



August 2015 - INSIDE THIS ISSUE

- Jerry's Notes
- Industry voices
- Program Spotlight
- Scorecard Commentary
- Committees Report
- Research
- Research Commentary Update
- HERO Happenings
- Welcome New Members

Jerry's Notes

The HERO Forum is coming!

Today, an increasing number of business leaders are convinced that creating a supportive culture for their workers to achieve and maintain good health is also important to the long-term success of the business. Leaders understand this often means providing support not only at the workplace, but at home and in the community, as well. This three-pronged approach to creating a climate that makes the healthy choice the easy choice is the theme of this year's HERO Forum for Employee Health Solutions. Entitled "Building a culture of health at work, home and in the community," the 2015 Forum will be the setting for outstanding keynotes and general sessions, along with thought-provoking workshops.

Can't-miss keynote speakers

Dr. Risa Lavizzo-Mouray, CEO of Robert Wood Johnson Foundation, will discuss their commitment to building a culture of health in communities across the country. Following her presentation, international bestselling author Tom Rath will share thoughts from his most recent publication, *Are You Fully Charged?* Tom will touch on the three keys to our daily health, well-being and engagement with work. You won't want to miss this opportunity to hear from the outstanding faculty assembled for the Forum and take part in some of the best networking available in the industry. Join us in suburban Chicago September 29-October 1 at the Westin Hotel Lombard at the Yorktown Shopping Center.

Pre-Forum Learning and Networking

Prior to the Forum, on the morning of September 28, HERO will host three industry gatherings.

- The Global Healthy Workplace Session will bring attendees together who have special interest in global health.
- Also that morning, the Universities Summit will host colleges and universities from across the country who will share experiences and best practices specific to improving the health of university faculty and staff.
- And for the first time, a Health Systems workgroup will bring together representatives from hospitals, health care systems and health plans to discuss issues specific to those settings.

Registration for both the Forum and pre-Forum activities is available at

<https://tavatta.com/cms/index.php?conference=hero&schedConf=hero15&page=schedConf&op=registration>

Healthy Workplaces, Healthy Communities

HERO is collaborating with the Robert Wood Johnson Foundation and other organizations to encourage employers nationwide to become involved in a leadership role with community health officials and other key stakeholders to improve community health. Please visit www.get-hwhc.org and explore the website that we created to address the questions: Why invest in community health?, What is working? and How can I get involved? Through surveys, business leaders have indicated that web-based resources are important to their understanding of how they can make a positive impact on community health.

Share your story. We are actively seeking case studies and other information that can be shared on this site to support collaboration between employers and community health professionals.

HERO research meeting

This summer has been an active time for research as well. In July, over 60 HERO members met to review our [research agenda](#), share recent research in the field of employee health management and do a deeper dive into the topics of well-being and engagement. One of the members of the HERO Research Study Subcommittee, Jennifer Sturgiss, has contributed a review of a recent research study, "Sleep and Organizational Citizenship Behavior: The Mediating Role of Job Satisfaction," summary of which is posted in this edition of *HERO On Health*. The full report can be found at our [website](#). And we are completing work on a new research project focused on enhancing the body of evidence supporting the association between health and business results. We will share more details about this work at the HERO Forum.

Finally, I would like to thank the many members, volunteers and friends of HERO for your collaboration and support of HERO during my tenure. I have been deeply moved by your commitment to the work of helping employees across the country improve their health. As I end my time at HERO with the conclusion of this year's Forum, I will remain personally indebted to each of you for your encouragement and leadership in the pursuit of our mission of improving *HEALTH* through employer leadership. I am excited to

watch HERO continue to evolve under the thoughtful leadership of our next CEO, Paul Terry, and the board of directors. Paul and I hope to see you at the HERO Forum in September.

