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Jerry's Notes

Welcome to the spring issue of *HERO on Health*. HERO members and staff are doing great work in addressing important questions connected with the development of the science and best practices in employee health management. As we state as our core purpose, "HERO was established to create and disseminate Employee Health Management (EHM) research, policy, leadership, and infrastructure to advance the principles, science, and practice of EHM." We hope you enjoy and benefit from the following articles that chronicle the efforts HERO members are undertaking to accomplish this purpose.

We are pleased to share in Industry Voices the results of a recent survey of more than 500 employers to help us better understand leadership views on the connection between their employees' health, performance and productivity. The Program Spotlight in this issue is on the University of Louisville, a HERO member organization. Their EHM program is an important example of what academic institutions can accomplish through strong leadership, a well-thought-out plan, excellent execution and high levels of employee engagement.

The analysis of the HERO EHM Best Practices Scorecard in Collaboration with Mercer in this issue highlights the similarities and differences between large and small companies in building a culture of health in their organizations. Although larger companies report more robust programming, small organizations hold their own. HERO committees are accomplishing other great things, as well. They are currently completing a study on the use of wearable devices in wellness programs. A collaborative paper providing guidance for employers in dealing with e-cigarettes in their tobacco cessation programs has also been published. The HERO/Population Health Alliance work on identifying core metrics for wellness programs is also now available on the HERO website. And our work encouraging employers to become involved in improving community health has produced multiple reports that demonstrate the value proposition for companies that are leading this effort.

Interested in learning more about HERO research? The HERO Research Committee has updated and released the 2015 HERO Research Agenda, a document that outlines what HERO members are most interested in learning more about in EHM. HERO members and staff will meet July 21st in Minneapolis to discuss the latest research in the field and identify what further research needs to be done. We hope to see you at the HERO Forum, September 29-October 2, in Chicago at the Westin Lombard. This year's theme "Building a Culture of Health: At Work, Home & In The Community" features keynotes, general sessions and small group workshops that spotlight employee health management best practices and innovative approaches to improving the health of our workforce, both at work and in the community.

Good Health,
Jerry



Jerry Noyce

CEO & President
HERO

Industry Voices- Understanding the Connection between Health, Performance and Productivity

By Nikki Hudsmith, MBA

In 2014, the Health Enhancement Research Organization (HERO) partnered with seven member organizations to survey business leaders about their views on the value proposition for workforce health and the connection between health, productivity and performance. From the 509 survey responses that HERO received, the key findings showed that:

- Most leaders view productivity and performance as related, but different, concepts that contribute equally to meeting an organization's business objectives.

- Business leaders recognize health as a significant contributor to productivity and performance and health management is more likely to be viewed as an investment in human capital than as a health care cost containment strategy. While this finding is encouraging, for all the leaders who views health as a core business strategy, nearly an equal number view health as an expense to be managed.
- Most business leaders indicate their organization's leaders are committed to improving the health of their workforce, but middle managers are less likely to recognize this commitment than are more senior business leaders.

Business leaders' views about the connection between health, productivity, and performance are complex, and these findings emphasize the need to better understand the role of workforce health as a direct and indirect contributor to productivity and performance in order to substantiate a broader value proposition for employer investments in workforce health.

The Health, Performance and Productivity subcommittee is now in the process of determining the next steps in exploring the connection between health, performance and productivity, and we welcome your input. Some of the current ideas for our subcommittee's next steps related to this work include:

- Develop a formalized definition of performance and productivity.
- Identify concrete examples of best practices for the measurement of performance and productivity.
- Determine what is needed to better support the value proposition for employer investments in workforce health.

If you have suggestions on the future direction of this work, please contact [myself](#) or [Jessica Grossmeier](#). If you missed the March webinar that included a comprehensive overview of the survey findings, you can access the [recorded webinar here](#). You can also access the [comprehensive survey findings](#) on the [HERO website here](#).

Author



Nikki Hudsmith, MBA
VP, Consulting Services, Performance pH

Program Spotlight-HERO Interview with University of Louisville

For this issue of *HERO On Health*, we interviewed Patricia Benson, M.Ed., health management director of the University of Louisville's "Get Healthy Now" employee wellness program. The University of Louisville has three campuses and more than 6,500 employees, and 9,000 covered lives in its employee benefit program. The University works with Health Fitness Corporation as its wellness program partner.

