



ENDING WORKPLACE
TUBERCULOSIS

2020 BUSINESS CASE



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SIX REASONS TO TACKLE WORKPLACE TB

1. Reduce the risk of an outbreak of TB in the workplace – one person with TB can pass the disease to 12-15 others.
2. Strengthen your company's offering on workplace health with relatively simple steps that can integrate with other health programming and make a big difference.
3. Reduce absenteeism and time-off due to ill health, and increase productivity through reduced presenteeism.
4. Build structures that will protect against the spread of other lethal respiratory pathogens.
5. Strengthen brand and profile with an increasingly health-aware public.
6. See a return on investment from enhancing your offering on workplace health.

INTRODUCTION

When Ending Workplace TB (EWTB) launched in January 2020, it was with the objective of tackling a lethal respiratory pathogen (LRP) pandemic. The word "COVID" had not yet been created by the World Health Organization (WHO). Just a couple of months later, supply chains around the world were buckling under the unforeseen threat of the novel coronavirus. Workplaces closed their doors – where they could. Economic output plummeted.

Many countries were not ready for a disease like COVID-19. But they should have been. In September 2019 at the United Nations General Assembly, the Global Preparedness Monitoring Board (GPMB), a group of leading health experts warned that the world was not prepared for an LRP pandemic.¹ They could say this with confidence because the global community had gathered just one year previously at a UN High-Level Meeting in recognition of a collective failure to get to grips with a startlingly similar, though much older, LRP that has killed more people in history than any other infectious disease: tuberculosis (TB).²

The collective global failure to beat TB was the early warning system for COVID. And it had been going off for decades.

COVID is caused by a virus. TB is caused by a bacterium. Otherwise, the two diseases share many similarities. They share most core symptoms, most methods of screening, and the same diagnostic machines can be used for both diseases.^{3,4} Some of the software that gives real-time data on COVID cases was built for TB.⁵ In much of the world, most isolation wards for COVID patients were built for TB. Most respiratory doctors were trained in TB and paid through under-funded national TB programmes.⁶ Even the TB vaccine, the BCG, may help ameliorate COVID infection.⁷ In many countries, the TB response *is* the backbone of the COVID response, but that backbone wasn't strong enough to begin with. Not because the TB community didn't know what needed to be done, but because it wasn't resourced to do it.

Why is this the case? TB is one of humanity's oldest diseases.⁸ Until 2020 it killed more people every year than any other infectious disease.⁹ Part of the problem is that the costs of the TB epidemic are built into our economic indicators and into our ways of doing business. In the first fifteen years of the 21st century, KPMG estimated that TB silently cost the global economy USD\$617 billion. From 2015-2030, that figure will rise to almost USD \$1 trillion.¹⁰ Yet, precious little attention is devoted to the disease.

Social factors play a role. In one of the highest burden countries in the world, with robust anti-discrimination laws, people with TB don't take sick leave because if they admit to having the disease, they know they are likely to be dismissed.¹¹ This doesn't mean they don't get sick. It means they don't tell their employers that they are ill. Instead, they come into work with a potentially life-threatening disease, risking transmitting it to colleagues, and making their own outlook worse because they are not getting the care they need.

The result is not just an underpowered response, but an underappreciated threat. Employers don't know about TB in their workplaces because people don't talk about it. Instead, managers see people underperforming, taking time off work, or even dropping out of the workforce altogether and think that it is an unavoidable and unquantifiable cost of doing business in certain countries.