Good Health,
Jerry



Jerry Noyce
CEO & President, HERO

Congratulations to 2015 [HERO Award Winners](#)

[Jerry Noyce Executive Health Champion Award](#) - **Scott Peterson**

Executive President & Chief Human Resources Officer, The Schwan Food Company

[Bill Whitmer Leadership Award](#) - **Bill Baun**

Wellness Officer, The University of Texas MD Anderson Cancer Center

[Mark Dundon Research Award](#) - **Wayne Burton, M.D.**

Global Corporate Medical Director, American Express

[Heart of the HERO Award](#) - **Joni Troester**

Interim Assistant Vice President of Benefits, Health and Productivity, University of Iowa

Industry Voices- Health Enhancement for Populations and Individuals

Alan Spiro, MD, MBA

The HERO Employee Health Management Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard) has been used by more than 1,200 organizations around the country, and the analytics it has produced have proven to be a powerful tool in helping bring focus to health enhancement strategies and programs. One of the best practices identified in the HERO Scorecard is use of data to inform strategic planning and to influence the types of programs that are offered to certain segments of a population. However, as in any analytic effort, the lure of focusing on the populations and the programs that affect certain groups - such as those with illness or those who are trying to modify their lifestyles - it's easy to sometimes gloss over the need to address the complex tapestry of each individual who can be helped by those programs and approaches.

Individuals are rarely defined by their illness, or their health risks in their own eyes. Thus metrics that focus on the specific programs and the specific financial effect can inform us, but we must not let this same data become limiting by driving efforts that attempt to shoehorn people into narrow groups when their own reality may be more complex. The fact is, techniques and programs must be customized for the individual involved. The data, if it is focused solely on developing programmatic approaches for population segments rather than also leveraging data to inform highly personalized approaches can lead organizations down the path of greater fragmentation.

At HERO, we have met the challenge by building an impressive database that can be used by organizations to benchmark their efforts and to drive their own program development. The new challenge for each organization is now to effectively use that data to best meet each individual's needs.

[A recent article published in JAMA from Stanford and the London School of Economics](#) makes the point that people are unique in their needs, regardless of their health status. Wellness, the traditional focus of health enhancement, while related to a person's physical condition, is much broader in its scope.

"Wellness refers to diverse and interconnected dimensions of physical, mental and social well-being that extend beyond the traditional definition of health. It includes choices and activities aimed at achieving physical vitality, mental alacrity, social satisfaction, a sense of accomplishment and personal fulfillment. Equally healthy people may differ vastly in terms of their wellness, (e.g., whether their life is filled with creativity, altruism, friendship, and physical and intellectual achievement). Disease is incompatible with health, but not with wellness. For example, a dying patient who has led a rewarding life and is surrounded by a loving family and friends may still enjoy high wellness."

Take, for example, a woman with congestive heart failure (CHF) who was having frequent episodes of shortness of breath. Data did show that she was non-adherent with her medications and had frequent ER visits and hospitalizations. While many organizations use claims mining, which by definition takes place after the acute episode (a service has to be performed in order for a claim to be generated), very few programs try to meet people where they are when they are about to enter the health care system in the midst of an acute episode. In this case, the claims mining was very useful in defining the woman's non-adherence with her medications and the resulting impact of ER visits and hospitalizations.

Upon talking with this woman, it was discovered that she was doing well with walking as a form of physical activity, and with stress management because of her dog - her best friend and only companion. She knew how to take her medications and wanted to be adherent with those medications. Financially, however, she believed she had a choice of paying for her medication co-payment or feeding her dog, and she chose feeding her dog. Finding a pet food bank, rather than educating her on medication use, was the answer for her. Had we convinced her, through the congestive heart failure program, that her medications were more important than her feeding her dog, would she have then fit into the category of someone who needed a program to address stress, depression and lack of activity? Unfortunately, an approach that only looks at the issue and disease in a vacuum from the person's reality is doomed to ultimately fail.

Most people with chronic diseases define themselves as healthy. Cancer patients who get up and go to work every day, who travel and who take care of their families are healthy in their own eyes. They may take medications and see their physicians when they should; however, those activities are more in the background and are not central to how they see themselves. People, even those with chronic disease, access health care episodically because their lives are more than their physical illnesses. In between those acute episodes they are more focused on living their lives, loving their families and being productive in ways that they find purposeful. People at that point in time, when they need care, often have more concerns about access and finances than they do the medical aspects of care. The issues people need help with at that time don't fit neatly into a decision support bucket, a nurse triage bucket or any other bucket that we have compartmentalized by looking at specific data.

When people are sick, whether in the midst of an illness episode or between episodes, diet exercise and stress management all become more important but the ability to take part in programmatic approaches to each of those elements may be more difficult. Barriers abound when you are too sick to leave the house to buy the right food; when you can't get the activity you need because of impairment and when your finances are stretched to the breaking point due to a lower income and the higher costs associated with co-pays and co-insurance. Add to that the conflicting priorities that abound, such as taking care of a family and paying the rent and you are faced with a complexity that comes with illness that we as a society often do not adequately address. In fact, we may push people into decision support during such acute episodes and it may or may not be relevant to their concerns.