Before "Get Healthy Now" launched in 2005, the University of Louisville's health care costs were well above the national average. The wellness program was introduced as a voluntary, incentive-based program with four primary goals:

1. Nurture a culture of health
2. Incent and engage employees as part of a total rewards program
3. Contain health care costs
4. Decelerate the rate of increase in overall cost of coverage

Now in its 10th year, "Get Healthy Now" and the University of Louisville has been recognized with local and national awards for wellness program success, including:

- CUPA-HR (College and University Professional Association for Human Resources) National and Regional Award
- American Heart Association's Platinum Fit Friendly Award
- Business First's 2010 "Healthiest Employer of Louisville" Award (for 5,000+ employees)
- Mayor's Health Hometown Movement "Veteran Worksite Wellness Award"

Most recently, James Ramsey, University of Louisville President, received the HERO Jerry Noyce Executive Health Champion Award in 2014 for his dedication to health and corporate performance and for exemplifying leadership commitment to employee health.

HERO ON Health asked Benson what drives the "Get Healthy Now" program and about their success.

HERO: What have been the keys to your success in creating an effective employee health management program?

Benson: It starts at the top level of leadership. When Dr. Ramsey, our president, got a wakeup call from his doctor about his cholesterol and overall health, he called me into his office and said, "I want to set the example." He liked to jog, so he began to host weekly three-mile 'jogs with the president.' He literally walked the get-healthy talk, which has made all the difference in

cutting through bureaucracy and getting the entire leadership team on board, and in showing employees that this program is for everyone. As he often says, “Our most valuable assets are our employees.”

Strong leadership support is one of four tactics we use at the University of Louisville. We also focus on removing silos through partnership, engagement with campus and community constituents through alignment of mutual goals, and integrating health and disease management strategies (data collection, analysis and marketing).

One of the reasons we’ve been successful is that we didn’t try to do everything at once. The initial program included an online health risk assessment, health coaching for moderate- and high-risk employees and a \$20 premium incentive (\$240 per year) for employees to participate. The first-year participation rate was 50 percent. Health and wellness checks and classes were offered along with access to an employee fitness facility.

Claims data helped us identify diabetes and later, COPD, as opportunities to support employees in better dealing with their chronic condition. Next, we’re getting ready to launch a mental health initiative. As we uncovered our top three lifestyle cost drivers - obesity, stress and lack of physical activity - new program options and classes were launched. Weigh to Wellness and Walk to Run are just two of a wide range of options that employees have found to be life changing.

The fitness center has also been a big draw for employees. The University of Louisville Foundation and University of Louisville Athletics funded a \$1.3 million renovation that expanded the facility from 2,000 to 22,000 square feet. The “Get Healthy Now” Wellness Center extends our ‘cardinal family’ wellness commitment to the community, to our alumni, and to the hospital and physician groups.

As we built momentum and began to see lower health costs for participants, we doubled the premium incentive to \$40 (\$480 per year) in 2009. Participation jumped from 50 to 70 percent - and since then, we’ve maintained at least that level. Our strategy is to engage and reward.

HERO: When you look at your program, what results or outcomes do you feel are the most significant?

Benson: Wellness isn’t a short-term fix; it’s the long-term solution. But we knew we needed to deliver an ROI analysis to leadership.

At the end of four years of the program, annual health care costs for participating employees had increased by 2.5 percent. Meanwhile, costs increased 19.5 percent for nonparticipants. The program was working, and the University realized an annual savings of \$1 million dollars in health care-related expenses. We had taken an under-performing asset (our health plan) and turned it around. For every \$1 invested in the program, we were getting \$3 back.

When we did another analysis four years later in 2012, the results were even better. For every \$1 invested, there was a \$7 return. We learned that the longer employees were in the program, the higher the return.

In November 2013, the University of Louisville adopted a “living wage” program, increasing the minimum salary for all regular staff employees to \$10 per hour. This was possible in part because of the significant health plan savings realized through the “Get Healthy Now” program. We’ve moved beyond return on investment to what we call “value to employees.” It feels good to know that we’re a part of this step forward.

HERO: What lessons or tips can you share with other companies who strive to improve employee health?

Benson: Building employee trust is a critical requirement for long-term success, and I think sometimes that gets lost in the outcomes-based approach. It’s the difference between developing a program that points a finger, without looking at the environment, and says ‘get healthy now or else,’ and a program that puts an arm around the person, engages them in the process of change, and says ‘we’re in this with you.’

Having that trust makes it possible to look at all the barriers to health and well-being, but it requires listening to employees. When we first launched our telephonic coaching program, we heard employees say they were frustrated talking with a different coach each time they called. They wanted a *dedicated* online health coach - and so we made that change. Today, we actually hear people say, “That is *my* wellness program” when referring to “Get Healthy Now.” We champion their individual successes in monthly newsletters and on our website [<http://louisville.edu/gethealthynow>].

