



HERO Wednesday Webinar Series Presents:

Broadening the Value Proposition: Linking Employee Engagement to Health & Productivity/ Performance

With Guests:

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Hosted by:

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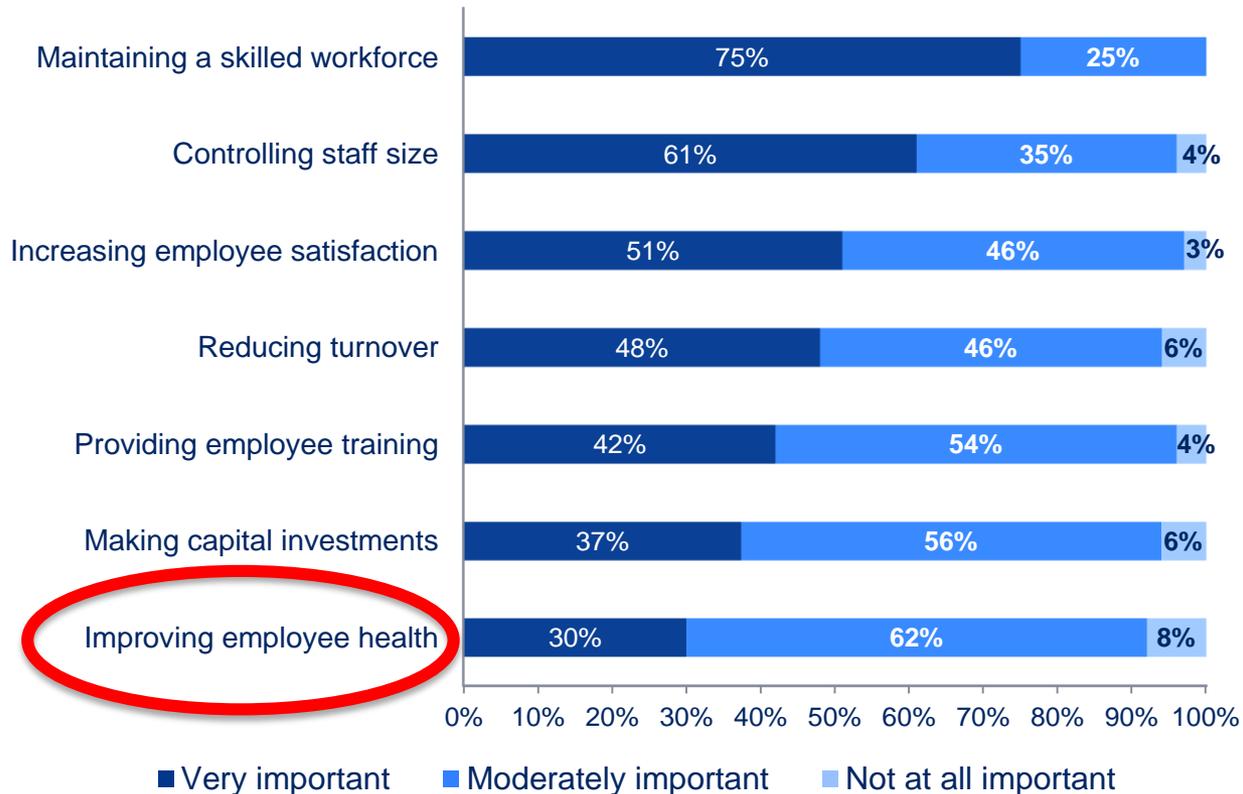


Session Overview

- Need to broaden the value proposition
- State of the evidence connecting health to business outcomes
 - Connecting health to productivity and other business outcomes
 - Impact of health promotion programs on outcomes
- Measuring the value of health for business leaders
 - Identification of data sources
 - Integrated healthcare data (“data warehouse”)
 - Health risks and direct vs. indirect costs
 - Health risks and productivity outcomes
 - Health risks and employee engagement