The challenge is now before us. Will data be used to justify the building of programs that have limited engagement due to their focus on the issue or disease, rather than the person? Or will we learn to customize those elements of our learnings for each and every unique individual? Will we analyze and produce interesting facts on a population basis or will we use the data to better our approach to individuals' needs at the specific point in time they need it? It is up to us to answer.

Author



Alan Spiro, MD, MBA

Chief Medical Officer & Chief Health Assistant, Accolade

Program Spotlight-HERO Interview with University of Iowa

For this issue of *HERO On Health*, we interviewed Joni Troester, director of health and productivity at the University of Iowa, about **liveWELL**, the University's health and wellness program. The program's mission is to create and sustain a healthy campus culture through the development and delivery of best-in-class health and wellness programs for its more than 17,000 faculty and staff.

The University began piloting wellness programs in 1999, and after early success, formally launched **liveWELL** as part of an integrated strategy in 2006. The program has been recognized for its positive impact with the Healthy Iowa award and was named a Fit-Friendly Company by the American Heart Association.

To meet the University's goals, the wellness program emphasizes:

- Participation and engagement
- Improvement in individual health and well-being
- Creation of a supportive environment
- Commitment to demonstrating positive outcomes for the University

HERO On Health asked Troester to share the story of **liveWELL** and how the University is working to achieve its health goals.

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

Troester: From the very beginning, collaboration has been our strategy. We invested 18 months in a process of bringing together key campus stakeholders - faculty and staff - to develop the initial health and wellness program design, and then created a leadership advisory group to help keep us on track.

We're fortunate as a higher education institution to have so many exceptional resources and centers of excellence available - and we definitely take advantage of them. For example, we tap into mindfulness and meditation expertise through our hospitals and clinics. If you read the spring issue of our **liveWELL** newsletter, you'll see an article on emotional awareness written by the University's director of mindfulness-based programs - reinforcing our 2015 program theme of Resilience.

The University recreation facilities are integrated into the program, as well. All eligible faculty and staff receive a 50 percent discount as an incentive to use those facilities and in 2014, 2,600 people plugged into that opportunity. Wellness Ambassadors are one more example of how we work collaboratively. There are currently more than 140 ambassadors. They're the program's "boots on the ground," supporting communications and engagement across the University. We know they're instrumental in our success.

Let me say more about communications because that has certainly been one of our keys to success. Having the program branded as **liveWELL** from the start, and then working to be as transparent and consistent as possible in our messaging has been an important priority. All 17,000 faculty and staff receive the quarterly newsletter and we've published a stand-alone annual report since 2008. The report used to be more academic in style, but in the last three years, it's evolved into an accessible, to-the-point summary of how the program adds value to the institution. We use it to tell our story.

Finally, the **liveWELL** strategic plan has been linked to the University of Iowa's overall strategic plan since Day 1. We used the University's existing data sets to identify our starting point and target goals for the health and well-being of the campus community, and continue to be data-driven in our approach, reviewing those measures annually.

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

Troester: Our program's ROI is positive. Based on a study from our analytics vendor, Truven, our annual ROI through 2013 is 2.37. We know that **liveWELL** participants had a lower adjusted average claim cost of \$307.50, and that participants experienced a seven percent lower health care trend overall from 2010 to 2013.

It was exciting to be able to include data like that in our 2014 annual report. We also included a comment from Susan Buckley, vice president for human resources, who said, *"These programs have had a significant impact related to improved health and quality of life for our faculty and staff. Services have also contributed substantially to our health care costs containment efforts as demonstrated by a third consecutive year of zero percent health insurance premium increases."*

We've had effective outcomes and participation with only modest incentives. We incent up to \$65 one time annually for individual completion of the Personal Health Assessment (PHA). Additionally, we draw two random \$500 winners each month among the people who complete the annual PHA, and then feature the winners in the newsletter. Participation was 73 percent in 2014. Since 2012, about 80 percent have participated at least once. The program is for faculty and staff only - not spouses - and participation is not linked to insurance premium differentials.

