MIGRAINE IN THE WORKPLACE:

What Employers and Employees Need to Know

GLOBAL HEALTHY LIVING FOUNDATION

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SECTION 1

THE MIGRAINE MISSION STATEMENT

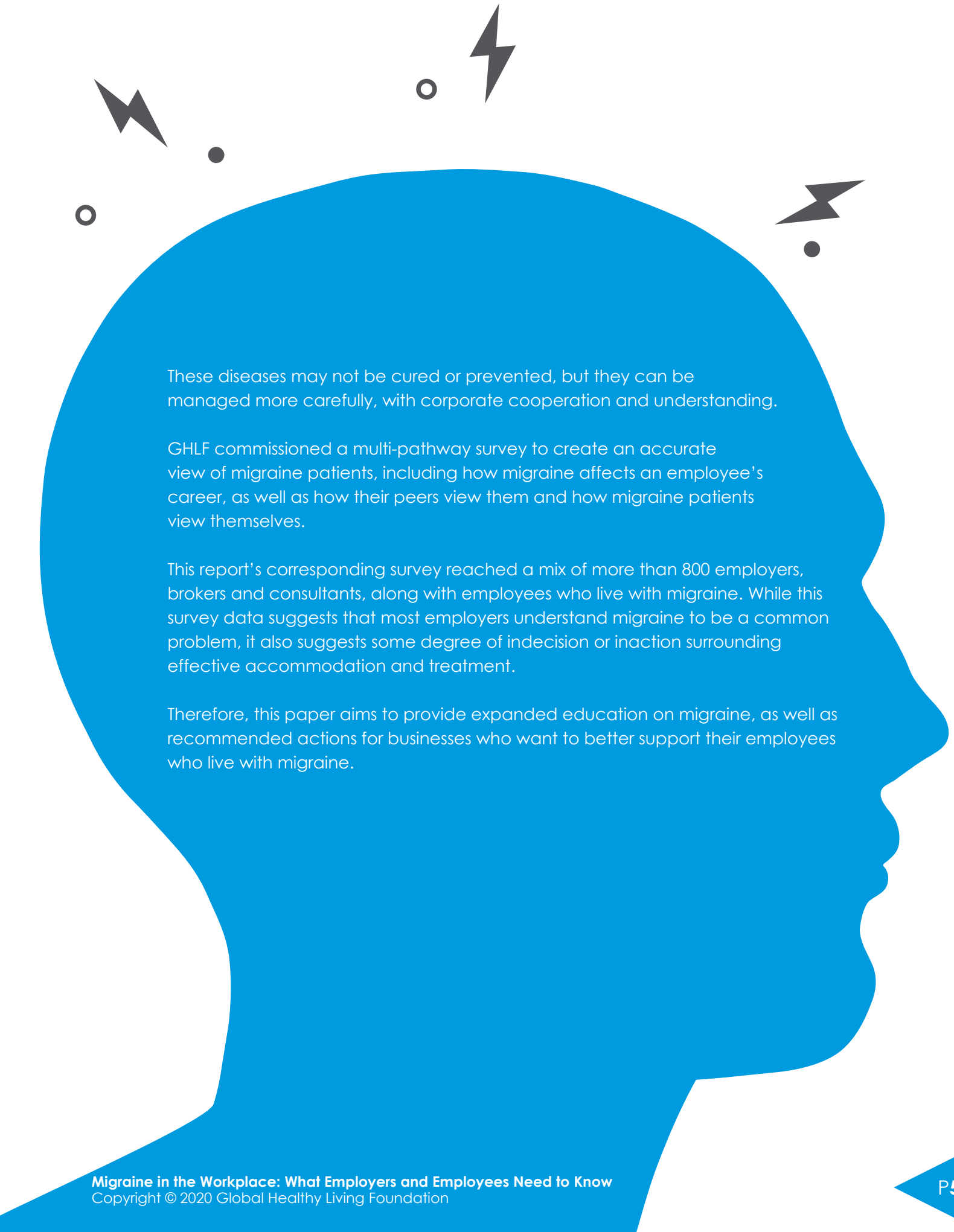
The Migraine Mission Statement

The Global Healthy Living Foundation (GHLF) set out to understand the frequency, severity, and impact of migraine in the workplace. By working with Global Healthcare Resources, GHLF planned to provide data-driven recommendations for employers to better understand migraine disease and its financial impact on companies. Employers who invest in their employees' lives create healthier, happier, better-engaged workplaces, while those employees discover superior health and productivity.

Migraine disease deserves the same status as other complex, life-affecting, work-affecting conditions. Too often, a migraine is trivialized as "just a headache." While it is an understandable mistake by those who have never experienced migraine firsthand, it is nevertheless an uninformed, harmful assessment of a painful and surprisingly common disease.

Just as many corporations have fostered pro-health cultures to maximize broad, multi-dimensional health and minimize staff turnover, managers should actively engage with the subject of migraine and the challenge they present to both employees and employers.

Migraine is categorized as the third most common disease in the world, with an estimated global prevalence of 14.7 percent[1]. Recent data projects that the direct and indirect costs of chronic illness are nearly 20 percent of the U.S. GDP[2]; for migraine specifically, the cost reaches in excess of $75 billion[3].



These diseases may not be cured or prevented, but they can be managed more carefully, with corporate cooperation and understanding.

GHLF commissioned a multi-pathway survey to create an accurate view of migraine patients, including how migraine affects an employee's career, as well as how their peers view them and how migraine patients view themselves.

This report's corresponding survey reached a mix of more than 800 employers, brokers and consultants, along with employees who live with migraine. While this survey data suggests that most employers understand migraine to be a common problem, it also suggests some degree of indecision or inaction surrounding effective accommodation and treatment.

Therefore, this paper aims to provide expanded education on migraine, as well as recommended actions for businesses who want to better support their employees who live with migraine.

SECTION 2

MIGRAINE DISEASE – HIDING IN PLAIN SIGHT

Understanding Migraine

While there is a wealth of information that provides valuable context to the migraine discussion, it's important to know two key takeaways up front.