The University of Louisville has moved the “wellness conversation” beyond economics, which is something that I’d encourage other companies and organizations to work towards as their programs mature. We’re aligning our wellness program strategies with the University’s overall research, teaching and service mission. This is the way we’ll recruit, retain, recognize and reward a high-performing work force going forward.

Author



Patricia Benson, M.Ed.

*Health Management Director of the University of Louisville's
“Get Healthy Now” Employee Wellness Program*

Scorecard Commentary - Bigger Doesn't Mean Better

Smaller organizations keep pace with larger companies in strategic planning, program integration and organizational support

Past research has shown us that there are differences between small and large employers when it comes to workplace wellness outcomes. But bigger isn't necessarily better. While a 2011 analysis of data from the HERO Employee Health Management Best Practices Scorecard in Collaboration with Mercer demonstrated that smaller companies (particularly those with fewer than 500 employees) offered less robust programs, fewer comprehensive communication strategies, and invested less in program evaluation; smaller companies were on equal footing with large employers when it came to strategic planning, program integration and leadership support.

The employee health management industry has changed significantly since this analysis was first conducted and new practices have been added to the HERO Scorecard, which means it's time to revisit the question of how organization size relates to health management efforts.

For the purpose of this analysis, organizations with less than 500 employees, 500 to 4,999 employees, and 5,000 or more employees were categorized as "small," "medium," and "large" organizations, respectively. We found that, as was observed in the 2011 analysis, small organizations tend to have lower scores than the largest companies on most sections of the HERO Scorecard, except for the category of organizational support. Unlike what was observed in the earlier analysis, small and medium-sized companies scored the same on strategic planning and program integration. In addition, many of the challenges and opportunities identified in the 2011 analysis are still relevant in 2014.

Strategic Planning

When it comes to planning the work, small companies are far less likely (only 40 percent) to have a formal, written strategic plan for their health management program than are medium (56 percent) or large (85 percent) organizations; however, are nearly as likely as medium-sized organizations to have senior leaders who consistently articulate the value and importance of health. They were also far less likely than medium or large organizations to rely on medical claims, health assessment data, biometric screening, and behavioral health claims data to plan their program strategy. Small organizations were more likely than medium-sized organizations but less likely than large organizations to rely on disability and absence claims data and employee feedback surveys to inform program planning; however, this may change as the size of the Scorecard database grows over time. Even more interesting, small employers were more likely than medium and large organizations to use business performance and employee recruitment/retention data for strategic planning. These observations have implications for how programs may be positioned within small organizations compared to larger organizations. For example, small organizations are more likely (35%) to report that their health management program is viewed by senior leadership as "connected to broader business results" than are medium (26 percent) and large (27 percent) organizations.

Organizational Support

Where small organizations really shine is in their efforts to support health management programs through health-related policies and leadership practices, but they struggle to alter the physical work environment. For example, implementing healthy food options at the workplace, or providing facilities that encourage physical activity during the work day, can be a challenge for smaller companies.

In terms of policies, small organizations are more likely than medium and large organizations to allow employees to take work time for physical activity, to provide opportunities for employees to use work time for stress management and rejuvenation, and support healthy eating choices through healthy vending policies. Not surprisingly, they also are more likely to refer employees to community resources that can help improve their health and to support work-life balance through flex-time or job-sharing policies.

Also similar to what was found in the 2011 Scorecard analysis, small organizations excel in their demonstration of leadership support for employee health. Small organizations (35 percent) are more likely than medium (21 percent) or large (30 percent) organizations to include the business relevance of employee health and well-being in their leadership development practices. Not surprisingly, they are also more likely to report that leaders actively participate in health management programs and that leaders are role models for prioritizing health and work-life balance. Considering all this, it follows that leaders in small organizations are more likely to be held accountable for supporting the health and well-being of employees and that they would

also hold front-line managers accountable.

Author - Jessica Grossmeier, HERO VP of Research

HERO Committees Report

Spring 2015

HERO committees are an important way for members to engage with key initiatives and research projects, as well as networking with others in the field. Committee membership is open to anyone employed by a HERO member organization. HERO members interested in joining one or more HERO committees should contact Karen Moseley karen.moseley@hero-health.org or (910.223.2510).

HERO *standing committees* work on important initiatives throughout the year.