We're working to build a culture of health here at the University of Iowa and that takes time. So we measure our progress by asking about satisfaction with the personalized attention received from the health coaches (who are on the University staff). In 2014, 98 percent rated that coaching as high quality. People also report higher satisfaction with the workplace overall and 84 percent agreed that their supervisor supports health and wellness within their unit. Progress on those measures is critical, too.

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

Troester: Don't skimp on planning time! For us, those initial 18 months of building organizational support from stakeholders set the foundation for future success. Take the time you need to create a workable, collaborative structure with the high-level support you'll need to sustain the program.

The second thing I'd stress is the value of transparency and communication at all levels. Program branding and consistency is a good use of your team's time. Inviting ambassadors or advocates to be part of your initiative can also help build participation and engagement. They can help you tell your stories and build your organization's culture of health and wellness.

Author



Joan M. Troester MBA, CEBS, SPHR
Interim Assistant Vice President of Benefits, Health and Productivity University of Iowa

Scorecard Commentary - Creating a culture of health and engagement through organizational support

In 2012, the HERO (Health Enhancement Research Organization) began exploring organizational support of health and well-being in an effort to better define and measure this domain, or area of health management programs. This exploration evolved into a collaborative effort facilitated by HERO and the Population Health Alliance (PHA) to identify the key elements of organizational support, as well as the recommended measurement to determine effectiveness. Published in 2014, the HERO/PHA Program Measurement & Evaluation Guide: Core Metrics for Employee Health Management (The Guide) outlines this work and is the foundation of the significantly expanded Cultural & Organizational Support section in V4 of the HERO Employee Health Management Best Practice Scorecard in Collaboration with Mercer.

As outlined within The Guide, organizational support is defined as “the degree to which an organization is committed to the health and well-being of its employees.”¹ The eight elements of organizational support are:

- Company-stated health values
- Supportive “built” environment
- Leadership support
- Employee involvement
- Health-related policies
- Organizational structure
- Resources & strategies
- Rewards & recognition

In addition to these elements, The Guide recommends that organizations measure both their level of organizational support and the degree to which their employees, managers and leaders perceive that they are supported in their health and well-being by the organization. Recognized as an important building block in creating a culture of health and well-being, a high level of organizational support has become a best practice for employers who are working to build a culture of health and engagement.

High levels of organizational support linked to greater use of best practices

With just over 200 companies completing the V4 Scorecard to date, cultural and organizational support practices are proving to have a positive association with all other health management best practice areas. In fact, those companies that report a high level of cultural and organizational support not only have a higher average total score, but also have higher average scores in all of the other five sections of the Scorecard.

Table 1. Average HERO EHM Best Practices Scorecard V4 Scores by Cultural Organizational Support (COS) Level

Best Practice Section	COS Low (Score of 1-16)	COS Moderate (Score of 17-28)	COS High (Score of 29+)	National Average
Total Score	55	86	127	91
Strategic Planning	7	10	13	10
Programs	16	22	28	22
Program Integration	3	4	7	5
Participation Strategies	13	20	30	21
Measurement & Evaluation	6	8	12	9

Strategic Planning & Program Evaluation

Based on the current analysis, organizations reporting a high level of cultural and organizational support implement a greater number of strategic planning and program evaluation best practices. These companies are not only using more data sources within their strategic planning and evaluation efforts, but they are also incorporating more measurable objectives into their strategic plan. More specifically, human capital outcomes, including: recruitment and retention; employee satisfaction; morale; engagement; and customer satisfaction are used as wellness program objectives more frequently by organizations that report high levels of cultural and organizational support. In addition, these organizations are more likely to report wellness program outcomes to all stakeholder groups on a regular basis. Managers and supervisors are also more likely to receive employee health management program performance data within organizations that have a high level of cultural and organizational support (51 percent high; 18 percent moderate; 10 percent low).

Programs & Participation Strategies

Cultural and organizational support for health and well-being includes providing evidence-based programs to assist individuals in their health management. Not only do organizations with a high level of cultural and organization support provide more-comprehensive programs, but they also report greater effectiveness of their efforts (effective and very effective rating: 96 percent high support; 60 percent moderate support; 22 percent low support). Furthermore, 57 percent of organizations with a high level of cultural and organizational support also report that intrinsic motivation is used as a reward and is a primary focus of their engagement strategy, compared to only 13 percent for companies with a low level of support. In addition, there is a greater use of communications best practices among those companies that reported a high level of support within their organization.