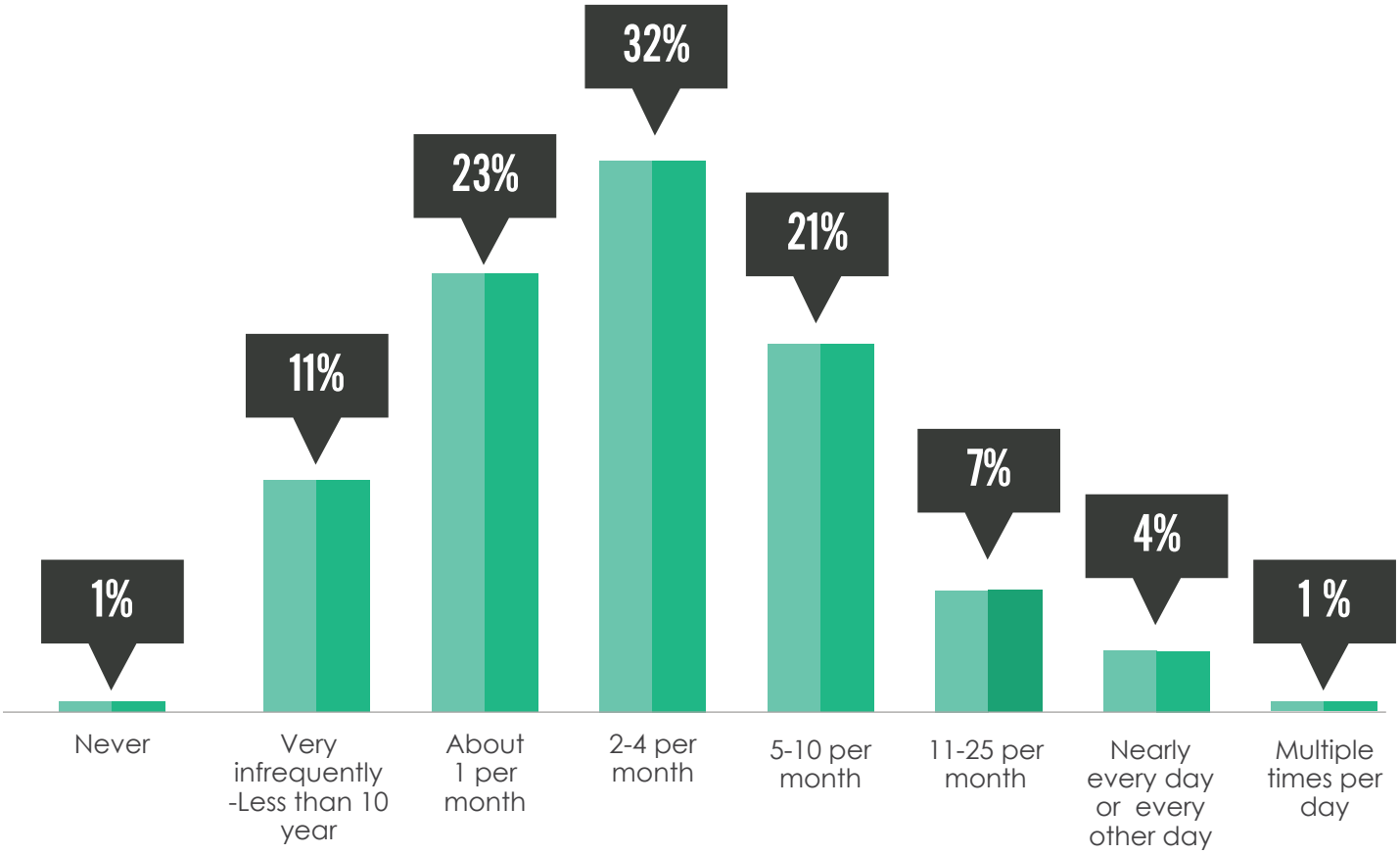
1. Migraine attacks are shockingly ubiquitous, affecting roughly 1 in 6 American adults[9]. Roughly 75 percent of those affected are women[10]; unsurprisingly, about 72 percent of the respondents in our survey who were employees living with migraine were also women. This makes migraine disease the third most common chronic disease. As is often the case with chronic disease, managing the effects is a daily struggle, which results in the huge indirect costs referenced above.

2. Migraine disease has a lengthy list of comorbidities, or other co-existing medical conditions and chronic diseases that commonly exist in migraine patients. The intersectional impact on an employee's ability to do his or her job is exponentially greater.

Employees who live with migraine can have episodic migraine, which can affect them as rarely as a few times per year, or as often as a dozen times a month. In the most disruptive cases, employees could suffer from chronic migraine, which the American Migraine Foundation (AMF) describes as "15 or more headache days per month." [11]

In other words, employees who live with chronic migraine have more headache days a month than not. Seven percent of our respondents said they experience 11-25 migraine headaches per month.

How often do you suffer from migraine?



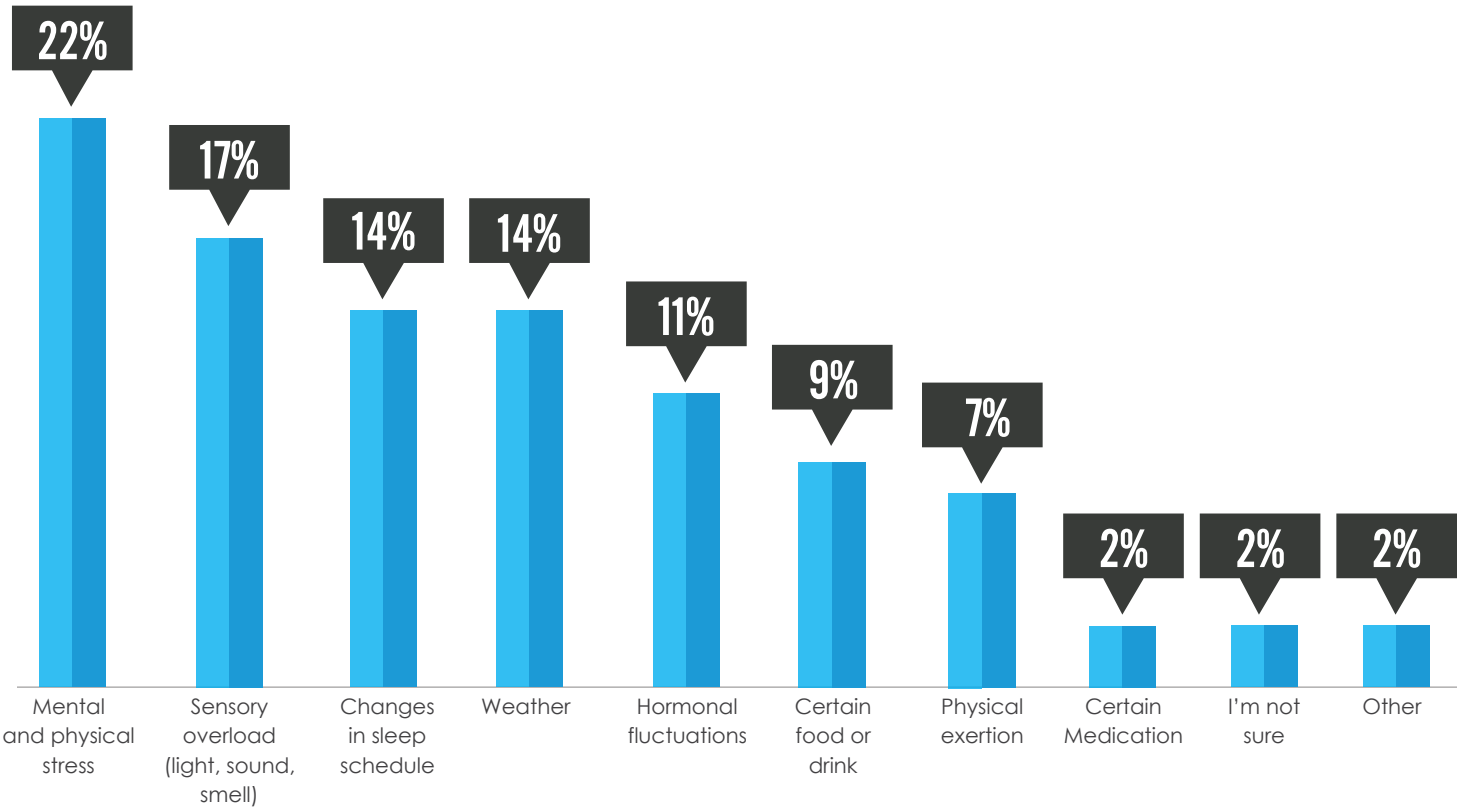
ANXIETY
BIPOLAR DISORDER
HYPERTENSION
DEPRESSION
PANIC DISORDER
SUB-CLINICAL VASCULAR BRAIN LESIONS

Migraine disease is prone to escalation. This means people with migraine will likely get worse if their migraine disease is not effectively treated. Many migraine patients live with co-morbid conditions which include depression, anxiety, bipolar disorder, panic disorder, sub-clinical vascular brain lesions, coronary heart disease, hypertension, and more.[12]

Migraine attacks can be triggered by environmental factors. Just like how peanuts might induce anaphylaxis in employees who carry an allergy, certain smells, lights, or weather changes can trigger a migraine in some people.