State of the evidence connecting health to business outcomes

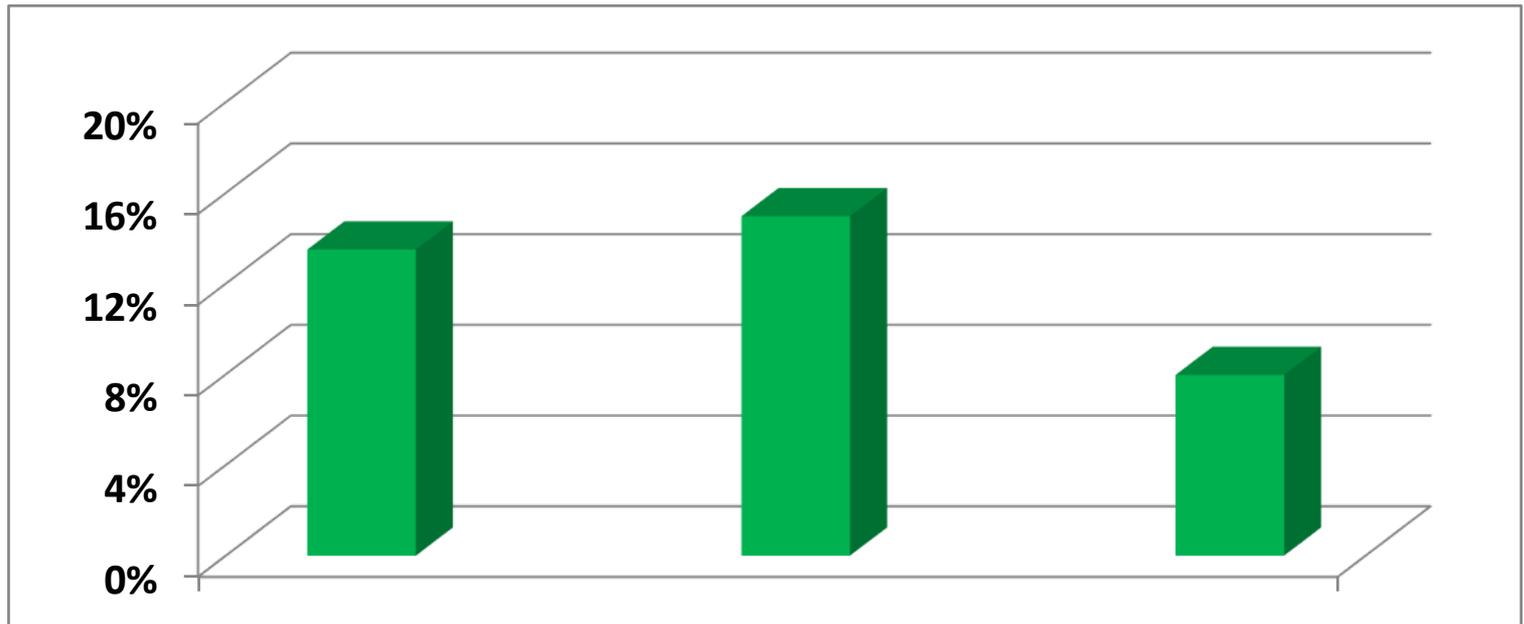
CFO perceptions about contributors to workforce productivity include health but improving employee health is not ranked as highly as other potential investments