Conclusions

Based on the work done in this area over the last three years and the Scorecard data highlighted above, employers increasingly recognize the importance of organizational support in creating a culture of health and engagement. The HERO Employee Health Management Best Practice Scorecard is the first scorecard to incorporate The Guide's organizational support elements into an industry scorecard providing an opportunity to assess the use of these best practices. It is through such efforts that we will better measure and assess our success in building cultures of health within our organizations.

Author



Jennifer Flynn, MS

Health Management Strategy Consultant, Mayo Clinic

HERO Committees Report - Summer 2015

Are you a member of a HERO committee? Committee participation allows you the opportunity to network with others and to engage directly with key initiatives and research projects. Committee membership is open to all employees of a HERO member organization. Those interested in joining one or more HERO committee should contact Karen Moseley, karen.moseley@hero-health.org. Please note Karen's new phone number is 703.534.1725.

If you are looking for information on committees or publications produced by a HERO committee, the HERO website has what you need. The [Committees page](#) includes links and descriptions of committee activities, while the [Committees Publications page](#) provides a quick list of committee publications.

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

- The **Education Committee** soon will begin recruiting facilitators and moderators for the Forum sessions.
- The **Leadership Committee** synthesized the SWOT feedback from Think Tank for the Board's consideration during its recent strategic planning session.
 - The **Awards Committee** (part of the Leadership Committee) has selected the four individuals to receive recognition for 2015. The 2015 award recipients are:
 - Bill Whitmer Leadership Award: Bill Baun, MD Anderson Cancer Center
 - Mark Dundon Research Award: Wayne Burton, American Express
 - Jerry Noyce Executive Health Champion Award: Scott Peterson, The Schwan Food Company
 - Heart of HERO Award: Joni Troester, University of Iowa
- The **Research Committee** supports a variety of research projects and committee activities. For a full report, see the Research Corner in this newsletter.

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 that are intended to add value to the body of research and marketplace.

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 *research work group* has completed a scan of the literature and synthesis of findings that were presented at the Research Meeting in July. This group is to be commended for the year-long process beginning with a literature search, supported by CDC librarians; screening of more than 1,000 articles; abstraction of more than 100 articles and concluding with a synthesis of the findings. Now, the baton will pass to the *values work group* within the Culture Study Committee to identify a value proposition for creating a workplace culture of health.

The next committee meeting will feature a presentation by Renee Moorefield, CEO of Wisdom Works Group and co-chair of the Global Wellness Institutes' Ministry of Wellness Initiative.

Committee meeting date: August 13 at 1:00 p.m., CT

Employer-Community Collaboration Study Committee

Scope: Explore the reasons why employers may want to play active roles in community health, what activities make the most sense for employers to participate in and how to go about conducting such efforts.

Healthy Workplaces, Healthy Communities (HWHC) is an initiative that brings the purpose of this committee to life. You can see the fruits of their efforts in the launch of the new website www.Get-HWHC.org. The website is a major component of the initiative funded by RWJF. Please take a few minutes to visit the site and tell us what you think. And, don't forget to respond to the brief survey after your visit. If you would like to be among the first to know what's happening with the HWHC initiative and in communities around the country, join us through these social media outlets:

- LinkedIn: [Healthy Workplaces, Healthy Communities](#)
- Twitter: [@Get_HWHC](#)
- Facebook: [Healthy Workplaces Healthy Communities](#)

Also, your organization can endorse HWHC by displaying the HWHC badge on your own corporate website (the badge is available on the Contact Us page of Get-HWHC.org).

The next meeting for this committee will feature a presentation by Whitney Davis, research and evaluation director for Prevention Partners.

Committee meeting date: August 12 at 10:00 a.m., CT.

Engagement Study Committee

Scope: The HERO Engagement Committee is charged with the following two objectives:

- **Engagement in health and well-being**—Understanding the science supporting *initial and sustained engagement* in and *ownership* of personal health status, and
- **Employee engagement in organizational success**—Exploring the relationship between employee engagement in health and well-being, individual and team performance, and *engagement* (broadly defined) in organizational success.

With the draft charter finalized, the Engagement Study Committee is organizing into two work groups to further the definition/framework and conduct a literature review. If you have been waiting to join a committee, this is a prime opportunity as the work is just beginning.

