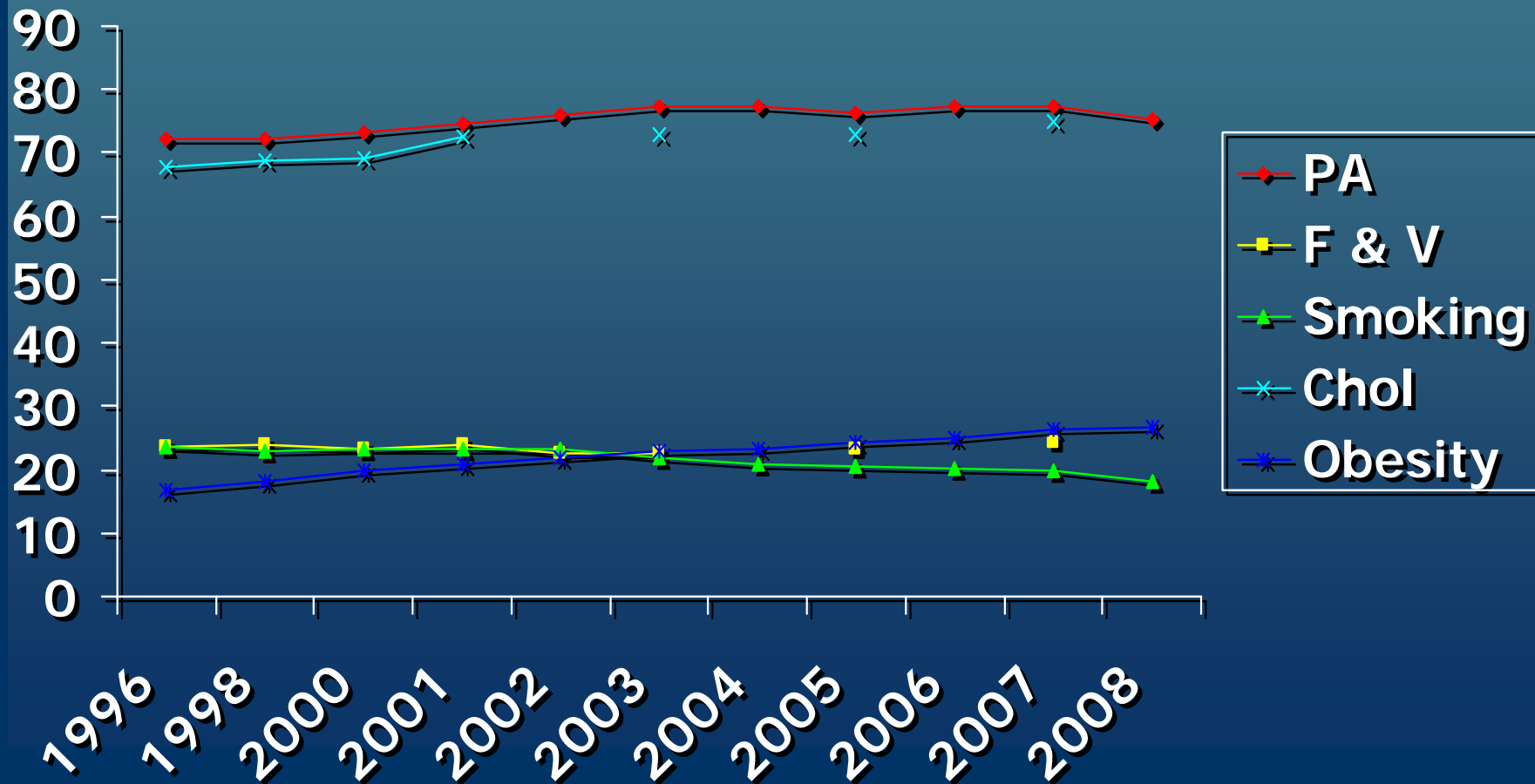
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Disease Trends: Recurrent Otitis Media