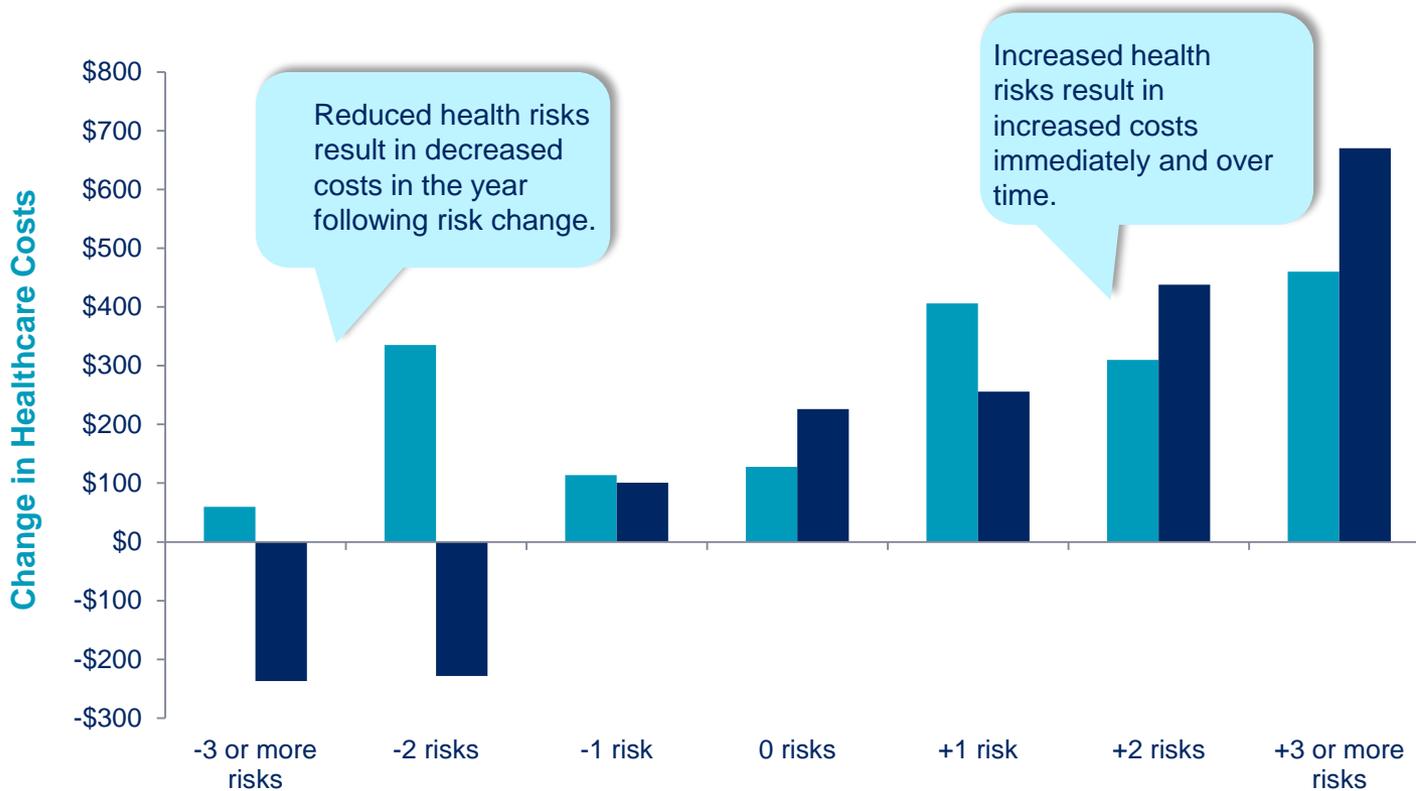


Source: IBI 2011 CFO Survey: Making Health the CFO's Business

More Case Studies: Linking Workplace Wellness to Better Financial Performance, 2001-2015