- The **Education Committee** recently completed their review of almost 100 Forum proposals. Thank you to the committee members for accepting this additional responsibility.
- The **Leadership Committee** is considering the feedback from the Think Tank and will make recommendations to the Board for how this feedback can be used for strategic planning later this year.
 - The **Awards Committee** (part of the Leadership Committee) has closed nominations for 2015, and is currently reviewing applications for many qualified Employee Health Management award nominees. The revised timeline for the 2015 awards includes notifying award winners by June 15 and presenting awards on September 29 at the 2015 Forum.
- The **Research Committee** supports a variety of research projects and committee activities.
 - The **Research Study Subcommittee** has committed to authoring four research commentaries in 2015, in addition to the ongoing HERO Scorecard commentaries.
 - The **Research Advisory Group** is responsible for updating the HERO research agenda annually. Recently, the study committees were provided the opportunity to comment on research questions for each of the research topic areas and priorities. This process will continue during the research meeting in July.
 - The **Measurement Subcommittee** released the final [Program Measurement & Evaluation Guide](#) in February, and now the initiative moves into the next phase for beta testing. The beta test will involve asking several organizations to apply the guide and comment on its practicality, which will lead to revision of the guidelines, principles and framework, as appropriate. In addition, the Collaborator and Endorser organizations will be engaged to support the beta process and encourage adoption of the metrics. If your company is interested in learning more about participating in this beta test, please contact Karen Moseley.

HERO *study committees* are created to focus on topics of interest to employers as identified through the research agenda. These committees convene members, collaborators and invited subject matter experts to provide deliverables intended to add value to the body of research and marketplace.

Engagement Study Committee

Scope: Define meaningful engagement in employee health management programs and identify factors that maximize it.

With a couple of meetings behind them, the Engagement Committee has had lively discussions on calls and via emails leading toward the completion of the committee charter. A major discussion point has been around engagement in personal health and organizational success. The roster for this committee continues to grow as word about its existence and purpose spreads, and we are seeking to increase the presence of employer organizations in the group. Members, please let us know if you're interested in joining, or if you can recommend someone we should invite to the table.

Health, Performance & Productivity Study Committee

Scope: Explore the relationship between the health of the workforce, its impact on worker performance and, ultimately, the impact of health on the performance and productivity of the organization.

As a result of the Health, Performance & Productivity incubator roundtable and featured speakers for monthly committee meetings, the committee has already identified a new area of interest. In March, both the roundtable and the committee discussed the topic of physical inactivity in the workplace, and from those discussions a small group has formed to develop a position paper on the state of the marketplace related to inactivity.

The [Business Leader Survey Report](#) continues to receive attention both at industry conferences and in the press. The IHC Forum will feature a panel presentation on the subject in June. As a result of the heightened interest in the topic, a new group has formed to write a whitepaper to more fully engage business leaders with the message that health is a core business strategy directly linked to workforce performance and productivity.

The *innovation work group* is preparing the final report of the wearables survey and presented findings to the Health, Productivity & Performance Committee in April. Once the report is released, the group will begin following up with interested employers to develop case studies or to collaborate on future research projects. A public webinar presenting the findings is scheduled for July 14 at 1:00 pm CT.

Culture Study Committee

Scope: Develop the value proposition for employers to invest in the assessment, planning, creation and maintenance of a culture that supports health and well-being within their organization.

The Culture Committee has featured two presenters at recent committee meetings: Dr. Dee Edington (“Development and Validity of a Scale to Measure Workplace Culture of Health,” JOEM, March 2015) and John Harris (Partner, Performance pH). Future meetings will feature presentations by Dr. David Ballard (American Psychological Association) and Deb Gorhan (Johnson & Johnson). The *research work group* is in the final stage of abstracting over 120 articles that meet select criteria--workplace setting, one or more identified elements of culture, and reported outcomes. The group will produce a full report and present on their findings at the research meeting in July.

Employer-Community Collaboration Study Committee

Scope: Explore the reasons why employers may want to play active roles in community health initiatives, what activities make most sense for employers to participate in, and how to go about conducting such efforts. To date, an [environmental scan](#) and a [summary report](#) of key learnings about the business case have been released.

Recently, work of the Employer-Community Collaboration Committee was featured in an article in JOEM, discussing the business case for investing in community health. The article was based on results from the business and thought leader convening meeting in April 2014. [Citation: Pronk NP, Baase C, Noyce J, Stevens DE. Corporate America and community health: exploring the business case for investment. J Occup Environ Med. 2015;57(5):493-500.] Read the [ACOEM press release](#). The article fulfills one of the deliverables for the Robert Wood Johnson Foundation (RWJF) grant, which is funding the project. The Healthy Workplaces, Healthy Communities (HWHC) website represents another deliverable from this initiative. The site is expected to launch in June.