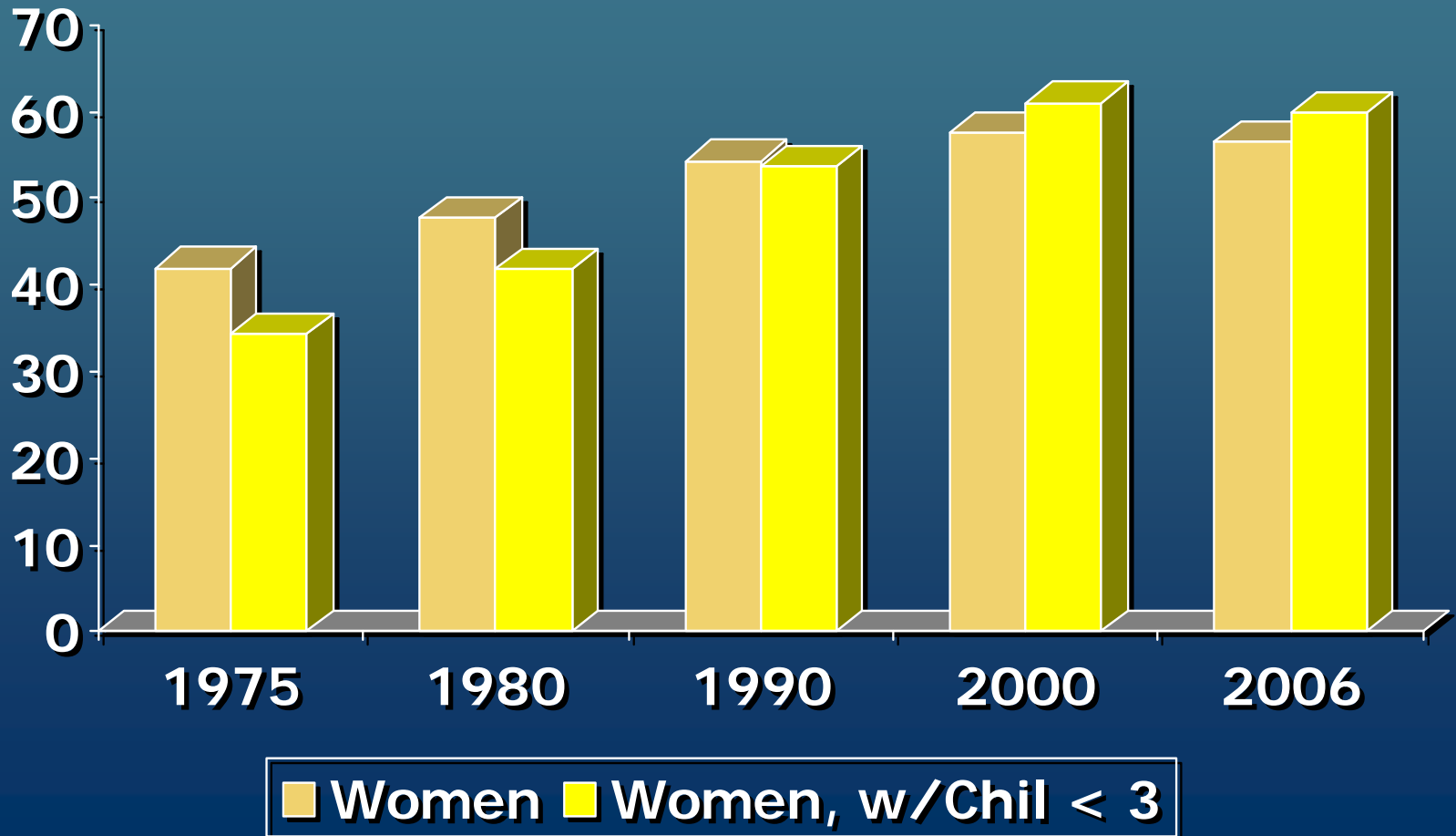
Auinger, P., Lanphear, B. P., Kalkwarf, H. J., & Mansour, M. E. (2003). Trends in otitis media among children in the United States. *Pediatrics*, 113, 514-520.

Health Behavior Trends among US Adults



Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System

Women's employment Has Grown



Source: U.S. Department of Labor (2007). *Women in the labor force: A databook*. Bureau of Labor Statistics.