Avg Annual ▲
In Stock price
performance:
Employer
Portfolio
vs.
S&P 500

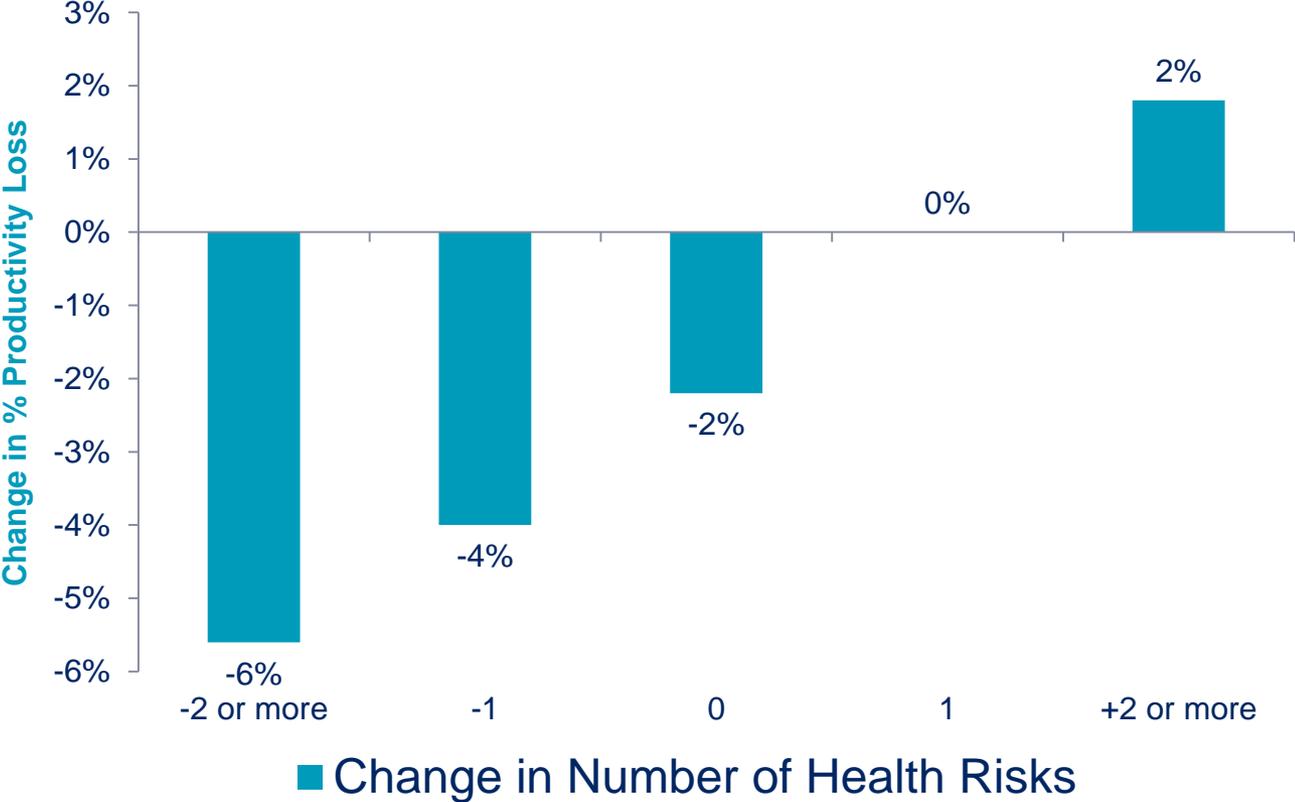




- Health care costs remain a threat to bottom line profitability
- There is a demonstrated link between health risks and health care costs
- Even if we push the problem to someone else, we all ultimately pay for this

Source: Nyce S, Grossmeier J, Anderson DR, Terry PE, Kelley B. Association between changes in health risk status and changes in future health care costs. JOEM 2012;54(11):1364-1373.

Health risk changes associated with productivity/performance



- Substantial evidence on the link between health risks and productivity
- Most studies are cross-sectional and based on self-reported data

Source: Burton WN, Chen CY, Conti DJ, Schultz AB, Edington DW. The association between health risk change and presenteeism change. JOEM 2006;48:252-263.

Measuring the value of Employee Engagement for business leaders

Engagement is a higher priority for global companies

Relative importance of wellness program objectives – by region

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Improving worker productivity/reducing presenteeism	1	1	3	3	3	3	2	2
Reducing employee absences due to sickness or disability	2	2	4	2	2	2	1	3
Improving workforce morale/engagement	3	3	2	4	1	1	3	4
Reducing health care or insurance premium costs	4	8	10	10	4	10	9	1
Improving workplace safety	5	5	1	1	7	5	4	7
Furthering organizational values/mission	6	6	7	6	6	6	5	5
Maintaining work ability	7	4	5	4	8	4	6	6
Attracting and retaining employees	8	7	8	7	5	7	7	8
Promoting corporate image or brand	9	10	6	8	9	8	10	9
Fulfilling social/community responsibility	10	9	9	9	10	9	8	10

1 = most important, 10 = least important

Ranked 1st Ranked 2nd Ranked 3rd

Source: Buck Consultants. Working well: A global survey of health promotion and workplace wellness strategies. November 2012. Available at www.bucksurveys.com

The Association of Employee Engagement at Work With Health Risks and Presenteeism

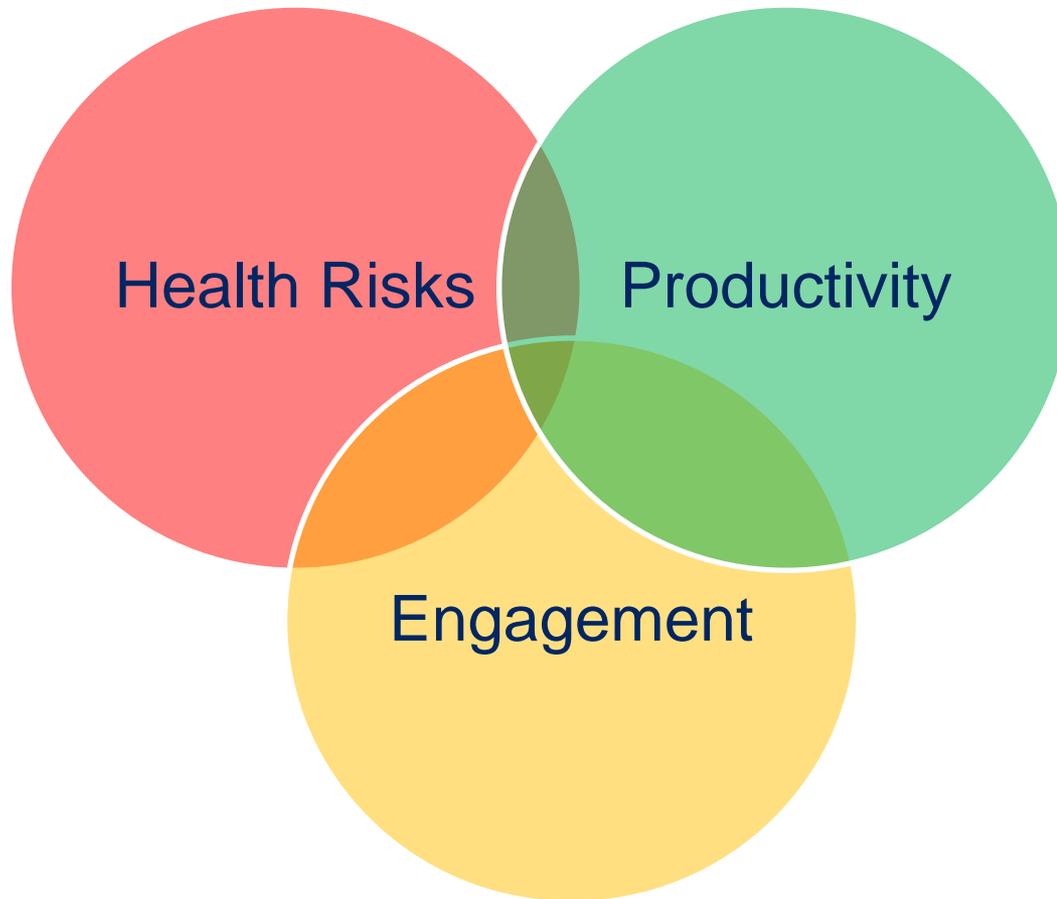
Wayne N. Burton, MD, Chin-Yu Chen, PhD, Xingquan Li, MS, and Alyssa B. Schultz, PhD