Please support this effort that is focused on a topic of current national interest by:

- Joining the “Healthy Workplaces, Healthy Communities” (HWHC) LinkedIn page - [join us](#).
- Telling us about resources, initiatives, conferences, and organizations that are bringing together employers and communities. Contact Karen Moseley (karen.moseley@hero-health.org).
- Endorsing the HWHC website when it launches. A special badge has been developed to identify endorsing organizations.

Measuring a Culture of Health Initiative

A second project funded by RWJF is closely aligned to the HWHC initiative mentioned above and seeks to better understand measures currently being used to assess the concept of a culture of health. The first phase of the project produced an [environmental scan](#), and the [Phase II Report: Identifying Measures](#) was delivered to RWJF in December 2014.

The third, and final, phase will focus on beta testing to identify how the measures align with current efforts in six to eight communities. Site visits are underway to select the communities that will represent a variety of community, county and state led initiatives.

Author - Karen Moseley, *Manager Committees and Grants*

HERO Happenings

HERO FORUM

HERO FORUM 2015 (public event)

September 29 - October 1, 2015

The Westin Lombard, Yorktown Center
Lombard, IL

Members Only

HERO Research Meeting

7/21, 2015

The Radisson Blu, Mall of America
Bloomington MN

Pre Forum Think Tank September meeting

9/28, 2015

The Westin Lombard, Yorktown Center
Lombard, IL

Webinars

Wearables in Wellness: How Employers are Incorporating Wearable Fitness Tracking (open to the public)
Tuesday July 14, 2015
1:00 PM - 2:00 PM CT

New Additions to the HERO Resource Center Library

The Don't Throw out the Baby with the Bathwater
Webinar [recording](#)

Welcome New HERO Members

Eisai Inc. (pronounced ā zē) is a U.S. pharmaceutical subsidiary of Tokyo-based Eisai Co., Ltd, a research-based human health care (hhc) company that discovers, develops and markets products throughout the world. Established in 1995, Eisai Inc. began marketing its first product in the United States in 1997 and has rapidly grown to become an integrated pharmaceutical business. Headquartered in Woodcliff Lake, New Jersey, Eisai's key areas of commercial focus include neurology, oncology and metabolic disorders.

Learn more at <http://www.eisai.com>

Garmin International is leading worldwide provider of navigation, we are committed to making superior products for automotive, aviation, marine, outdoor and fitness markets that are an essential part of our customers' lives. Our vertical integration business model keeps all design, manufacturing, marketing and warehouse processes in-house, giving us more control over timelines, quality and service. Our user-friendly products are not only sought after for their compelling design, superior quality and best value, but they also have innovative features that enhance the lives of our customers. For more than a decade, Garmin has been leading producers of fitness devices that help people achieve their goals.

Learn more at <http://www.garmin.com>

Health Improvement Solutions (HIS) is a provider of behavior change, strategic planning, and evaluation services. We also specialize in product development, and corporate culture change measurement and initiatives. HIS has a full range of products addressing behavior change interventions including alertness management. HIS recently developed a mid-management training and measurement tool designed to place health on the same level as safety within organizations. Health Improvement Solutions has completed numerous community and industry-specific initiatives targeting various health issues.

Learn more at <http://www.healthimprovementsolutions.com>

Info Tech Inc. provides a multilingual health risk assessment service used globally. Wellness Checkpoint supports employees and employers in making informed decisions for health and productivity risk management. Global benchmarks and Info Tech's suite of reports and analytics provide a unique data resource to aligning health risk management with business risk management.

Learn more at <https://wellnesscheckpoint.com>

Sarah Bush Lincoln Health Center (SBLHC) is a non-for-profit, rural community health center operated by Sarah Bush Lincoln Health System (SBLHS) to improve the health status of all people in East Central Illinois. SBLHC operates a 128-bed acute care facility and provides 24 hour health services to patients of all ages. The organization employs 2,035 persons, including 128 providers. The primary service area falls across a seven-county region, with home health and hospice services covering an expanded region of 12 additional counties. SBLHS operates physician clinics in 9 surrounding cities.