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

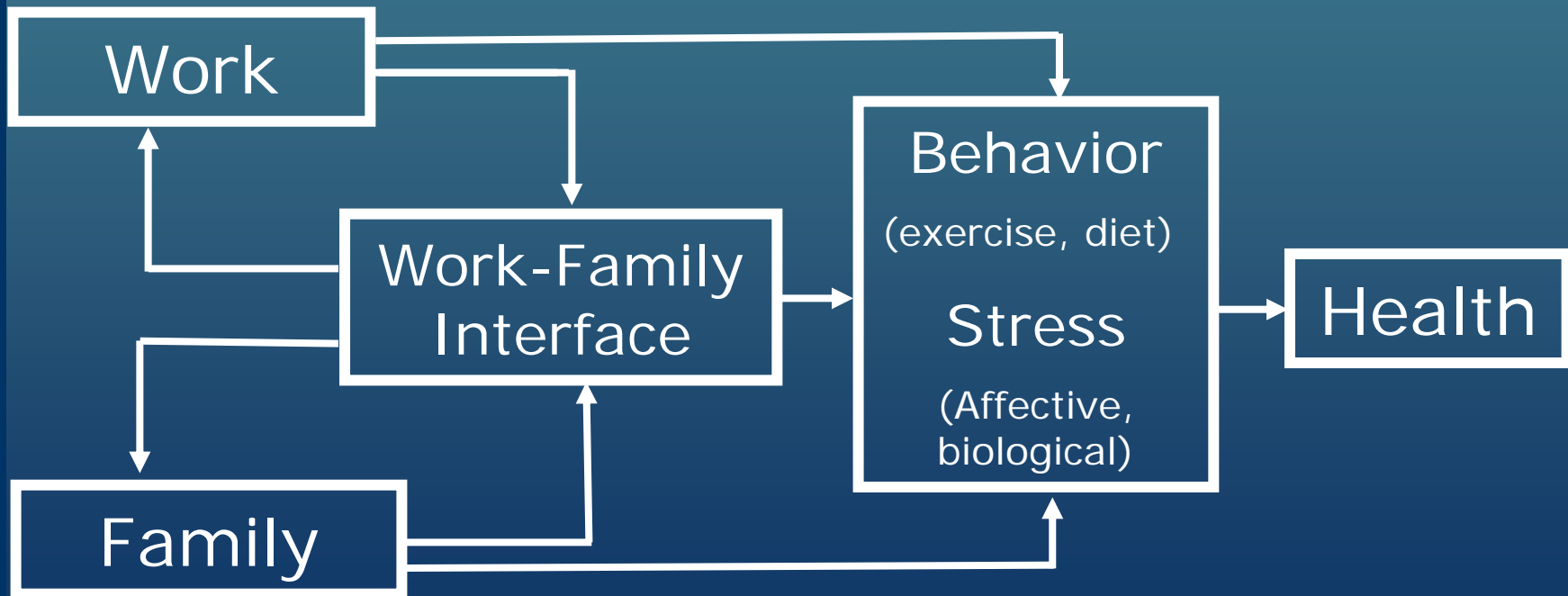
Are experiences
at the work-
family interface
a leverage point
for population
health?



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Basic Conceptual Framework





Defining a Leverage Point



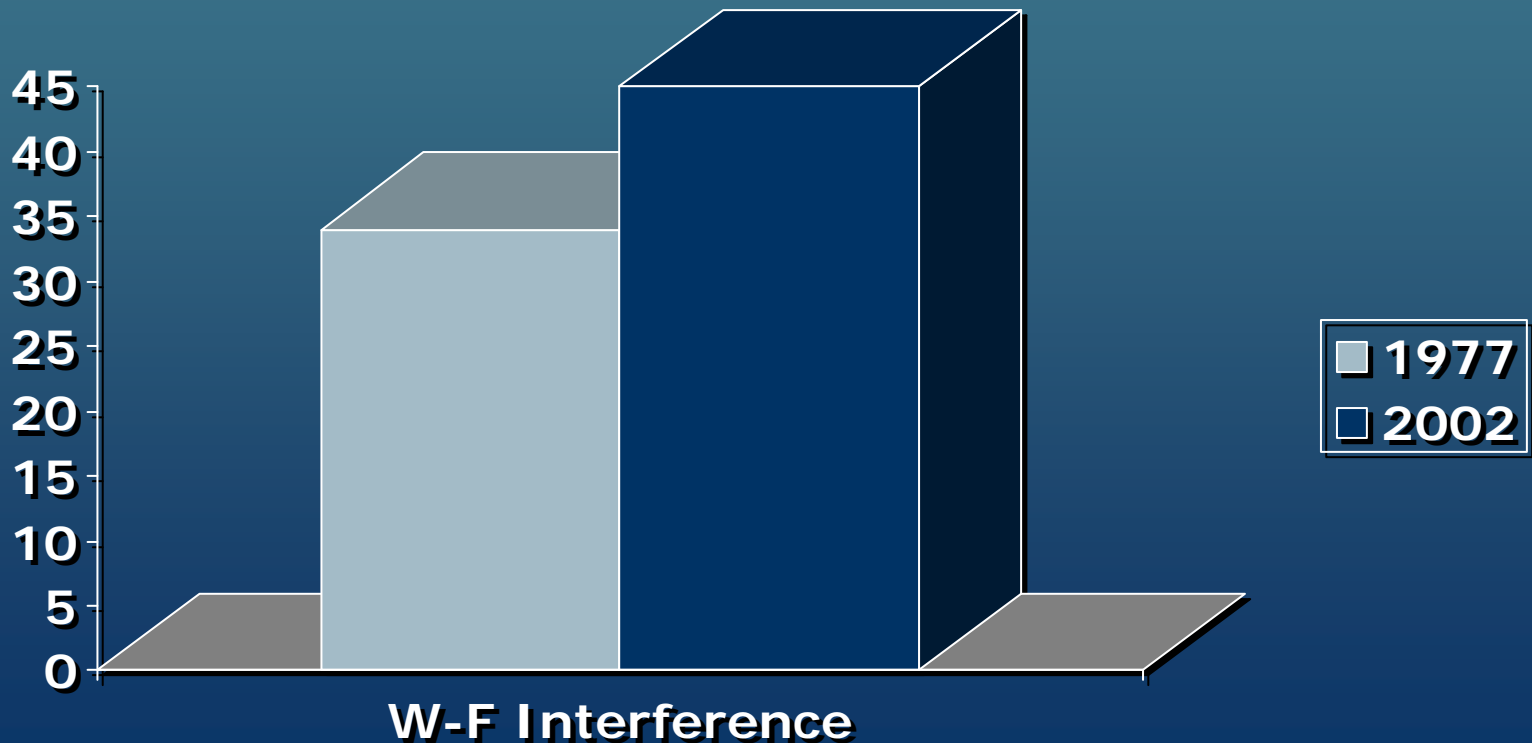
A leverage point is any attribute (individual, social, cultural) that exerts a disproportionate amount of influence on human health

Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. [American Journal of Health Promotion, 10,](#) 282-298.

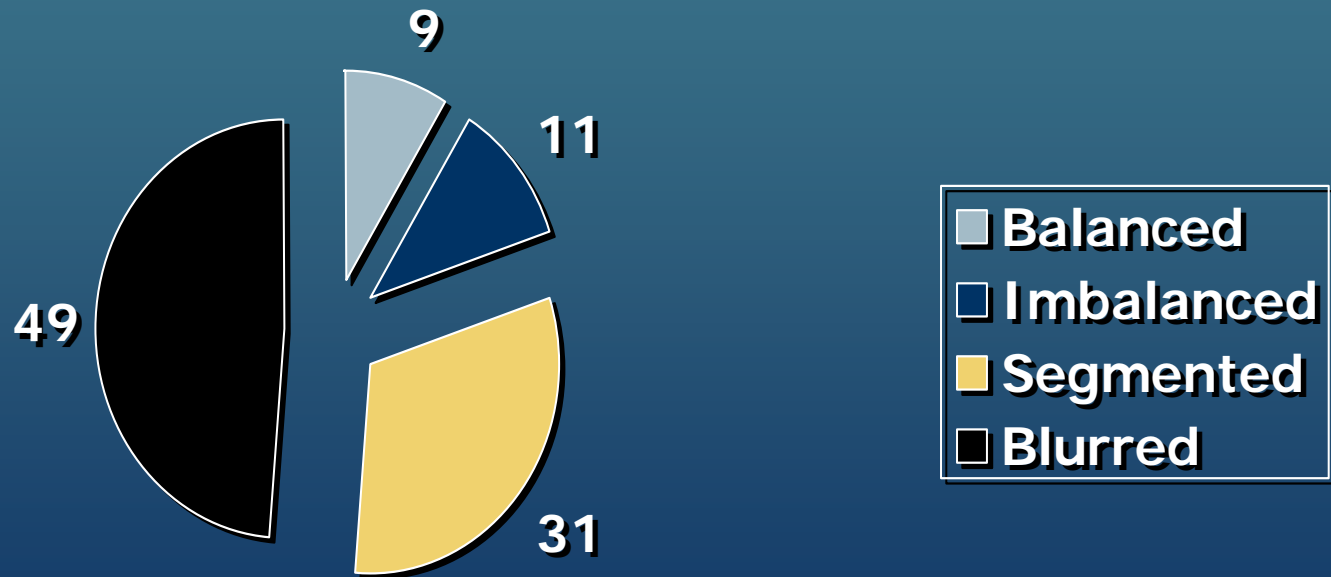
Key Characteristics of “salient” Leverage Points

- 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



Source: Grzywacz, J. G., Butler, A. B., & Almeida, D. A. (in press). Work, family, and health: Work-family balance as a protective factor against stresses of daily life. In A. Newhall-Marcus, D. F., Halpern, & S. J. Tan (Eds), *Changing realities of work and family*. Blackwell.

Key Characteristics of “salient” Leverage Points

- **Widespread exposure**
- Significant health impact
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 - Breadth of health effect

Work-Family “Balance” and Health

| | Very Good or Excellent Physical Health | Chronic Health Problems (High Quartile) | Obesity |
|------------------------------|----------------------------------------------------|-----------------------------------------------------|---------|
| Work-Family “Balance” | | | |
| Work to Family Conflict | 0.81 * | 1.57 *** | 1.32 ** |
| Family to Work Conflict | 0.81 * | 1.43 ** | 0.89 |
| Work to Family Facilitation | 1.17 * | 1.00 | 0.99 |
| Family to Work Facilitation | 1.15 + | 0.85 * | 1.04 |

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.