Introduction: Employee engagement is a key factor in work performance and employee retention. The current study seeks to examine the relationship between employee engagement and health risks and productivity.

Methods: In 2012, employees of a global financial services corporation participated in a health risk appraisal (HRA) which measured employee engagement, health risks, and on-the-job productivity loss (presenteeism). Three engagement categories were created. **Results:** The highest engaged

episodes of absenteeism.⁸ Given this evidence, it behooves an organization to identify its levels of employee engagement and also find ways of improving engagement, if necessary.

Engagement research has focused on four major areas, personal engagement, burnout/engagement, work engagement, and employee engagement.⁶ Personal engagement is illustrated by an employee who is physically and emotionally connected to their work. Burnout/

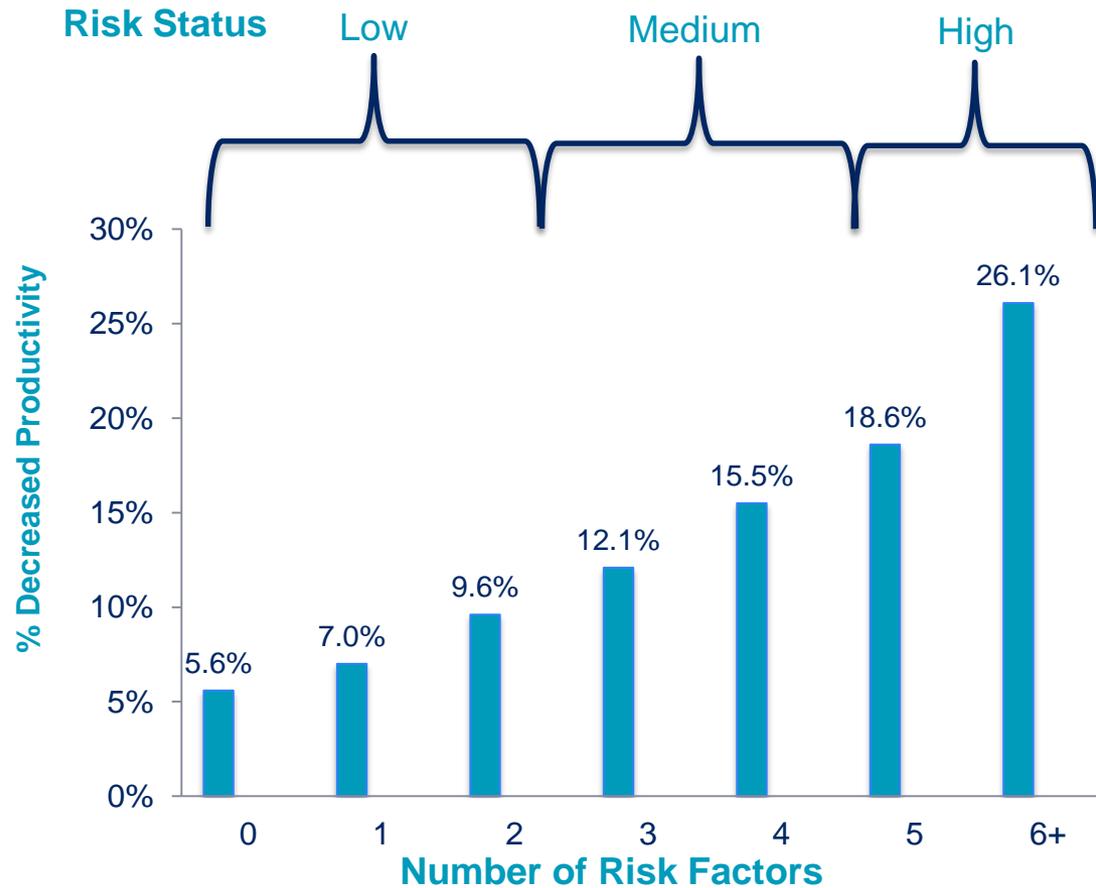


Work Limitations Questionnaire (WLQ) 8 question version added to health risk assessment

In the past two weeks, how much of the time did your physical or emotional problems make it difficult for you to do the following?