Migraine patients can improve their overall health by understanding potential triggers, treating migraine attacks as they occur, and potentially using therapeutic interventions to prevent migraine attacks.

What types of migraine triggers have you experienced?



Samantha's Struggle: Profile of a Working Professional with Migraine

Samantha is a single mother with two teenage boys. She works full time and is chronically exhausted.

She first started getting migraine attacks after the birth of her second son. She remembers feelings of abject terror – the pain was so heavy and so unfamiliar that she thought she might be having a stroke. But with two children and no partner, Samantha had no other options but to work through the pain while taking care of her kids. Her kids, of course, would have no way of knowing that their cries and screams exacerbated their mommy's debilitating head pain, making it feel like her eyes might pop out of their sockets. She loved her boys more than anything, but she remembers crying right alongside the babies when they were young.

Some young moms at least can enjoy the quiet of the early evening, when things are still; Samantha knew her pains would continue, even as her house fell silent.

As teenagers, she certainly doesn't hear them cry quite as much, but the noise around their lives has only gotten louder. There's lacrosse practice, school concerts, church groups, and office projects. Full-time work was needed to provide for her family, but working through debilitating migraine attacks was difficult. She constantly felt anxious that she would have a migraine attack, yet calling in sick was rarely the first option, given her fear of how bosses or coworkers might think of her as less valuable or less committed. When Samantha's employer looked her over for a promotion because of her illness, she found herself even more stressed which, of course, brought on more migraine attacks.

Samantha began having 12-15 migraine attacks a month. After her doctor informed her she was approaching chronic migraine status, she sought treatment. But months later, after she had finally found a neurologist that was able to prescribe the right medication, and after she endured a rigorous, 12-week step therapy process, she discovered that her employer-sponsored insurance plan would not cover the new medication. She couldn't afford the very medicine that made her job workable, and her life livable.

Work was a maze of hazards. Triggers in the workplace were fluorescent lights, perfumes, and noise from other desks. Luckily, Samantha had a new employer that worked with her to accommodate her workspace, providing muted lighting and a computer screen filter. They provided a quieter workspace and banned strong perfumes. They also worked with Samantha on a flexible work schedule so that, on bad days, she could work from home and makeup time when she felt better.

Most notably, they realized the importance of her medication needs, and they agreed to pay for the drugs she needed so badly. Samantha participates in an amazing wellness program through her job, too, and was able to participate in valuable mindfulness activities and stress & resilience activities. She always had someone to talk to through her mental health counseling programs.

Samantha still has tough days, and sometimes her medication doesn't work quite right, but her workplace is always accommodating. She is an advocate for other migraine patients and is on the wellness committee at work to bring her voice to the table. She has received several promotions, and she knows that she wouldn't be as productive and engaged without a supportive employer. Samantha's eldest son graduates from high school this year, and she can't believe how fast the time has flown. Living with migraine is excruciating, but because of the support of her friends, family, and company, she has a very balanced life.

Suffering in Silence

Even in 2020, most migraine patients will not have the positive experience of finding a supportive employer that Samantha has. Thanks to a lack of proactive policies and a failure to really understand the disease, migraine remains a large, expensive healthcare obstacle in corporate America. Two areas that have received recent media attention around chronic disease in the workplace are the concepts of absenteeism and presenteeism.

Absenteeism refers to unplanned absences from a duty or obligation, generally work or school. This pattern of absences can often be regarded unflatteringly by both managers and peers, and cause obvious corporate concern in terms of productivity and financial liability. Rises in absenteeism were a chief catalyst for the eventual decision to pay out remaining sick day benefits to employees who showed up to work. A 2017 CDC analysis reports that businesses lose out on $1,685 in absenteeism costs per employee per year[13]; some investigations, like a study from workforce solutions company Circadian, have suggested the cost could be at least double that[14].

Presenteeism, by contrast, is much more difficult to quantify. This fast-growing concern focused on employees who show up for work at less than 100 percent is a key HR target among many businesses. A 2017 US Department of Labor study estimated that approximately 3 percent of an employer's workforce is likely absent on any given day, which is measurable; however, it is much more difficult to survey or evaluate the health, focus, and productivity levels of present employees on a day-to-day basis. A 2016 investigation by GCC Insights revealed that employees confess to being unproductive for, on average, 58 days out of the year, or roughly one-third of an annual business calendar. The study emphasizes the vast difference in cost between absenteeism and presenteeism – absenteeism might present a $150 billion problem, but presenteeism quietly accounts for a staggering $1.5 trillion problem. That's ten times the cost, with no clear marker as neatly visible as a verifiable absence[15].

The Chronic Disease Presenteeism Challenge

While one-off cases of employees who suffer through a bad day because of food poisoning or a cold certainly contribute to presenteeism costs, their damage is minimal. They cost the company hundreds of dollars, not thousands.

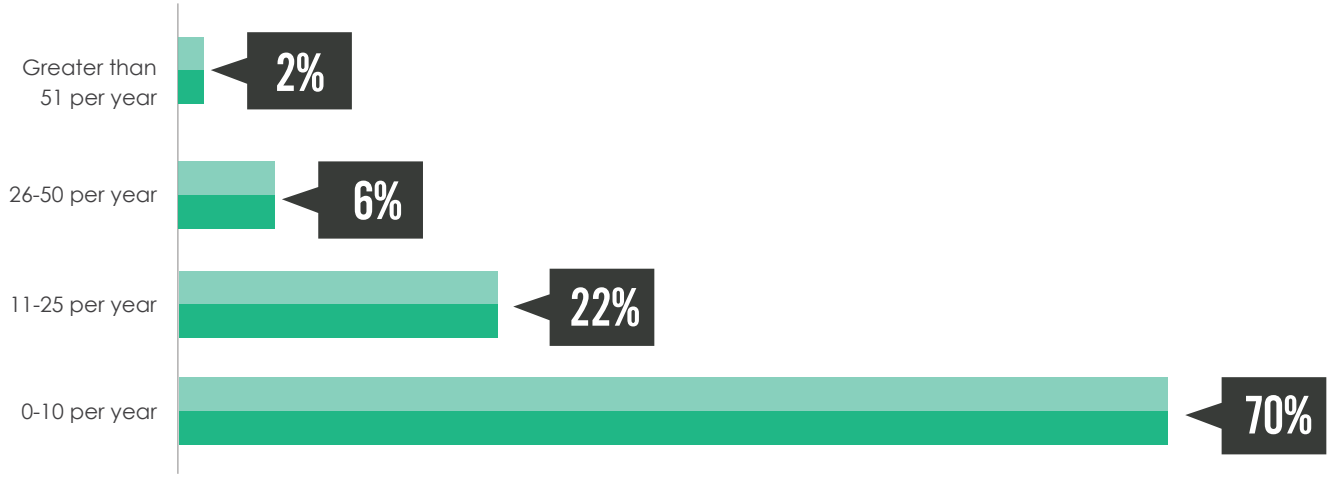
The much broader concern here is managing valuable, hard-working employees who suffer from debilitating medical problems on a regular basis. Migraine, chronic fatigue, Crohn's disease, cystic fibrosis, diabetes – all of these conditions are likely to impact employees. Even with optimal care and management, employees burdened with some sort of chronic disease will inevitably be forced to work through bad days.