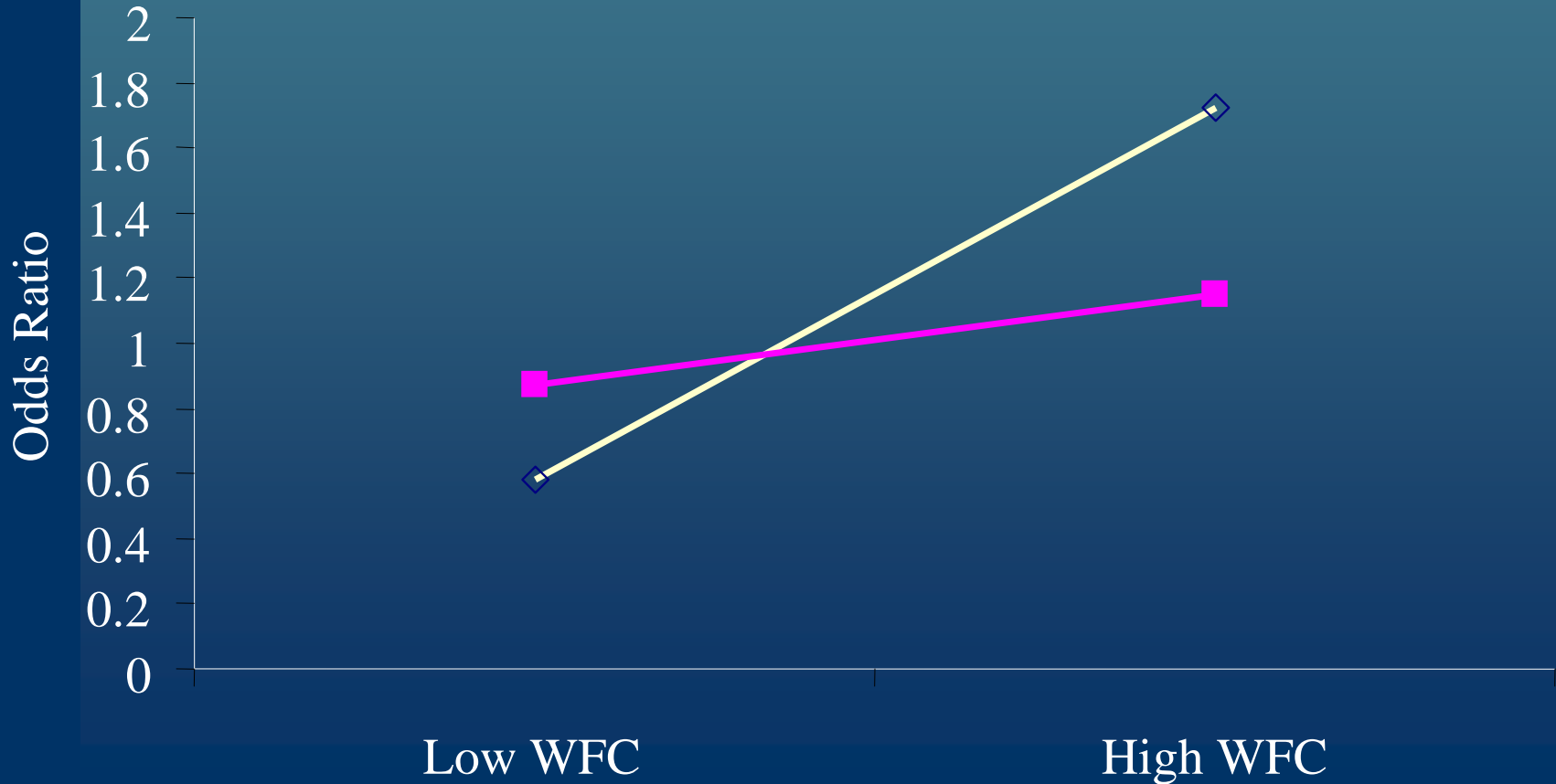
Grzywacz, J.G. (2000) Work-family spillover and health during midlife: Is managing conflict everything? *American Journal of Health Promotion*, 14, 236-243.

Work-family “balance” and Psychiatric Disorder

| | Depression | Anxiety Disorder |
|-----------------------------------|------------|------------------|
| Work-to-Family Conflict (WFC) | .30** | .45** |
| Work-to-Family Facilitation (WFF) | -.04 | -.06 |
| Family-to-Work Conflict (FWC) | .49** | .72** |
| Family-to-Work Facilitation (FWF) | -.18* | .20 |
| WFC*WFF | -.04 | -.35** |
| FWC*FWF | -.15 | -.30* |

Source: Grzywacz, J.G. & Bass, B. L. (2003) Work, family, and mental health: Testing different models
Journal of Marriage and Family, 65, 248-262.