- Work the required number of hours
 - Start on your job as soon as you arrived at work
 - Repeat the same hand motions over and over again while working
 - Use your equipment (i.e. phone, pen, keyboard, computer mouse)
 - Concentrate on your work
 - Help other people to get work done
 - Do the required amount of work on your job
 - Feel you have done what you are capable of doing
- Time management
- Physical work
- Mental/Interpersonal
- Required output/Output demand

As number of health risks increase, on-the-job productivity decreases



Engagement Questions



SAY



STAY



STRIVE

Demographics of Study Employees by Engagement Category

	High Engagement	Medium Engagement	Low Engagement
	N=3249	N=4825	N=3668
Female*	69.6%	64.3%	62.2%
Male	30.4%	35.7%	37.8%
Average Age^	42.75	42.27	41.68
(Std. Dev.)	10.79	10.43	10.33
Ethnicity~°			
White	63.4%	64.9%	60.4%
Black	12.7%	11.3%	14.3%
Hispanic	13.5%	11.1%	12.6%
Asian	8.7%	11.4%	11.4%
Others	1.7%	1.3%	1.2%
Job type			
Hourly	63.9%	59.6%	63.2%
Salaried	36.1%	40.4%	36.8%

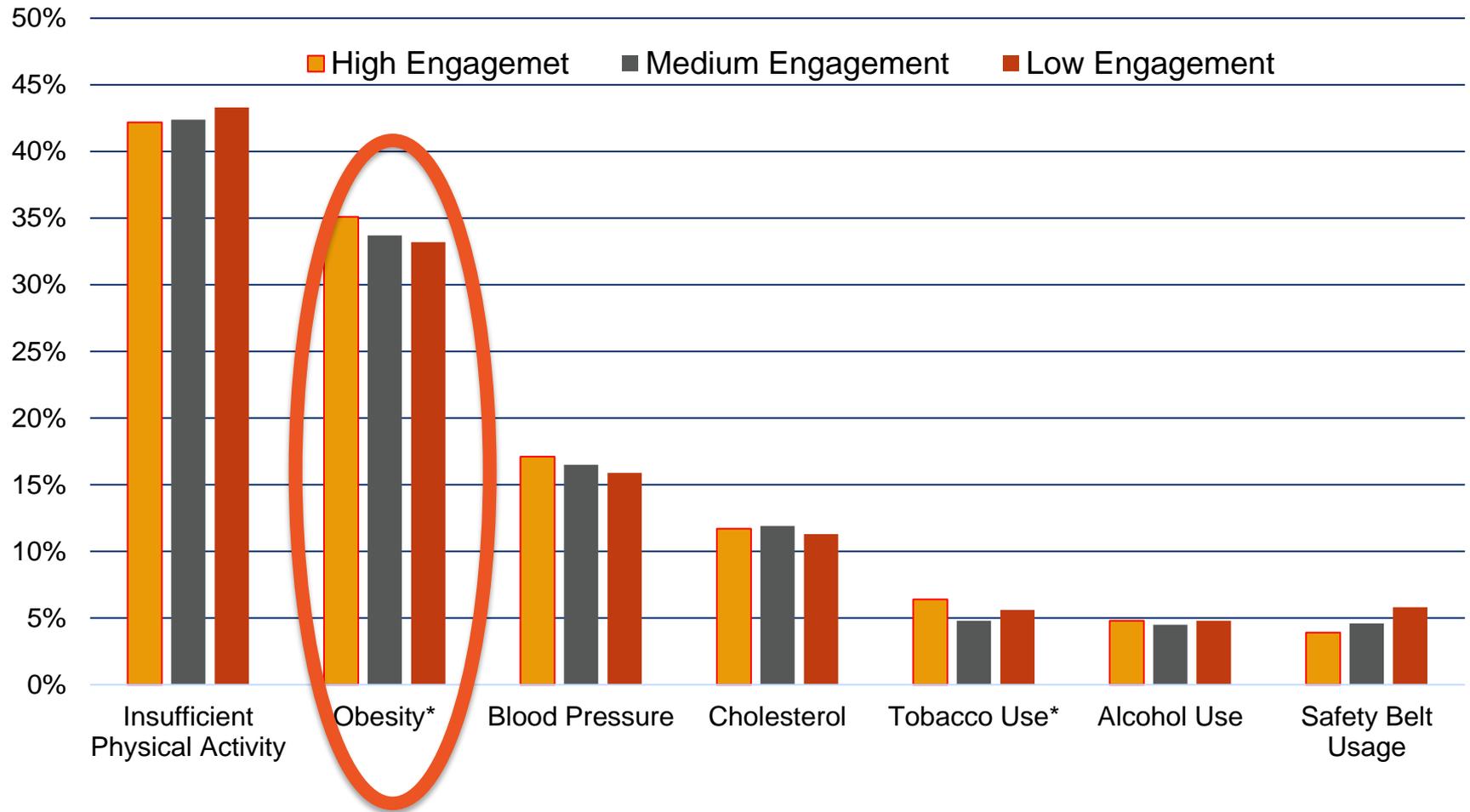
*p<.0001 Cochran-Armitage trend test of differences among three engagement groups.