Migraine is a clear driver in the presenteeism conversation. Employees who are unwilling or unable to use sick time to leave work and seek the solace of a dark room will quietly endure another day of hardship at their desks. While they're suffering through immense head pain and other debilitating symptoms, their employer's bottom line endures yet another day of presenteeism costs.

Employers who recognize these realities and address them with intelligence and compassion will put themselves in the best position to create productive work environments.

In the past year, how many days have you missed from work as a direct result of a migraine attack?

Employees suffering from Migraine responded:



The Stigma Associated with Migraine

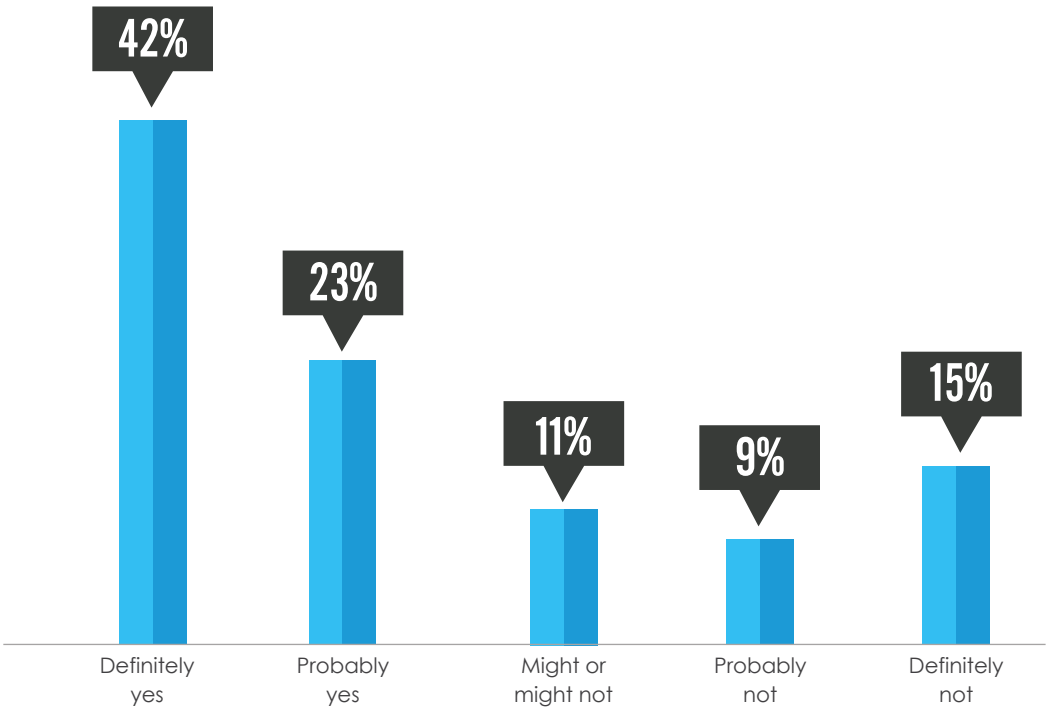
When examining migraine specifically, patients often feel misunderstood and unfairly stigmatized for a variety of reasons. Migraine is often an invisible disease. Employees operating under the cloud of a migraine attack may be physically unable to work, yet they can appear to casual observers as physically healthy.

Addressing the stigma around disease and disorder is still a relatively new concept, but it has made great progress in a relatively short amount of time. Just 50 years ago, mental health was an afterthought. Forward-thinking businesses are supporting employee mental health, combatting stigma, and doing all that they can to ensure their human capital retain health and longevity.

The stigma dynamic is a major factor when evaluating the challenges that migraine patients must face. Recall the peer-to-peer judgment that results from workplace absence or lack of productivity. It is not difficult to imagine what an unsympathetic peer or manager might think, or even say aloud: "you showed up to work, so why can't you work effectively?"

Because of the nature of migraine, there is some difficulty for others to have empathy for someone living with migraine. Many people have had headaches before, and will unfairly define a migraine attack as a bad headache. But describing migraine as a bad headache is like describing a burn victim as someone who stayed out in the sun too long – the differences are several orders of magnitude.

Have you ever been "made to work" through a migraine attack?



CHRONIC MIGRAINE SUFFERERS ARE VIEWED IN ROUGHLY **THE SAME WAY AS THOSE WHO HAVE EPILEPSY**

How exactly does one measure stigma? The Public Library of Science manages an open-access, peer-reviewed academic journal called *PLOS One*; in a 2013 PLOS One publication called *The Stigma of Migraine*, the corresponding study utilized the Stigma Scale for Chronic Illness (SSCI) to find a stigma comparison for what migraine patients experience[16].

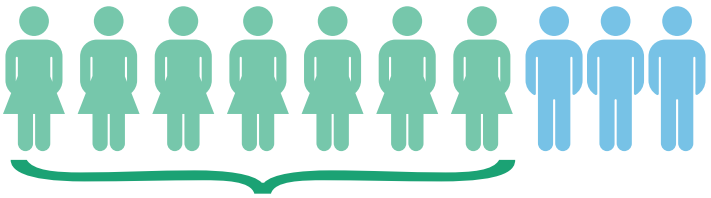
Among other things, the study shows data that suggest chronic migraine patients are viewed in roughly the same way as those who have epilepsy – the difference, of course, is that seizures are a knowable, physical, tangible thing that peers can see, even if they can't relate or personally understand.

Other studies have chosen alternative routes or different objectives, attempting to understand how migraine stigma affects an actual migraine patient's confidence, self-esteem, self-image, mental health, or job satisfaction. Results vary around many factors, including workplace culture and personal factors.