Committee meeting: August 21 at 11:30 a.m., CT.

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.

The Wearables in Wellness report from the *innovation work group* was released in May and presented via webinar in July. It already has received media coverage in the June 15 MediaPlanet insert in *USA Today* and the June issue of *Leaders Edge* magazine. The next phase of work will focus on developing employer case studies around the use of technology to support EHM programs.

The Business Leader Survey report continues to receive national publicity as well, including the June 15 MediaPlanet insert in *USA Today* and keynote panel at the June 25 IHC Forum in Atlanta. In the peer-reviewed literature, the *American Journal of Health Promotion* recently published an article by Jessica Grossmeier and Nikki Hudsmith [Grossmeier J., & Hudsmith N. (2015). Exploring the Value Proposition for Workforce Health: Business Leader Attitudes About the Role of Health as a Driver of Productivity and Performance. *American Journal of Health Promotion*, 29(6), TAHP2-TAHP5.]

- Publications to look for on the HERO website:
 - [HPP Business Leader Survey Report - Full Final Report](#)
 - [HPP Business Leader Survey Report - Executive Summary with Case Studies](#)
 - [Infographic - HERO by the Numbers Business Leader Survey](#)
 - [Wearables in Wellness Report - Full Final Report](#)
 - [Wearables in Wellness Report - Executive Summary](#)
 - [Infographic - HERO by the Numbers Wearables](#)
 - [Exploring the Value Proposition for Workforce Health](#)
 - [Recasting the Value of Employee Health with a Broader Focus](#)

The next HPP incubator roundtable discussion will be conducted as a book club format, discussing the book, *The Only Way to Win* by Jim Loehr (August 18 at 10:00 AM CDT).

Committee meeting: August 20 at 10:00 a.m., CT

Measuring a Culture of Health Initiative

A second HERO project funded by RWJF is seeks to better understand measures currently being used to assess culture of health in communities. Currently in the third and final phase, Jeanette May, principal investigator, is conducting site visits to identify how the measures align with current efforts in six to eight communities. The test sites identified to date include:

- South Carolina Hospital Association (statewide)

- Oklahoma Hospital Association (statewide)
- All's Well Waconia (countywide)
- Northeast Florida (regional)
- LaCrosse/Wausau (two-state region)

Author



Karen Moseley

Manager Committees and Grants, HERO

Research - HERO Research Committee Update

Annual HERO Research Meeting Draws Record Attendance

Each summer, HERO members gather for a full day of interactive presentations and discussions devoted to advancing HERO's research agenda. This year's gathering on July 21 marked the sixth annual [Research Meeting](#), and drew nearly 70 attendees. Here are some highlights from each of the major presentations. Additional information can be found in the [HERO Resource Center](#), where you can also access the Think Tank General Library for copies of the presentation slides and distributed materials.

"Value of a Well-Being Approach"

Dan Witters, research director for the Gallup Healthways Well-being Index, shared emerging research to support the value of approaching workforce well-being more broadly than a focus on physical health. Individuals with high levels of well-being across all five domains measured by the [Well-Being Index](#) miss less work due to poor health, are less likely to file a workers' compensation claim or pursue a new employer in the next year, and more likely to volunteer in their community than are employees with only high levels of physical well-being. This evidence speaks to the untapped potential employers have to drive better outcomes by expanding from a focus on physical health to a broader well-being approach. The portion of Witters' presentation that fostered the most discussion highlighted the influential role of leaders and managers on employee well-being. Managers account for 70 percent of the variation in employee engagement with their work and good managers fuel employees' capability to work more hours without a deleterious impact on well-being. The discussion that followed touched on the need for employee health management programs to more effectively partner with leadership development programs to help business leaders better understand their influence on employee well-being.

"Industry Research Update"

Ron Goetzel's annual presentation on new health management research focused on three themes: (1) emerging research studies correlating with employer investment in workforce health and a culture of health with financial business performance; (2) initiatives focused on disseminating information on wellness best practices; and (3) outcomes research studies. Many of the outcomes studies that were highlighted provide further support that financial outcomes and ROI are achievable when employers make significant investments in comprehensive, best-practice programs.