But it is avoidable, and it is quantifiable. Transmission can be **prevented** and the disease can be **cured**. The interventions that are required need not be expensive. Simple steps can make an enormous difference. Some are process-driven, others are cultural, but all are doable by nearly any company, anywhere. They can be added into existing workplace health programmes or stand alone as initial steps towards building a healthier, more resilient workforce. Companies who act will see three benefits:

- Measures that address TB in the workplace will **build resilience against other LRPs**. COVID will not be the last pandemic, and companies can prepare for the next one by ensuring that they are able to identify and handle existing threats.
- Tackling TB will lead to **productivity gains in workforces**. The cost of the disease is currently largely hidden but will be appreciable, particularly in some of the highest burden TB countries. The benefits will go beyond TB, lessening the productivity cost of other respiratory diseases and improving the general health of the workforce.
- These TB programs may **save lives**. In some countries, a man of working age has a 50% chance of contracting TB during his career, even more so in certain demographics and certain sectors.¹² Employers have a duty to care for their workers. By taking simple

steps that encourage workers to actively seek care, companies could have a tangible difference on that person's health and wealth, and on the wellbeing of their family and dependents.

In the following pages you will find the evidence that underpins the claims above. We recommend that you also make use of our online "Costs of TB for Employers" calculator which can help companies get a baseline understanding of the hidden costs of even one case of TB in their workforce.

TB AND PANDEMIC RESILIENCE

Pandemic diseases such as TB and COVID rely on creating unbroken chains of human-to-human transmission. Without the potential for onward transmission, there is no pandemic. The primary objective of any infectious disease control programme is to stop transmission.

Respiratory diseases are transmitted when an individual breathes in the microbes that cause them. If you cannot remove the disease from the air an individual breathes (via a respirator or medical grade mask, for example) or ensure the infection doesn't

result in disease (through vaccination, for example) you cannot stop the spread. As such, with TB and COVID, which at time of writing do not have effective adult vaccines, the best way to break transmission chains is temporary isolation and, with TB, the initiation of treatment.

In a workplace environment, two factors must come together to minimise the risk of transmission: identification of sickness and the isolation or removal of that person from the workplace. A third factor, becoming non-infectious, is required for the individual to return to work.

Identification of sickness

Identification of sickness most commonly happens through awareness of symptoms. For a respiratory disease, the core symptoms are a cough, a fever, a headache, muscle aches, and fatigue. TB, COVID and influenza share these symptoms. TB is further associated with night sweats and weight loss, and COVID with a range of symptoms including loss of smell. However, not all people show all symptoms (or symptoms at all) so whilst symptomatic screening is a good first step, it is only one of several screening interventions.

Nonetheless, studies have found that removing people from the workplace as



soon as they demonstrate symptoms (within half a day) can effectively eliminate the spread of diseases in the workplace. As such, vigilance for symptoms is vitally important.¹³

Another way of identifying sickness is through a screening system. Screening identifies people who may be sick and may need further diagnosis. Experts interviewed for EWTB recommend at least annual, and preferably six-monthly, screening for TB to identify people who may have the disease but aren't exhibiting symptoms. For respiratory diseases, X-ray is a common method of screening. For workplaces that have onsite X-ray facilities, following symptomatic screening with an X-ray should identify most at-risk patients very quickly. If not, it is possible to commission a mobile X-ray unit to visit your workplace and screen workers.

Isolation

The second aspect, isolation, requires the consent and active engagement of the potentially ill person. A one-off, solitary cough does not indicate the presence of illness, so people have to feel comfortable discussing their symptoms and be prepared to leave the workplace if they are feeling ill. For many people around the world, who rely on a daily wage, missing time from work means missing wages, and therefore only severe symptoms will make them take time away from work. Sick leave is designed to resolve this problem. Unfortunately, whilst many countries mandate sick leave and nearly all companies have sick leave policies, a policy is only good if it is implemented and social and cultural barriers often mean that people avoid asking for sick leave (especially for suspected TB, as discussed in the introduction).

The result is that people are 1) not always aware of the symptoms of respiratory diseases and 2) not willing to isolate or leave the workplace if they think they are ill. The consequence is further transmission of disease. In fact, the workplace is such a good place for disease transmission due to this presenteeism,

that in some studies, 50% of all cases of COVID originated in the workplace.¹⁴

To stop almost any respiratory pathogen, companies need to implement policies that achieve the following (for further detail, please consult our implementation guides):

- An understanding of the core symptoms and modes of transmission of primary respiratory diseases (starting with the core five as listed above).
- Trained workers or workforce champions that can identify symptoms and discuss them in a non-stigmatising way.
- Methods for screening people consistently for TB through systematic X-ray screening or through rapid and regular testing for COVID.
- Sick leave policies that allow people to stay at home if they realise that they are developing symptoms; and
- A workplace culture, actively supported by management, that encourages people to stay home if they are unwell and seek treatment if symptoms persist.