Interactive Effects of WFC and WFF on Odds of Major Anxiety Disorder



Low WFF High WFF

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

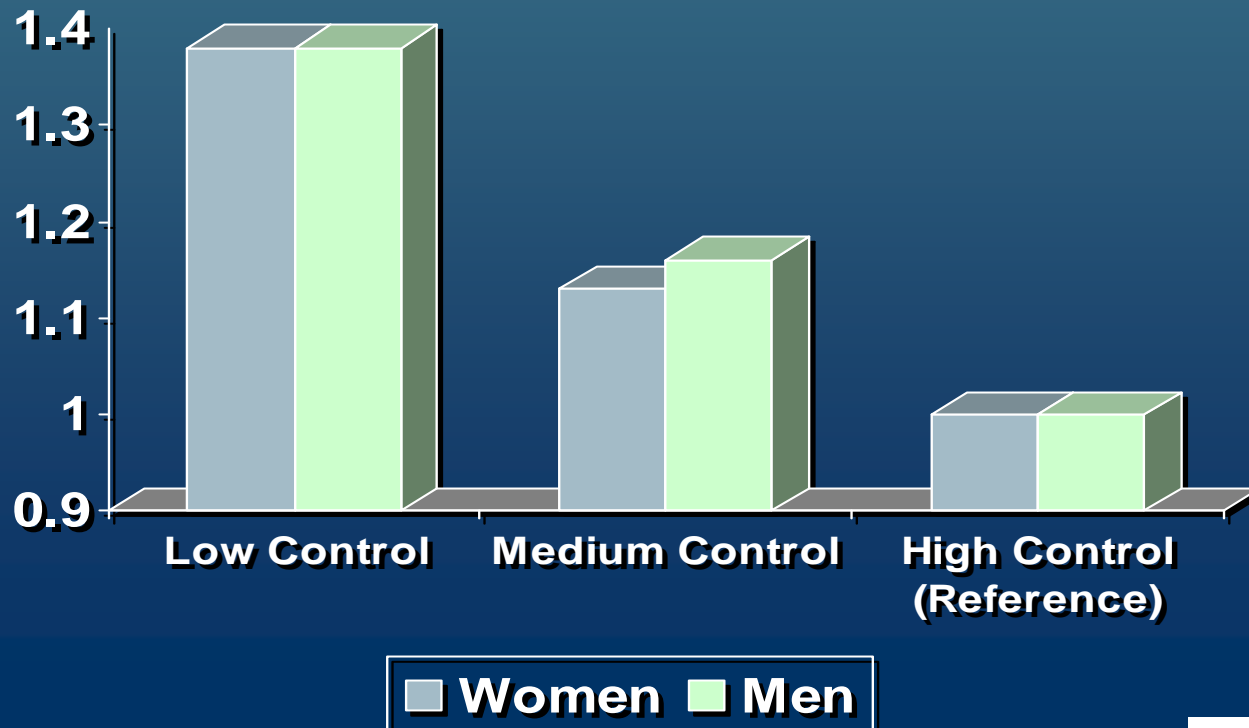


Flexibility as a target?

- 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

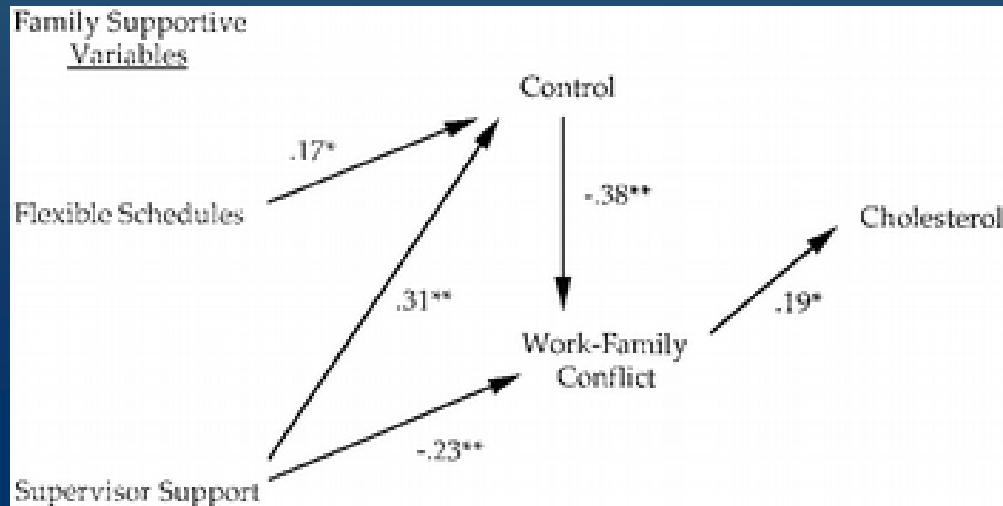
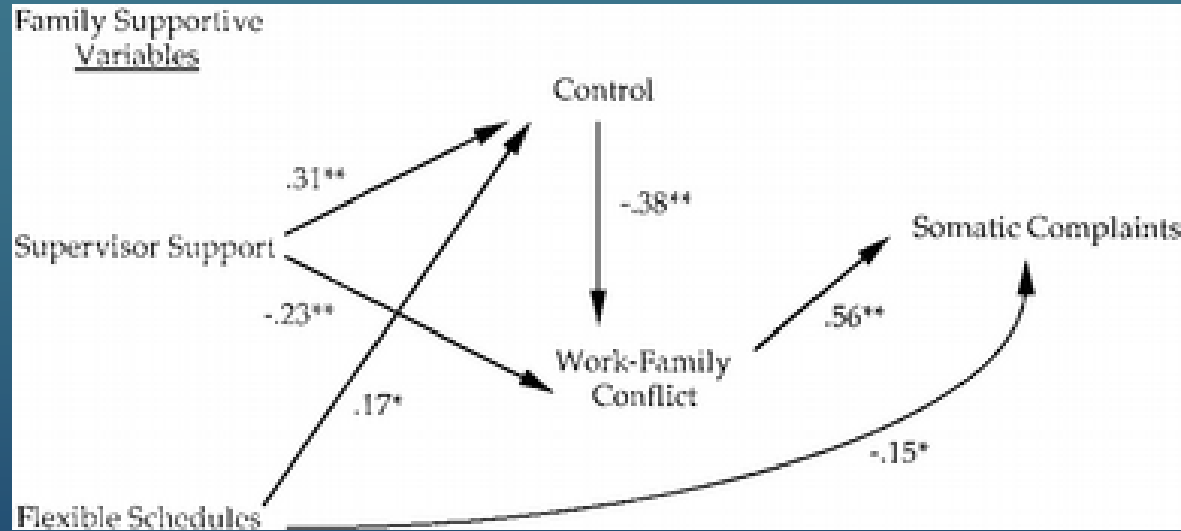
Flexibility & Worker Health