"Experiential Engagement: Driving Value and Outcomes in a Shifting Employee Landscape"

Subject matter experts and consultants from Aon Hewitt led an interactive session focused on the dual topics of employee engagement with their organization and employee engagement with their health. Janet Faircloth, senior vice president of strategy and solutions, and Joann Hall Swenson, partner of Aon Hewitt Communications, introduced attendees to Aon Hewitt's definition of "engagement" and shared emerging research linking these two areas of engagement and their correlation with business outcomes. Additionally, they provided Aon Hewitt's point of view on drivers of engagement and recent findings from their Consumer Mindset Survey. The lively, interactive discussion that followed suggested that HERO consider how research in the areas of engagement, culture, well-being, and business performance overlap and how to better "connect the dots" between HERO's study committees as well as for business leaders.

In addition to the special guest presentations above, HERO staff and study committee leaders shared the following updates on HERO's research activities:

- Jessica Grossmeier from HERO shared updates related to two research studies on the influence of incentives on population health outcomes and the connection between employee health management best practices and business performance. She also shared highlights from activities associated with the Research and Study Committees.
- Culture of Health study committee members—including Stephen Doyle, Jennifer Flynn, Paul Terry, and Valeria Tivnan, shared preliminary findings from a recently completed literature review on the evidence base supporting the value of employer investment in a culture of health.
- Employer-Community Collaboration study committee co-chairs, Nico Pronk and Cathy Baase, provided an overview of their work to date and the launch of the Healthy Workplaces, Healthy Communities initiative.
- HERO's Principal Investigator for projects funded by the Robert Wood Johnson Foundation, Jeanette May, shared status updates on several projects related to identifying and testing measures of a culture of health.

All Research Meeting materials and presentations are available in the HERO [Resource Center](#) - Think Tank General Library. A summary of member feedback on HERO's Research Agenda for 2016 will be distributed in the following weeks and will be used by the [Research Advisory Committee](#) to update HERO's [Research Agenda](#). For questions about the meeting, please contact [Jessica Grossmeier](#).

Research Publications

RSS Research Commentary - Each quarter a member of HERO's Research Study Sub-committee identifies a recently published research study related to a topic on HERO's Research Agenda. This month's commentary by Jennifer Turgiss from Johnson & Johnson features a study examining the links between sleep, job satisfaction, and organizational citizenship behavior, which is related to the research agenda topic of engagement. You can access this and previous [RSS commentaries](#) on the HERO website.

Value Issue in the American Journal of Health Promotion - Earlier this year HERO released a [report](#) about business leader perceptions regarding the value of a healthy workforce, which was developed by the Health, Performance, and Productivity Study Committee. The July/August issue of the *American Journal of Health Promotion* features key findings from the report as part of *The Art of Health Promotion* section in an [article](#) co-authored by Nikki Hudsmith of Performance pH and Jessica Grossmeier of HERO. The article expands upon implications of the study results and tees up another [article](#) co-authored by Grossmeier and Dr. Sheryl Niebuhr, on how a broader value proposition for workforce health requires a broad solution that addresses individual and organizational well-being. The Value Issue also includes a series of book reviews led by Jennifer Flynn from Mayo. The HERO website provides article abstracts and links to the full [issue](#).

Author



Jessica Grossmeier, PhD, MPH
VP Research, HERO

Research Commentary Update – HERO Industry Research Overview

In management and applied psychology research, Organizational Citizenship Behavior (OCB) is defined as discretionary employee behavior outside of the formal reward system that promotes the performance of a company. The majority of organizational performance research to date has focused on the relationship between OCB and *work-based factors* such as skills training, the availability of career opportunities and the quality of the relationships between employees and their managers.

A recent study called, "Sleep and Organizational Citizenship Behavior: The Mediating Role of Job Satisfaction," by Barnes, Ghumman, and Scott, published in the *Journal of Occupation Health Psychology* is one of the first to examine the relationship between sleep, a *non-work based factor*, and OCB. The HERO Research Committee recently examined this issue and this study for its most recent HERO Research Commentary. We encourage you read the full commentary on the HERO website, but in the meantime, here's summary of the highlights.

Why it matters. Sleep loss, even in the short term, can result in several negative consequences for the organization including higher cognitive errors and workplace injuries. The complexities of modern life may contribute to the growing sleep problem. Most adults need 7 -9 hours of sleep per night. However, according to a Gallup survey, nearly 40 percent of Americans are not getting the recommended amount of nightly sleep, compared with just 11 percent more than 70 years ago.