SECTION 3

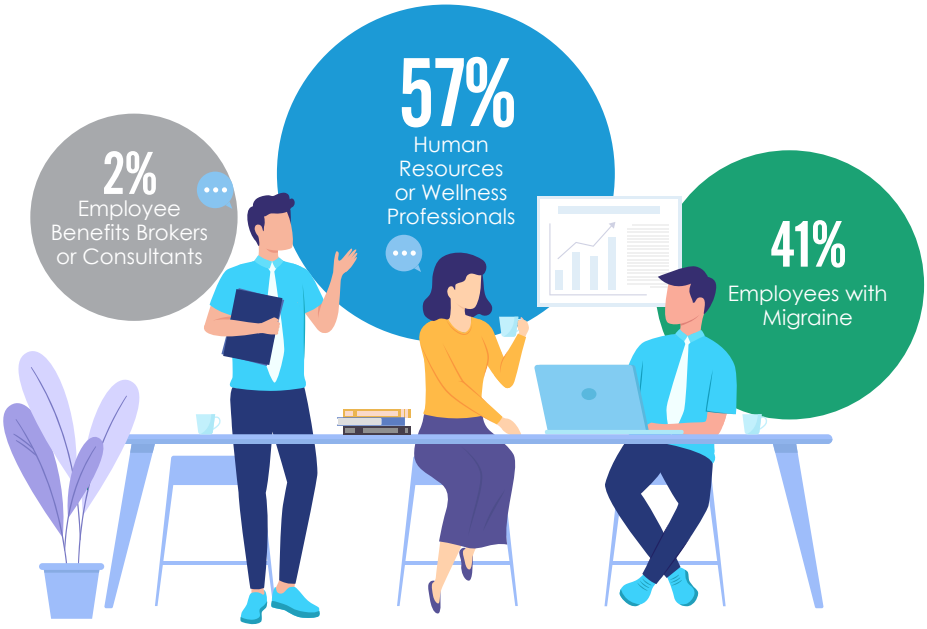
SURVEY RESULTS

Survey Results



818
respondents

72%
Women amongst migraine patients

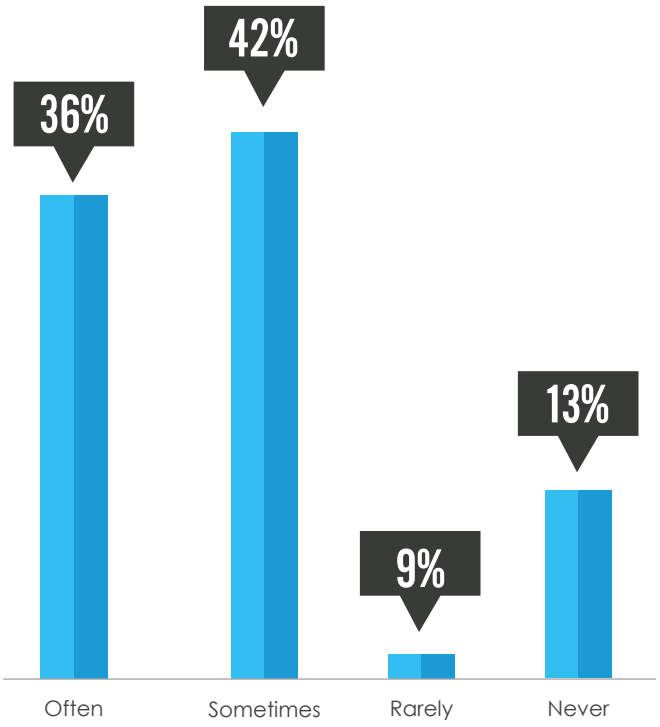


In February 2020, GHLF partnered with Corporate Health & Wellness Association to field a survey among employers, brokers, and employees regarding perceptions of the impact of migraine in the workplace. A total of 818 people participated in the survey; 57 percent of participants (n=465) were Human Resources (HR) or Wellness Professionals working directly for the employer under the HR or benefits team; 41 percent (n=334) were employees in any profession who suffer from migraine; and 2 percent (n=19) were employee benefits brokers or consultants.

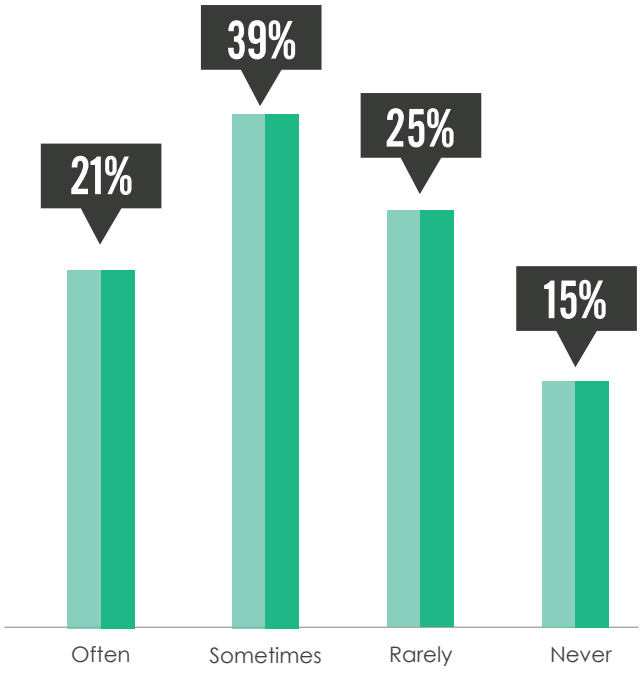
Among the migraine patients surveyed, 72 percent were female and 79 percent reported first experiencing migraine between the ages of 11 and 35. As much as 89 percent of patient respondents reported experiencing migraine attacks at least once per month, with 65 percent experiencing attacks multiple times per month. Without medication, the vast majority (93 percent) reported that a migraine attack would last more than two hours, and as much as a third (30 percent) responded that it would last more than half a day.

When asked to report how many days patient respondents have missed from work in the past month due to a migraine attack, the majority (90 percent) reported up to five days; when asked the same question for the past year, as much as 92 percent reported up to 25 days missed. Greater than three-fourths of patient participants (78 percent) responded that they "sometimes" or "often" fear to call in sick for or speaking with their supervisor about their migraine disease, and 40 percent reported that they "rarely" or "never" feel that their workplace understands their illness.

Do you fear to call in sick or talking to your supervisor about your migraine disease?



Do you feel that your workplace understands your illness?

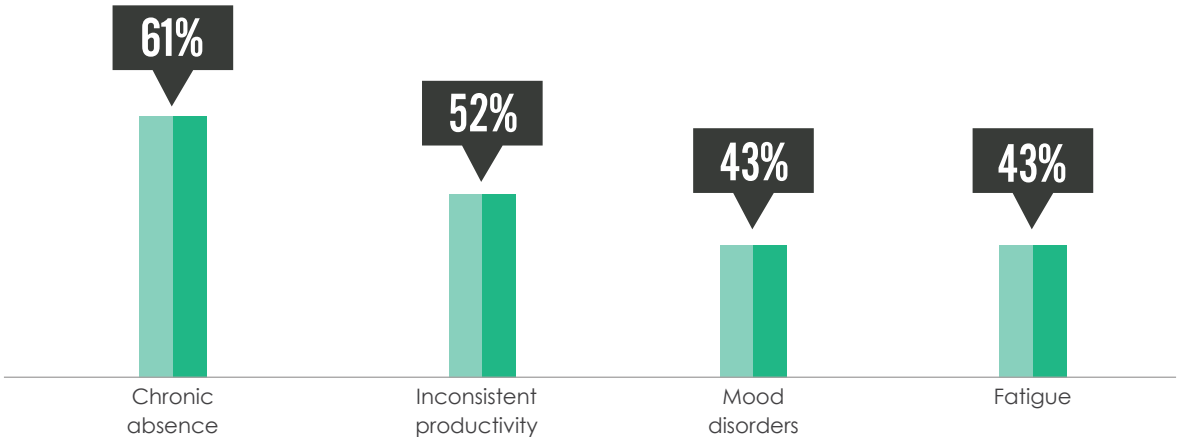


As for the employer side, HR respondents primarily reported an average employee age of 36-50 years old (58 percent), with 73 percent reporting 50 percent or less of their employees were women and 81 percent reporting greater than 50 percent of their employees were male. Participants were asked to report up to four illnesses that come to mind first when thinking of chronic illnesses; top responses were diabetes (47 percent), cancer (40 percent), arthritis (29 percent) and migraine (29 percent). As much as 16 percent of HR and broker respondents do not consider migraine a chronic condition. Thirty-seven percent believe between 10-20 percent of employees live with regular migraine attacks.