Learn more at <http://www.sarahbush.org>

Viverae Founded in 2003, Viverae(R) is a national leader in health management solutions based in Dallas. Viverae provides partners a platform for tying health behaviors to health insurance premiums, and supports members with the tools and resources needed to create a healthy lifestyle. Viverae's solutions are a unique combination of comprehensive health assessments, employee incentives, creative engagement strategies, and proprietary software to manage client programs from beginning to end. All of Viverae's health management programs adhere to the requirements set forth in the Affordable Care Act and other applicable law.

Learn more at <http://viverae.com>

You + provides a wellness platform comprised of a book, website and app. It is a comprehensive health and lifestyle coaching program available for white-label integration into offerings of companies providing health/wellness/prevention programs to corporations. The IOS version is currently available at no cost in the Apple store (look for the multicolored plus sign); the Android version is in its debugging phase and will be finished in about 30 days. The app measures user engagement and satisfaction. Learn more at <http://youplus.com>

[Interested in Membership?](#)

Contact [Marlene Abels](#), Coordinator Member Services (952) 835-4257

Research Commentary Update - Research Committee Update

Save the date! Join HERO members at the annual HERO Research Meeting on July 21

The HERO Research Committee is led by the Research Chair and comprised of three subcommittees: 1) Research Advisory Group, 2) Measurement Standards Subcommittee and 3) Research Study Subcommittee. This section provides updates on the work of these three groups, new research studies and research publications. Want to get more involved in HERO research or learn more about the efforts mentioned below? Contact [Jessica Grossmeier](#).

Research Advisory Group

The primary responsibility for this committee is to provide guidance on HERO's [research agenda](#) based on HERO member input at the annual [Research Meeting](#). This year's meeting will include presentations by several guest speakers, including Dan Witters from Gallup, Janet Faircloth and Joann Hall Swenson from Aon Hewitt, and Ron Goetzel from Truven Analytics. This gathering of HERO members--including top thought leaders, industry innovators, and experienced managers from best-practice companies--has an intimate, small group feel that allows attendees to discuss emerging research in the employee health management field. This discussion then influences HERO's research agenda for 2016. [Register](#) today!

Measurement Standards Subcommittee

The Measurement Standards Subcommittee released Version 4 of the [HERO Employee Health Management Best Practices Scorecard](#) in collaboration with Mercer in June 2014, and is currently working on a Global Scorecard. The Global Scorecard will be released for pilot testing later this year and will provide U.S.-based multi-national employers, as well as employers based outside of the United States, with a tool to assess their employee health management practices.

Research Study Subcommittee

In addition to providing oversight on HERO research studies and providing research expertise as members of HERO study committees, members of this committee share their insights on recently published industry research in the form of written commentaries. This quarter's commentary was authored by Jennifer Flynn from Mayo (also the vice chair of the Research Study Subcommittee). Jennifer's commentary discusses the role that employee perceptions about workplace health support have on the link between employee health and productivity. You can access this and previous [commentaries](#) on the HERO website.

Research Studies and Publications

HERO is currently leveraging funds made available by the [HERO Research Partners Fund](#) to pursue two studies that align with the [HERO Research Agenda](#).

Health and Business Performance Study - This study addresses the business case for health management by investigating the financial performance of companies with high overall scores on the HERO Scorecard. Ray Fabius from HealthNEXT is serving as the principle investigator for the study, with study oversight provided by leaders and members of the Research Committee. Data analysis has been completed and the core study team is writing up the results for submission to a peer-reviewed publication. Preliminary findings will be shared at the July 21 [HERO Research Meeting](#) by Ron Goetzel, one of the team members.

Incentives and Health Outcomes Study - HERO is working with several member organizations and members of the Research Study Subcommittee to design a study on how facets of organizational support and program architecture influence the impact of incentive design on biometric health outcomes. The study will rely on de-identified aggregate data, which will be supplied by several HERO member companies. To learn more about this study, contact Jessica Grossmeier.

Guidance for Employers on E-Cigarettes - HERO members collaborated with members from the American Heart Association and the American College of Occupational and Environmental Medicine (ACOEM) to provide [guidance](#) to employers on integrating e-cigarettes/electronic nicotine delivery systems into tobacco worksite policies.

Author - Jessica Grossmeier, HERO VP of Research

What Makes for a Healthy Workplace?

HERO has long been devoted to identifying the most promising, evidence-based practices in the field of workplace health promotion (WHP) through the development and ongoing research associated with the [HERO Scorecard](#). While the HERO Scorecard identifies evidence-based WHP practices, it doesn't provide information on how organizations bring the practices together into a coherent and successful program. The Institute for Health and Productivity Studies at Johns Hopkins University, with support from the Robert Wood Johnson Foundation, recently launched findings from a two-year research project that aims to share the stories behind some of the most successful WHP programs at small and large businesses in the U.S. The [Promoting Healthy Workplaces](#) project provides employers with information on how the best WHP programs create a healthy workforce and help business be more competitive, including detailed examples about company programs and insights into the "secret sauce" that leads to successful program implementation.