^ p<.001, Low Engagement group is significantly younger than other two groups

~ p<.05, High Engagement group is significantly different from Medium Engagement group

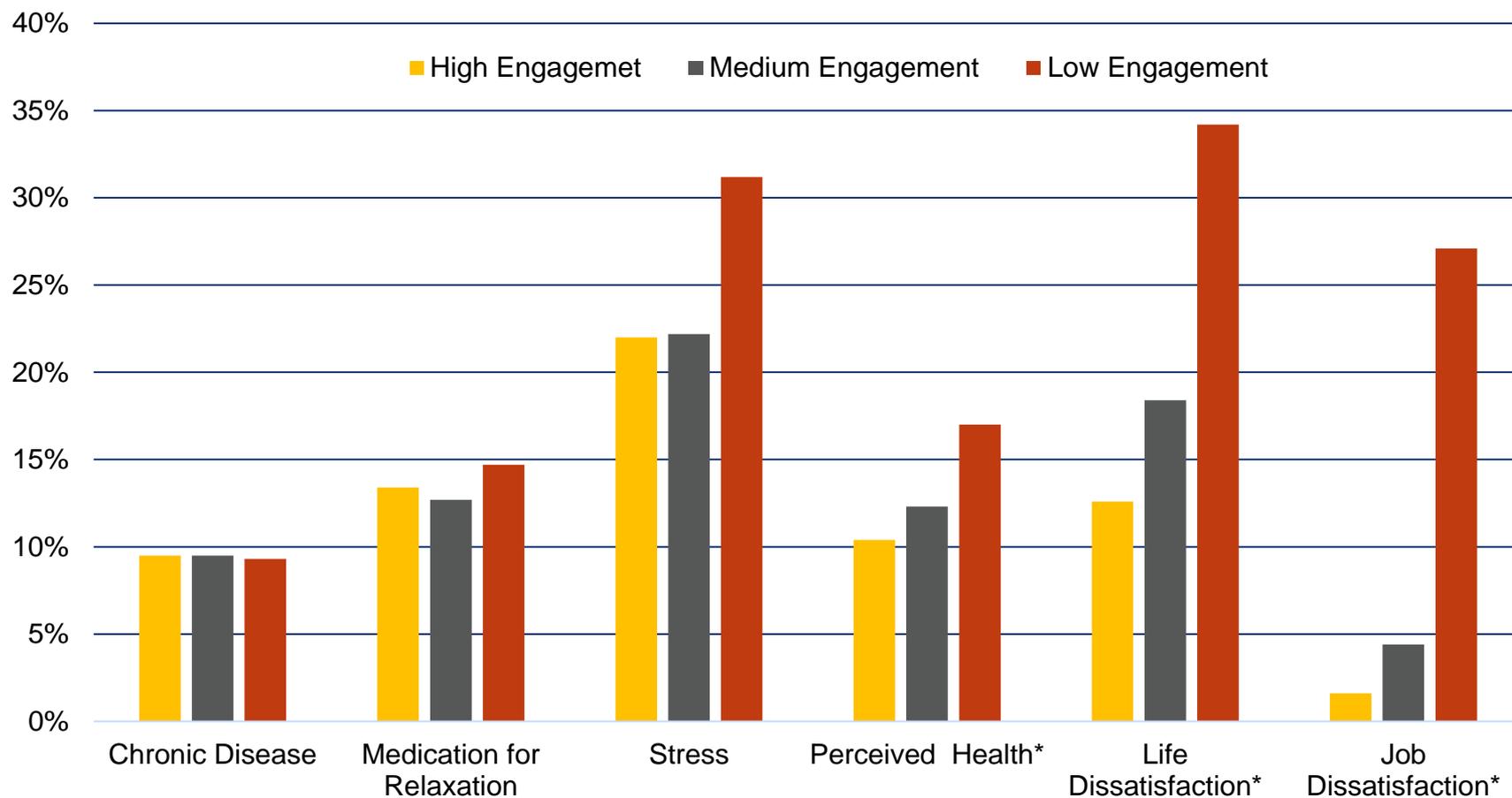
° p<.001 Medium Engagement group is significantly different from Low Engagement group