The HR participants primarily selected chronic absence (61 percent) as a problem they've faced when dealing with employees who have migraine, along with inconsistent productivity (52 percent), mood disorders (43 percent) and fatigue (43 percent). Nearly all (95 percent) believe migraine affects absenteeism and/or presenteeism, but nearly half (43 percent) believe an employee can still work with a migraine attack. As much as 80 percent of HR participants reported they offer flexible work schedules for their employees, such as working from home, working part-time, or working hours other than the standard nine-to-five.

80% of HR participants reported they offer flexible work schedules for their employees, such as working from home, working part-time, or working hours other than the standard nine-to-five

What specific problems have you faced when dealing with employees who say they suffer from migraine?



Responses were not mutually exclusive

For nearly half of the patient participants (48 percent), a migraine attack "severely" or "majorly" affects their quality of work, ranging from not being able to function in a professional workspace to barely being able to function at their job when suffering an attack. Forty-five percent reported that their quality of work is "moderately" impacted, or that they're not their best or most productive self but can work through it at a reduced capacity. Only 7 percent reported that their quality of work is minimally or not at all affected by a migraine attack.

A surprising 18 percent reported that they believed they "definitely" or "probably" lost a job from missed work due to migraine and more than a quarter (29 percent) reported having "definitely" or "probably" been threatened that they would lose their job if they didn't work due to migraine. As much as two-thirds (66 percent) reported "definitely" or "probably" being made to work through a migraine attack and 40 percent reported "sometimes" to "often" feeling discriminated against at work due to their migraine disease.

When asked what the most common types of migraine triggers are, 62 percent of HR/broker participants selected mental and physical stress, along with sensory overload (53 percent) and weather (51 percent). Patient participants were asked the same question and similarly selected mental and physical stress (72 percent) and sensory overload (e.g., light, sound, smell) (56 percent) as top triggers. This has implications for the workplace, particularly as it relates to workplace environment. Interestingly, only 14 percent of patient participants selected hormonal fluctuations as a potential trigger, as opposed to 39 percent of the HR/broker participants. The majority of employer-based respondents believe there is a stigma surrounding migraine (78 percent), and all participants considered anxiety (68 percent), depression (63 percent) and chronic fatigue (56 percent) to be common comorbidities for migraine patients.

The majority of the HR/broker respondents associated pain relievers (85 percent) with migraine treatment, while substantially fewer associated it with triptans (32 percent), ergotamines (28 percent), antidepressants (21 percent) or anticonvulsants (20 percent). While as many as 96 percent of patient respondents reported using pain relievers for their migraine treatment, only half (53 percent) reported it as an effective treatment. Other effective treatments accessed by the patient participants were triptans (28 percent) and opioids (15 percent).

76% of employees responded they have **health insurance purchased privately or from their employer**

68% or respondents had to **wait greater than a week** for the medication to be approved

The vast majority of patient respondents reported having health insurance (92 percent), with 76 percent of those insured reporting having private insurance, either purchased privately or through an employer. Half of the insured participants reported their health insurance covers costs associated with migraine treatment, while 35 percent have experienced step therapy, prior authorization, or both.

A majority of all participants who experienced step therapy reported going through the step therapy process for at least a month (74 percent), and 68 percent of the participants who experienced prior authorization for their treatment had to wait greater than a week for the medication to be approved.

Nearly half (48 percent) have an insurance plan that utilizes a co-pay accumulator adjuster. Fifty-one percent of patient respondents reported an estimated cost per month for migraine medications of up to $50, and an additional 30 percent reported up to $100 per month for treatment.

Half of all HR participants knew that the insurance they provide requires step therapy practices, and 75 percent were aware that their provided insurance requires prior authorization practices. A little over a third of HR participants (38 percent) spend less than 10 percent of their current healthcare claims on migraine, and an additional third (35 percent) report spending between 10-20 percent on migraine. The majority work with a pharmacy benefit manager (60 percent).

92% reported that education is necessary for upper management

95% of the HR and broker respondents believe that an effective benefits package can help improve an employee's productivity

Nearly all (92 percent) reported believing that education is necessary for upper management to understand the needs of employees with migraine. Of the HR and broker respondents, the vast majority (95 percent) believed that an effective benefits package can help improve an employee's productivity in the workplace.

2/3 of employers will cover the cost if their employees are denied coverage for a medication

Close to two-thirds of HR participants reported that if an insurer refused to approve a treatment for an employee, the company has paid for it anyway. Along the same vein, nearly a quarter of the patient participants (22 percent) have been denied coverage for a medication that works in controlling their migraine headaches.

As cited earlier, between 10 and 20 percent of the employed population live with migraine. It is clear that significant portions of that group are experiencing discrimination, loss of productivity, stigma, and insurance complications, among other issues.

Key Takeaways

What picture is created by these survey results? Migraine disease is not rare, and employers must proactively address it because at least 10 percent of all healthcare claims are tied specifically to migraine.
Human resource managers know it's important to understand and empathize with employees who live with migraine, but they are finding mixed results in that endeavor. Consultants report that a relatively high percentage of employers have received at least some education on the matter, yet significant percentages of employees report that they have been made to work through a migraine attack. Many employees with migraine feel misunderstood or underappreciated.