HERO Industry Research Review

Perceived workplace health support is an important element in better understanding the relationship between health and productivity.

Study Title: Perceived Workplace Health Support Is Associated With Employee Productivity

Authors: Lu Chen, MPH, MA; Peggy A. Hannon, PhD, MPH; Sharon S. Laing, PhD; Marlana J. Kohn, MPH; Kathleen Clark, MS, RD; Scott Pritchard, MS; Jeffrey R. Harris, MD, MPH, MBA

Publication: American Journal of Health Promotion, Volume 29, Number 3, January/February 2015, 139-146

Reviewer: Jennifer P. Flynn, MS, Health Management Strategy Consultant, Mayo Clinic Global Business Solutions

Overview of Study

Employers and practitioners are increasingly interested in understanding the impact that a healthy workplace culture can have on business outcomes like productivity. In addition, industry guidelines¹ have suggested that perceived organizational support for health and physical activity is an ideal way to assess the effectiveness of leadership support for health and well-being within a company. The purpose of this study was to examine the relationship between perceived workplace support for health and employee productivity across a variety of occupations and work cultures. More specifically, Chen and colleagues sought to examine whether perceived workplace support for healthy living and physical activity is associated with work productivity independent of health risks, health behaviors and mental health.

Perceived organizational support reflects the level of support, commitment and care that employees believe their company has towards them². This is important because it relates to employee commitment, as well as satisfaction, engagement, motivation, and performance.³ More than 700 articles have been published on perceived organizational support, but this study is the first to examine whether perceived workplace support for healthy living and physical activity is associated with employee productivity. Therefore, this study provides a unique opportunity to understand the impact of perceived workplace support for healthy living and physical activity, independent of employee health status.

Methodology

This cross-sectional study was conducted among employees across a wide range of Washington State civil service occupations, with a total of 3,528 employees completing a five-page survey via mail or online.

Multiple survey instruments were used to measure the relationship between productivity and perceived workplace support for healthy living and physical activity:

Assessment Area	Survey Instrument
Modifiable Health Behaviors	Behavioral Risk Factor Surveillance System Questionnaire (BRFSS)
Depression Symptoms	Patient Health Questionnaire-2 (PHQ-2)
Anxiety	General Health Questionnaire (GHQ-12)
Work Productivity	Work Productivity and Activity Impairment (WPAI) Questionnaire

¹ HERO/PHA Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management

² Mearns KJ, Reader T. Organizational support and safety outcomes: An un-investigated relationship? Safety Science. 2008;46(3):388-397.

³ Rhoades L, Eisenberger R. Perceived organizational support: A review of the literature. Journal of Applied Psychology. 2002;87(4):698-714.

Perceived Workplace Support	Two survey questions: 1) Overall, my agency supports me in living a healthier life and 2) Overall, my agency supports me in participating in physical activity.
Health Status Rating	Five level self-assessment scale

The authors used a series of sophisticated regression models to test the relationships between perceived workplace health support and productivity and control for variables that could influence survey responses, such as state agency affiliation, depression and anxiety, health status, BMI categories, health risk and health behaviors, and socio-demographic characteristics.

Results

The authors identified the following key findings:

- Employees with higher levels of perceived workplace support reported better physical and mental health.
 - 16.9% of those who almost never felt workplace health support had depressive symptoms, while only 7.9% of those who almost always felt workplace health support had depressive symptoms.
 - The prevalence of clinical anxiety was 29% for those with the lowest level of perceived support, compared to 7% for those with the highest perception of support.
 - Of those with the highest levels of perceived support, 88.2% reported excellent health, compared with 81.8% in the lowest-supported group.
- Presenteeism decreased as perceived workplace support increased. Within this study, presenteeism refers to impaired levels of on-the-job performance due to poor health. This means lower levels of presenteeism are desirable.
 - Employees with the lowest level of perceived support reported 10.3% more presenteeism (work impairment) during the past week compared to employees with the highest level of perceived support.
 - Employees with the lowest level of perceived support reported 6.9% more presenteeism than employees with the highest level.
- After accounting for all variables, such as BMI, health status, depression and related factors listed previously, the authors found there was a significant connection between perceived workplace support and presenteeism, demonstrating that employees who do not feel supported have higher levels of work impairment, regardless of their levels of health status.
 - The difference in presenteeism between those who almost never felt supported and those who felt supported was 7.1%.
 - Those who felt the least supported reported 4.3 percentage points higher presenteeism than those who felt most supported.
- Absenteeism did not vary based on levels of perceived workplace support, and was not associated with either of the perceived workplace health support measures.