This study sought to understand the relationship between sleep and OCB by studying daily workplace behaviors and examined the process by which this relationship might be explained by looking at job satisfaction, since previous literature has established the positive relationship between job satisfaction and OCB.

Methodology and results. Two separate field studies were included in this research and they differentiate between OCB that is directed towards individuals, and OCB directed towards the organization.

The first study measured the quality of sleep among 87 individuals (average age of 47) who voluntarily sought treatment in a sleep clinic setting. All study participants were employed full-time from a broad range of organizations and jobs. While participants slept overnight at the sleep clinic, sleep technicians objectively measured the electrical activity in the brain to determine whether a person was awake or asleep and amount of time in the different stages of sleep.

- **What was learned?** Participants in this study slept an average of five and a half hours compared to the population average of 7.6 hours. The study found that a direct and positive relationship existed between sleep and OCB that is directed toward the organization, but not OCB that is directed toward individuals. Sleep also was found to have a positive relationship with job satisfaction.

The second study recruited 85 undergraduate college students who were working for at least three months in a variety of jobs. Study participants completed two surveys daily over the course of five working days. The first survey measured their sleep quality from

the night before and was completed before their work shift and the second survey measured job satisfaction after the end of their work shift.

- **What was learned?** Participants reported an average of 7 hours sleep, which is higher than 5.5 hours for participants in the first study, but slightly lower than the population average of 7.6 hours. The study also found that, on days when subjects got less sleep, they completed the surveys differently than on days when they got more sleep. Consistent with the findings of study one, a positive relationship was found between sleep and job satisfaction as well as between job satisfaction and both type of OCB. In other words, when employees have better sleep, they have a higher sense of job satisfaction, and job satisfaction influences their level of commitment in their organization.

What it means for employers. These findings are useful to organizations that want to better understand the impact that *non-work based factors*, such as sleep, may have on employee engagement and ultimately, organizational performance. Specifically, this information can be used to:

- Create awareness in organizations that too little sleep may have important effects on employees, beyond cognitive errors and injuries that impact organizational performance.
- Management and measurement of OCB should be extended to consider not only sleep but also potentially other dynamic non-work factors.

HERO reviewer's commentary. This study is relevant to several issues that the employee health management industry is addressing today including employee well-being, employee engagement and the measurement of the value of programs designed to improve health and well-being.

1) **Well-being** - There is a trend in the industry to move from wellness, programs designed to improve states of health, to well-being, a state of being. Sufficient sleep is critical to optimize emotional well-being, physical health and cognition. Insufficient sleep is associated with poorer mental health including anxiety and depression. Even short bouts of sleep deprivation can contribute to a negative mood state, which may adversely affect work relationships and customer service. Research studies link insufficient sleep with numerous health and performance outcomes including:

- a. Weight gain;
- b. Increased risk for heart disease;
- c. Gastrointestinal disorders;
- d. Certain cancers;
- e. Inhibited learning; and
- f. Increased cognitive errors on the job. Particularly worrisome are errors that result in injuries to the employee or to others in the care of the fatigued employee such as a health care providers or commercial drivers.

2. **Employee behaviors drive organizational outcomes** - The other relevant topic in the employee health management industry today is employee engagement. Employee engagement is a current topic of interest for employers because it is considered to be a significant factor that affects productivity and performance. In the scientific literature, employee engagement and OCB are two unique, but related concepts. Employee engagement represents the motivational state of an employee and this state of motivation is positively associated with employee behavior. However, in business the term employee engagement is often used to describe employee behavior that is related to the state of motivation. It has been described by some as an employees' level of commitment to their organization demonstrated through behaviors that are discretionary, behaviors that are above and beyond their basic job duties.

3. **Evaluation of program value** - These findings may also prompt employers to consider evaluating non-work based factors as important predictors of organizational performance. Historically, programs designed to improve non-work based factors such as sleep or physical activity, would have been evaluated based upon their impact in controlling health care costs or injury rates. These findings suggest that sleep programs, and other efforts that address non-work based factors, can be evaluated by measuring the impact related to performance of an organization.

Finally, it is interesting to note that many of the effects of chronic sleep deprivation are similar to those found with sedentary lifestyles; depression, anxiety, weight gain, heart disease and certain cancers. Sufficient sleep and regular physical activity are both critical components related to health and well-being.

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