Odds of Medically Certified Sickness Absence



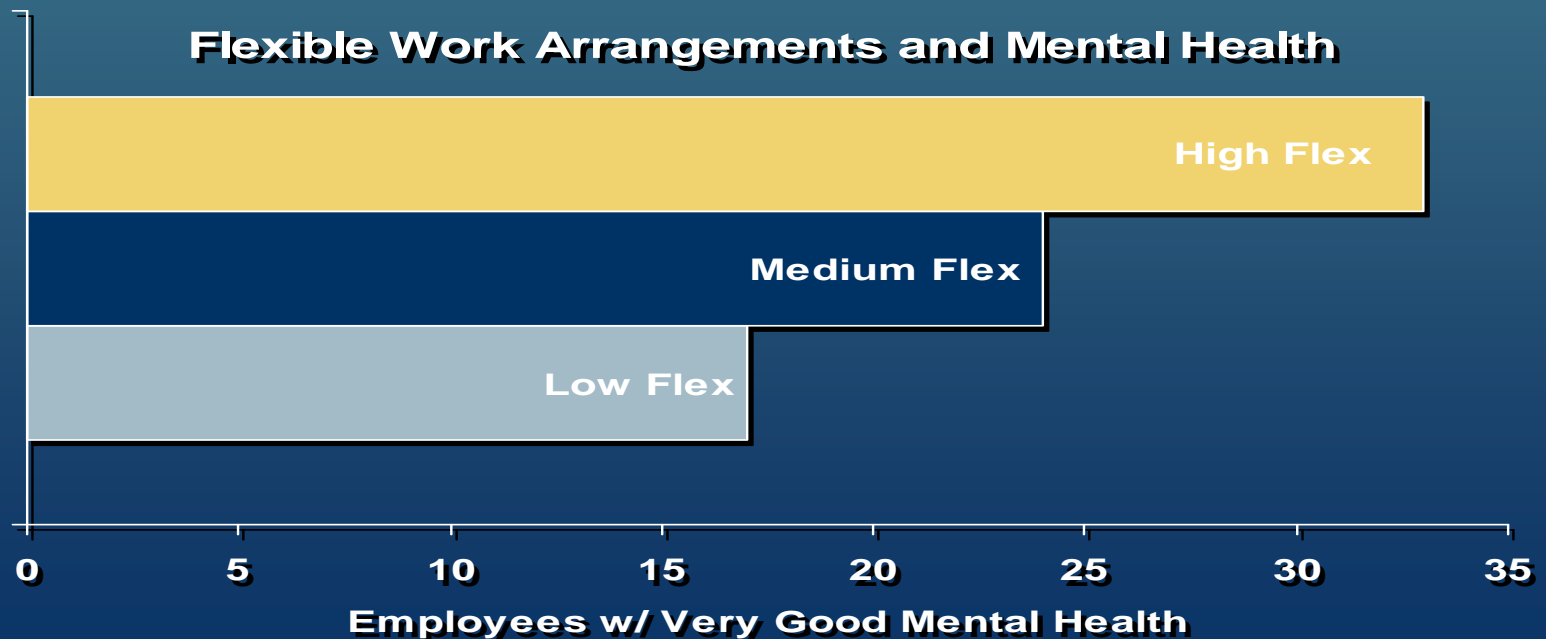
Source: Ala-Mursula, L. et al., (2006). Long hours in paid and domestic work and subsequent sickness absence: Does control over daily working hours matter? *Occupational and Environmental Medicine*, 63, 608-616

Other Evidence



Source: Thomas, L. T., & Ganster, D. C. (1995). Impact of family-supportive work variables on work-family conflict and strain: A control perspective. *Journal of Applied Psychology*, 80, 6-15.