These are universal steps that apply to almost any health condition but specifically respiratory diseases. Furthermore, if a company workplace health system can identify people with TB and support them to isolate, it should be able to do so for many other diseases too.

Treatment

People who are sick with TB need to start treatment immediately. This contrasts with some other respiratory diseases where rest is sufficient for patients to recover. Accordingly, identifying that someone has symptoms and then isolating them will not be sufficient to ensure a full recovery from TB and a return to work. Because of this, a workplace health system that can ensure someone completes TB treatment would be more

robust than is necessary to tackle most LRPs.

There are several complementary aspects that need to be addressed to ensure everyone who needs treatment gets it quickly.

The first consideration is whether the worker can access healthcare of appropriate quality. Not all providers can diagnose TB. Those that can, may be distant or hard to access, and travelling means taking time off work. In addition, research suggests that the cost of transportation to and from health centres is a major barrier, as is accessing care itself which may carry a cost even though TB treatment is free in most countries.¹⁵ We recommend employers take steps to enhance access to care.

A second consideration is that of completing treatment. Isolation as soon as symptoms emerge, followed by quick diagnosis and initiation of treatment will stop the spread of workplace cases and prevent symptoms from worsening. After two weeks, most patients are no longer infectious and may be passed fit to return to work.¹⁶ Companies can provide further support to workers by letting them take medicine onsite if necessary or covering

wages if they need to visit a clinic for further care. Psychosocial support via peer support groups can also boost treatment completion rates.

People who do not complete the full course of TB treatment, either because of stigma, or because they cannot afford not to work are at risk of relapse and developing drug-resistant TB, which is more expensive and difficult to treat. Thus encouraging employees to complete their treatment is in the best interest of both employers and employees.

Summary

To eliminate TB in a workplace requires robust systems for screening, referral, and support; the presence of social protection policies that facilitate health-seeking behaviour; and a workplace culture that is anti-stigma, with strong managerial support. These are the same systems and culture needed to address any respiratory or infectious disease. It is no mistake that countries who have experience tackling LRPs like TB and SARS have done well against COVID-19, and the same applies for workplace health and wellness.



PRODUCTIVITY

TB has been a presence in many countries for so long that it is often considered a fact of life. Its economic impact is profound, and yet that impact isn't fully recognised. The disease hits people at their most productive ages, creating and causing a circle of poverty and poor health that is exceptionally difficult to break.

In the workplace, the effects of TB may not be widely felt because they might not be well known. As discussed, TB is also heavily stigmatised. Workers don't want to admit that they have the disease for fear of being discriminated against by colleagues, or being dismissed or asked to leave their jobs by their employers.

To help companies gain a full picture of the costs of just one case of TB to their workforce we have built a tool that we can use to work through the prospective costs of the disease with employers. Whilst the specific details of each TB case will vary, and so will their costs, we have drawn together the best available literature to help company leaders get a sense of the potential costs. Even relatively few cases can have a major impact.

The costs of TB to a company are split into two categories, direct and indirect. Indirect costs include:

- Time off work sick prior to diagnosis
- Time off work sick after diagnosis (during treatment)
- Lost productivity at work
- The costs and time of recruiting replacements
- The costs and time of training replacements

Direct costs include:

- The cost of retirement due to ill health and associated benefits
- The cost of death and disability payments
- The cost of medical care¹⁷

Time off prior to diagnosis

For any illness there is a period prior to diagnosis. The shorter that period, the less likely symptoms are to become severe, and in the case of infectious diseases, the less likely the disease is to have been transmitted to others.