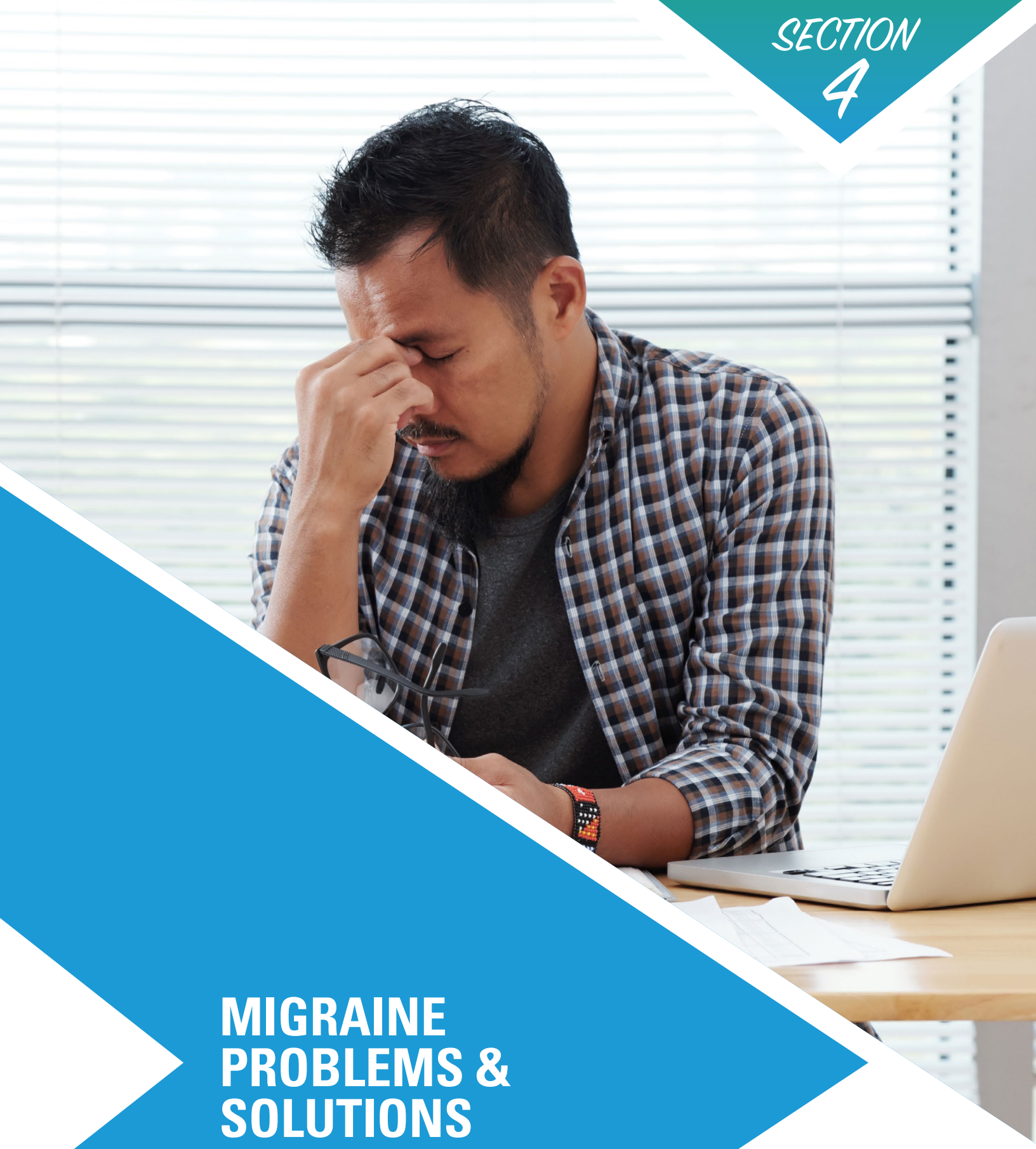
Managers report that a common problem with employees who have migraine is chronic absences. Employees also report multiple migraine attacks a month, with many reporting migraine attacks lasting hours to an entire workday.

Businesses are rightfully concerned about productivity from all employees, and most employees who live with migraine want to be productive, reliable employees. Unfortunately, too many obstacles complicate that endeavor. Employees must work with their company's chosen insurance company/PBM to find the right medication, and because of utilization management tactics, that process can take months. And while employees are working through these barriers, they may struggle to maintain desired productivity levels at work, which ultimately puts their job security at risk.

Consultants and brokers have unique challenges because they must provide benefits to multiple employers, customizing each package to employers' staffing needs. The aggregate data that consultants can use assists employers of all sizes in making better choices for their specific benefit programs. A good consultant should consider all the costs associated with the claims spent and encourage employers to add specific programs, educational opportunities to help mitigate risks that employees are facing, and ensure that people with migraine have a plan that helps them stay in the workforce. In the long term, this helps employers save money while still improving the overall health and happiness of their employees. Brokers manage numerous clients and must utilize data to drive knowledge regarding how chronic disease healthcare costs affect their clients.

Employers have great power when it comes to benefit design and negotiation of employee coverage. Migraine must be considered during these decisions.

SECTION 4



MIGRAINE PROBLEMS & SOLUTIONS

Migraine Problems & Solutions

Migraine Accommodations

Research from this study, as well as others, makes it clear that there's a disconnect between the number of businesses and managers who believe that migraine education is important and the number of businesses and managers who are actually educated.

This disconnect could be due to a lack of access, a lack of funding and/or a lack of priority. Regardless of the rationale, companies must seek more information about migraine disease.

Businesses who are hoping to minimize presenteeism costs would be wise to make accommodations for their employees who live with chronic diseases such as migraine.

The goal here is not simply to fulfill federal ADA requirements but to genuinely pursue a comprehensive, supportive work environment for all employees. Employees with migraine often cite the benefits of isolated rooms where they can minimize their exposure to triggers and sensory irritants, as well as flexible office time and work-from-home privileges, as accommodations that help them stay productive.

Beyond simple accommodations, employers can improve the overall health and engagement of all employees – including those who live with chronic disease – by implementing a corporate wellness plan. Encouraging holistic health and well-being is a good way to help migraine employees live happier, healthier lives.

Smart companies seek proactive solutions rather than reactive responses. Personnel managers who craft a healthy, flexible approach for migraine employees will get the most out of an at-risk group.

Systemic Medical Areas of Concern

The United States has a complex medical system that many do not understand. As this study's data revealed, many employees who live with migraine struggle to access proper medication through their employer-sponsored insurance plans. Accessing benefits is fraught with potential barriers – waiting periods, prior authorizations, step therapy/fail first protocols or just flat-out medication denials.

Healthcare spending remains a serious element in this conversation, particularly in the United States. Companies whose healthcare costs are tied more directly to the actual consumer costs of their employees may feel unease at increasing access for chronic disease employees.

At the corporate level, HR managers and executives should limit their financial exposure, not by screening or phasing out employees with chronic illness, but by seeking dynamic solutions to their healthcare costs. Shopping for costs, negotiating aggressively, and creating an effective wellness program – as outlined in *The 2020 Corporate Health & Wellness Report* – can have dramatic effects on healthcare costs in the long run[18].

Practical Business Areas of Concern

The Americans with Disabilities Act protects employees with migraine from employer discrimination, but it is not a complete shield. In order to qualify for basic protection, an employee must be able to regularly fulfill the basic functions of the job they've been hired to perform. If an office decides to have outdoor meetings on Fridays, and an employee with migraine has outdoor triggers, they could elect to inform their supervisor that they'll stay inside and would be almost certainly safe from corporate maltreatment, as meeting outdoors is not an inherently basic function of their job. However, if chronic migraine prevented an employee from producing regular materials, or operating a computer, or showing up to work at all, the ADA would likely not protect that particular worker's employment status.

No program can truly protect employees with migraine, nor is there ever likely to be a program that can. That's why preventive care, mitigation of risk factors and comorbidities, and appropriate medication is so critical.

Unfortunately, business production issues can synergize with systemic medical issues in terrible ways. If an insurance group is forcing employees to cycle through a series of ineffective medications, their production at work may suffer. If they lose their job as a result of that, they may lose access to the pathway that would eventually get them on the right medication. Without any medication, they may struggle to find another job with the right healthcare benefits. They might struggle to find a job at all and may end up on permanent disability.