Study Conclusions

Within their study of Washington State government employees, the authors found that higher perceived workplace support for healthy living and physical activity tended to be related to lower presenteeism, independent of personal health risks and health status. This means a culture of health is likely to have a positive influence on employee perceptions of support, and may ultimately have a positive effect on productivity. These findings, along with a recent longitudinal study⁴ showing that a lack of organizational support for well-being can influence total productivity impairment, suggest that organizational support of health and well-being may have a positive impact on employee work performance.

Interestingly, absenteeism was not associated with either of the workplace support variables. Although there have been many studies that have reported positive effects of wellness programs in reducing lost work time, there are other studies that have found wellness programs were associated with reduced presenteeism, but not absenteeism, like the present study. The authors note that self-reported absence data and presence of chronic conditions may play a role in these differences in findings.

HERO Reviewer's Commentary

Creating cultures of health within our organizations and communities has been a strategic imperative for many professionals within the health and well-being arena for the last few years. Likewise, a high level of perceived organizational support for health and well-being has been recognized as a key element within healthy workforce culture. In fact, there are multiple efforts taking place throughout the industry to determine the elements of a healthy workplace culture, how these elements can be measured, and whether evidence exists to help quantify the value of a culture of health^{5,6,7}. One of these efforts, the *Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management*, published by the Health Enhancement Research Organization and Population Health Alliance, highlights the importance of measuring employees', managers' and leaders' perceived level of organizational support for health and well-being. The findings from this study not only reiterate the value and importance of measuring perceived organizational support, but also provide evidence of the relationship between perceived support of healthy living and physical activity and presenteeism.

⁴ Shi, Y., Sears, L. E., Coberley, C. R., & Pope, J.E.(2013). The association between modifiable well-being risks and productivity: a longitudinal study in pooled employer sample. *Journal of Occupational & Environmental Medicine*, 55, 353-364.

⁵ HERO Culture of Health Committee, 2014-2015.

⁶ RWJF Culture of Health Measurement Initiative, 2014-2015.

⁷ Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management. HERO/PHA; 2014.

As noted above, the positive relationship between perceived organizational support and key business outcomes such as employee performance, engagement and motivation has been demonstrated over the past three decades. Furthermore, perceived organizational support of safety has been shown to improve safety outcomes and behavior⁸, suggesting that perceived organizational support of health and well-being may have a similar impact on health outcomes and behavior. Based on this research and this study's findings, there is great interest in further understanding the health and business outcomes that are affected when organizations effectively support the health and well-being of their employees.

Finally, perceived organizational support is only one of the many areas being studied by organizational psychologists to better understand and measure employee motivation and behavior. The fields of organizational development, positive psychology, systems-thinking, behavioral economics and other disciplines have great insights and knowledge to offer health professionals as we challenge ourselves to create more supportive cultures and effective organizations. Collaborating with experts in these different fields will afford us great opportunities to expand our thinking and create innovative, alternative solutions. Chen and colleagues demonstrate this interdisciplinary approach in their research question, variety of measurement tools used and recognition of the broader value of wellness programs.

About the HERO Reviewer

Jennifer Flynn is a Health Management Strategy Consultant for Mayo Clinic Global Business Solutions. She is also the Vice Chair of HERO's Research Study Subcommittee, which is responsible for providing oversight and guidance for HERO-sponsored research studies. In addition, she leads the HERO Culture of Health Research Workgroup, is a member of the steering committee for defining Culture of Health metrics for Robert Wood Johnson Foundation's Culture of Health initiative, co-leads the Organizational Support domain work within the HERO/PHA Measurement & Evaluation Guide, and served as a core member of the HERO EHM Best Practice Scorecard V4 in collaboration with Mercer. Jennifer holds a MS in Health Fitness Management and a BA in Psychology and is working towards her doctorate in Industrial/Organizational Psychology. She is a recognized thought leader, award-winning speaker, and author in the area of cultural and organizational support for health management.

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⁸ Mearns, K.J. & Reader, T. (2008). Organizational Support and safety outcomes: An un-investigated relationship? *Safety Science*, 46, 388-397.