Flexibility & Worker Health



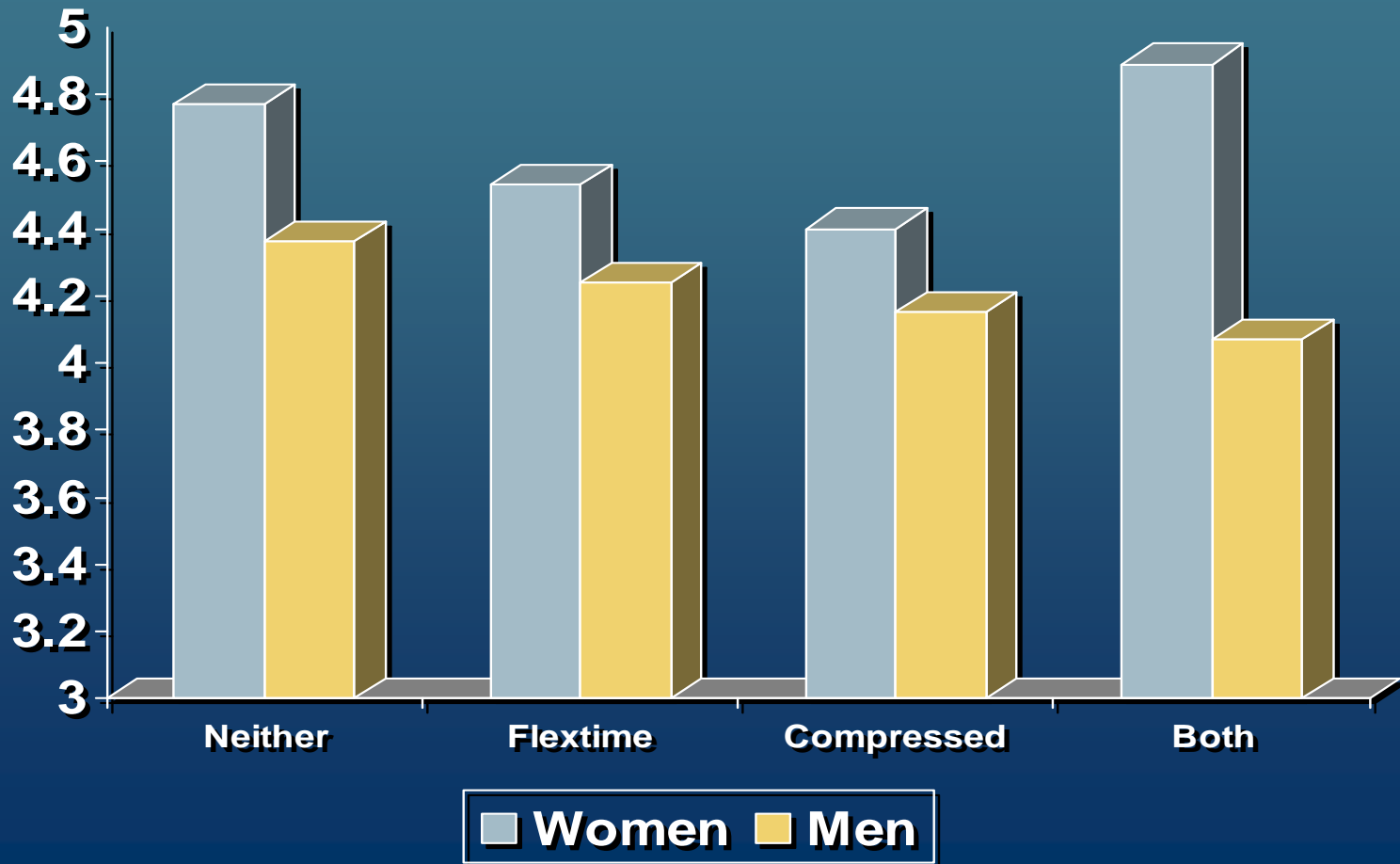
Source: Galinsky, E., Bond, J. T., & Hill, E. J. (2004). *When work works: A status report on workplace flexibility. Who has it? Who wants it? What difference does it make?* Families and Work Institute.



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Flexible Work Arrangements are Associated with less Stress & Burnout



Source: Grzywacz, J. G., Carlson, D. S., & Shulkin, S. (2008). Schedule flexibility and stress: Linking formal flexible arrangements and perceived flexibility to employee health. *Community, Work and Family*, 11, 199-214.

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



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