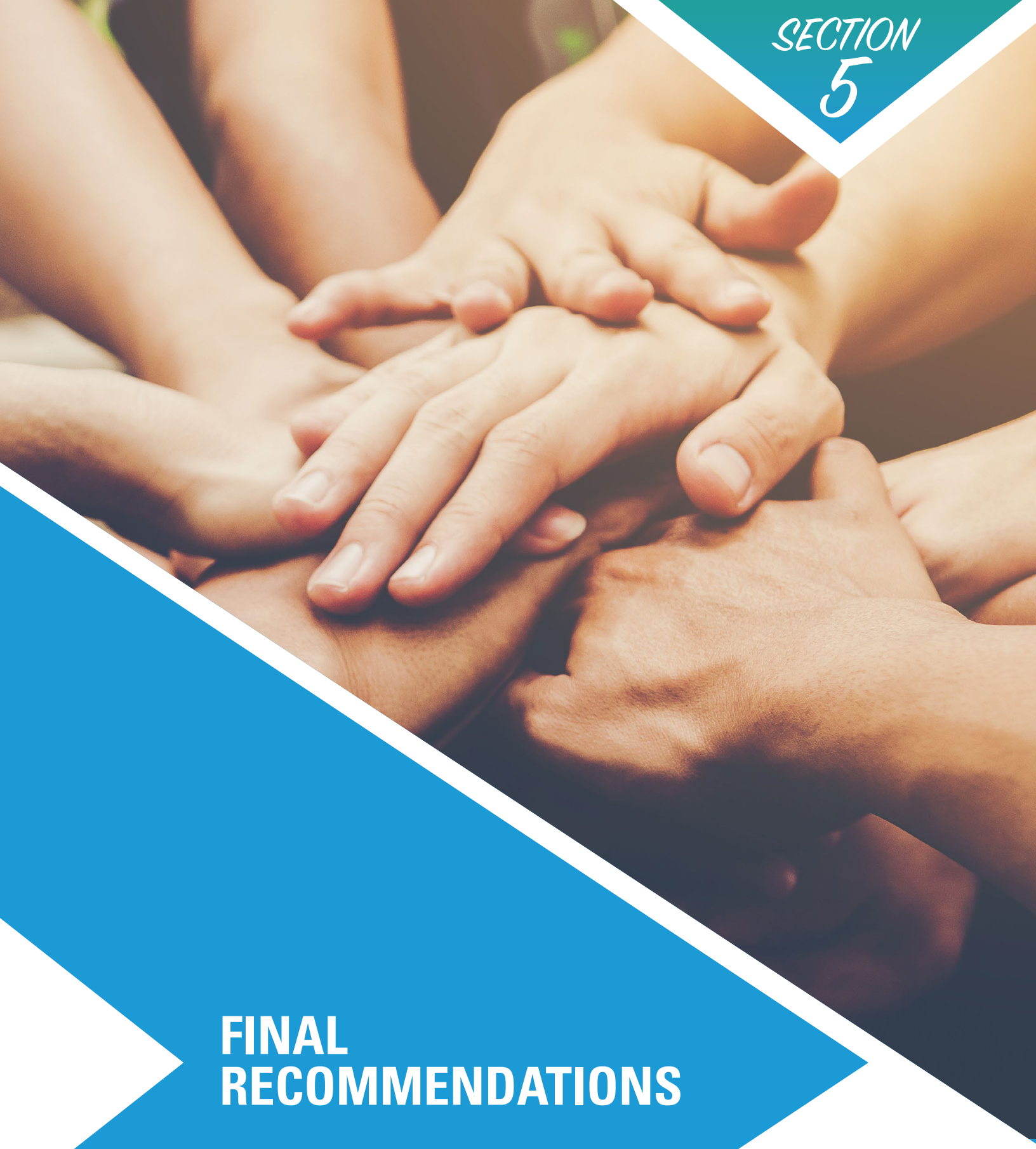
INCAPACITATED WORKER ≠ INEFFECTIVE WORKER

Supervisors and HR specialists need to understand the difference between an ineffective worker and an incapacitated one.

Businesses must evaluate an employee's worth when he or she is at their best. Corporations should consider radically increasing their education on topics like these so that they might be better able to understand and identify when an employee needs help.

Open communication between employer and employee is important, too – particularly when health benefits can make the difference between an effective employee and an absent or unproductive one.

SECTION 5



FINAL RECOMMENDATIONS

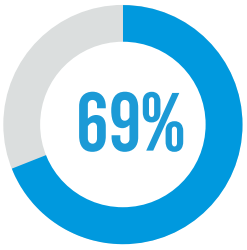
Final Recommendations

The research and data that form the foundation of this report point toward clear conclusions. Though much of corporate America is familiar with the concept of a migraine attack, most are unaware of how common they are and how debilitating they can be. Too many working adults – some in positions of power – believe them to be a recurring headache suffered by a small minority of workers, rather than a cerebral hurricane that regularly impacts more than 10 percent of the international workforce.

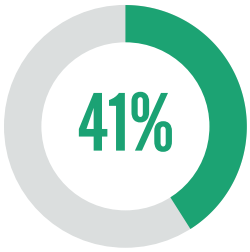
With that in mind, this paper's first recommendation is to drastically improve the level of education available to human resource employees regarding what a migraine is and how it incapacitates working adults. Every HR Manager needs to be briefed on the scope and scale of the growing migraine crisis.

This information should be folded into chronic disease bulletins and disseminated to HR specialists and managers throughout the world. It's hard to recommend further action without starting with greater education.

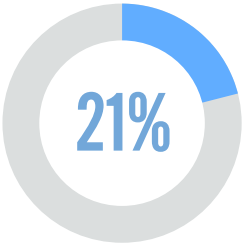
Migraine patients need corporate leaders who understand and empathize with them. Gone should be the days of the unfeeling 20th-century corporation that doesn't recognize its employees as three-dimensional human beings. Every worker is a person with needs, desires, stresses, and goals; recognizing that reality makes businesses stronger. Employee-focused studies generally confirm that engaged employees who feel their place of work cares about them will go on to think better, work harder, and stay longer.



of employees would work harder if they felt more appreciated



lower absenteeism at companies with higher employee engagement



more profitable for companies with a higher employee engagement

Data from HubSpot reveals that 69 percent of employees would work harder if they felt more appreciated, while a Gallup study suggested that higher engagement can lower absenteeism by 41 percent. On the whole, companies with higher overall employee engagement are 21 percent more profitable[19]. Despite these (and literally hundreds of other) numbers, employee engagement is still staggeringly low, because too many companies worry only about the bottom line, instead of the process and people that get them there.

It is in every company's best interest to care about the health and well-being of its employees, and a big part of that is considering the challenges and everyday struggles of an employee living with chronic illness. Highly related to empathy is a company's need to communicate. Broad, departmental addresses are not enough – supervisors or HR managers need to check in with individual employees to make sure everything is going okay. Are they having a difficult time with a particular project or a particular co-worker? Are their benefits working? Are they depressed? No one should expect a de facto therapy session, but a regular dialogue between employer and employee can be a proactive solution to a lot of potential problems.

Finally, employers should use their status and benefits to empower their employees. They must advocate for their employees at the benefit negotiation process and leverage their power to ensure that the treatments migraine patients need to stay in the workforce are covered. Thoughtfully designed wellness programs reduce health risk factors and migraine comorbidities, but they also correlate with stronger, better employees. Good companies provide health benefits and wellness programs, but the best companies deploy them as part of a larger culture of wellness.

Many chronic illnesses cannot be completely prevented or cured, as is certainly the case for migraine patients. But with corporate investment toward effective accommodations and employee wellness, Corporate America can minimize the impact of migraine in the workplace.

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