For the reasons discussed above, TB often has quite a long "diagnostic delay".¹⁸ People who are affected by the disease are often sick for months before they seek care – they may think that the symptoms they have are for an illness like flu, or that they can get better without treatment, or there may be barriers preventing them from seeking care. Whatever the reason, during this period, people sometimes find that they aren't healthy enough to work and therefore take sick leave or unpaid leave.

Research suggests that the number of days lost to work prior to diagnosis is greater, sometimes much greater, than the numbers of days taken off work after diagnosis.¹⁹ Some research has found people losing 60 or more days of work before they are diagnosed.²⁰ These are significant indirect costs to the employer – through the paying of sick leave or through the absence of a regular employee who may be replaced by someone who is less skilled or productive or not replaced at all.

Time off after diagnosis

After someone is diagnosed with TB there is a period of treatment where they should isolate. It takes around two weeks in standard TB cases for the treatment to start working and for someone to stop being infectious.

In the best-case scenario, these two weeks are the total amount of time that someone would need to take off work after diagnosis. There will be follow-up medical appointments, but they may not result in more time off work.



Lost productivity

In addition to time off work due to sickness, people who are ill and working are less productive than colleagues who are healthy. Estimates of this productivity loss varies, but productivity certainly drops as the duration of symptoms increases. Little data for TB is available, but comparable diseases have shown long-term productivity costs of up to 20 percent, or the equivalent of a working day per week.²¹

Unless workers are paid in relation to how much work they produce, employers may not recognise this drop in productivity. Nonetheless, it is an indirect cost that employers bear. In our “Cost of TB to Employers” calculator, we have presented baseline scenarios for the equivalent in lost days of labour caused by sickness-driven productivity declines.

The cost of recruiting replacements

It may be necessary to replace someone who is off work because they have TB. This may be because they have a complex case which requires a longer convalescence, or because they are no longer healthy enough to work and have to retire as a consequence. Of course, in the worst-case scenario, employees may die from TB.

Recruiting carries a hidden cost to employers. There are sometimes delays between a vacancy appearing and completing the process of recruiting someone new. These delays can be quite long depending on the skill level being recruited. The time spent recruiting is not only a period where a post is not filled and therefore less work is being done, but it also takes time away from your administrative staff.

The cost of training replacements

Almost all workplaces require some degree of training for new workers. This may be standard Occupational Health and Safety training or complex “on-the-job” upskilling to learn to use a new piece of equipment or complete a new task.

During the period of onboarding, replacements are less productive than the trained, experienced worker that they are replacing would have been.

The cost of retirement

Some of the indirect costs are well-established. For example, considerable research has examined how many days people standardly lose from work because of TB. Direct costs, however, are much

more likely to be specific to the individual employer and their benefits and policies. One of these is the cost of medical retirement and associated benefits.

Unfortunately, there is not much data available on what proportion of people affected by TB will have to retire due to their subsequent ill-health. We do know that the quicker people are diagnosed and treated, the less likely they are to experience long-term complications because of the disease, and less likely to generate large indirect costs for their employers.

The cost of death and disability payments

Last year there were 10 million cases of TB and 1.4 million people died from the disease.²² That equates to a roughly 1-in-6 chance that someone who falls ill with TB will die because of the disease. The number of cases and deaths from TB are projected to increase because of COVID-19, so those figures could get worse.²³

Most countries require employers to pay some form of benefit to the family of workers who die because of illnesses acquired at work. The scale of those benefits varies enormously, but the costs can be significant.

An employee with undiagnosed TB can also infect his or her colleagues. The standardly accepted estimate is that someone with TB can pass the disease onto between 12 and 15 people if left untreated for an extended period.²⁴ If you have only one undiagnosed case of TB in your workplace, the prospect of many more people falling sick and some even dying because of TB infection is very real.

The cost of medical care

TB treatment in most countries is free. In many countries, the cost of diagnosis is also free. Nonetheless, there are additional treatment costs associated with TB and

even if treatment is free, seeing a specialist may not be.

Some companies will cover those costs – indeed, to make it as easy as possible to seek care we recommend that companies subsidise or cover the costs of medical care wherever they can (see our Implementation Plan on Access to Healthcare). This up-front spending will result in savings generated by quicker diagnosis and treatment and less risk of onward infection in the workplace.

Summary

The productivity costs generated by TB are greater than most people think. At a global level, TB is estimated to cost around USD \$1 trillion between 2015-2030 in lost productivity. This burden is shared disproportionately among high TB burden countries and the companies who are based in those countries.

The precise costs per case of TB vary enormously but the principles don't. The shorter the diagnostic delay (the time between the appearance of symptoms and diagnosis of the disease) the fewer productivity costs there will be. Almost all of EWTB's proposed programs are focused on shortening the period from the onset of symptoms to the completion of treatment.

This benefits the individual – who is less likely to have a severe form of the disease if it is caught early – and the employer, as the individual will be less likely to lose time from work or see steep declines in their productivity. Moreover, as an infectious disease, the greatest costs from TB are generated by productivity losses compounding – one sick employee transmitting the disease to others who then also become less productive. This chain reaction can only be stopped by breaking transmission through rapid diagnosis and treatment.



SAVING LIVES

So far, we have discussed the benefits to employers in financial terms: pandemic resilience and avoided productivity losses. But there is another, more straightforward reason to tackle TB: over the last decade it has killed more people than any other infectious disease.

Most people who get sick with and die from TB are between the ages of 15 and 65 – people's working age. Within that group, men are more likely to get the disease than women, and men are more likely to be the primary earner for their families. Quite simply, TB robs people of their most productive years, thus driving people and their families into poverty.

In some countries, the incidence rate of TB (the number of people who get the disease every year) among working age men is close to 1,000 per 100,000.²⁵ For context, this is much higher than the UK government threshold's for "high" COVID-19 rates: 20 per 100,000. With TB, the average working-age man has a 1% chance **every year** of getting a potentially lethal disease.

One of the core drivers of the TB epidemic is that many people remain undiagnosed and untreated. We know that more than 30% of all people with TB are not officially diagnosed and treated.²⁶ As the majority of people who get TB are of working age, so too are the majority of people who get TB and are not diagnosed. That means that close to 3 million cases of TB are not officially diagnosed every year, and many of those cases can be found through workplace interventions. Indeed, workplaces may be driving onward transmission to other people who don't get diagnosed and treated.

This exact challenge is why Ending Workplace TB was created. We cannot end TB without finding those missing sick people, and we cannot find those missing people without engaging with the companies that are most likely to be employing them. This is why we need you.

If a workplace TB programme helps even a few people get diagnosed and treated for TB, this could make a major difference to the health and productivity of your workforce, to your bottom line, and to the family and community of your worker. Without this programme, the workers may have kept quiet about their symptoms, may not have been diagnosed, and may have suffered lifelong consequences as a result.

There are also many indirect benefits of tackling TB. There is a wealth of research that argues that companies that offer strong health benefits are attractive to employees, and particularly that in the wake of COVID-19 they matter to customers.^{27, 28} A concerted and stated effort to tackle TB may result in a stronger brand.

Some companies choose to go down a different route. By not supporting workers, or even actively discriminating against them, they hope that the disease will go away. It won't. The only thing achieved by stigmatising TB is that people don't talk about it. It doesn't mean that they won't get ill and it certainly means that they won't inadvertently transmit the disease to their colleagues. The only way to tackle TB is to actively support the people who have it.

If COVID-19 has taught us anything, it is that no one is safe until everyone is safe. Infectious diseases spread. And unlike COVID-19, TB doesn't give any immunity to people who've had it and there is no effective adult vaccine. TB may not be as explosive as COVID-19, it may not earn headlines like the pandemic, but the lesson is the same. By joining our effort to End Workplace TB, you can make your people and communities safe, and play a part in building a safer, healthier, world, free from TB.

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