Prevalence of Health Risk Factors by Engagement Category



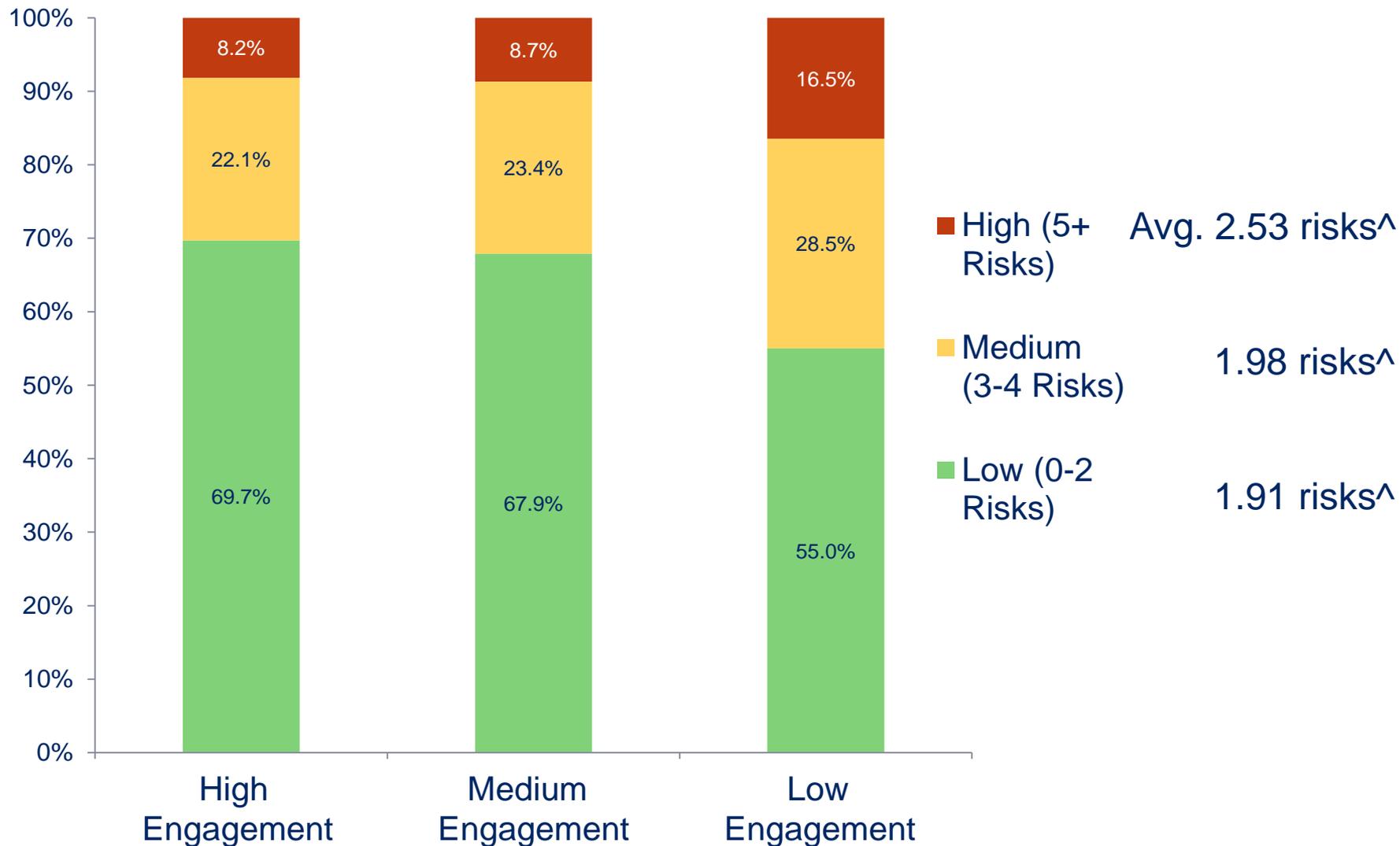
* $p < .01$ generalized linear regression comparing three engagement groups, controlling for demographics and all other health risks.

Prevalence of Health Risk Factors by Engagement Category



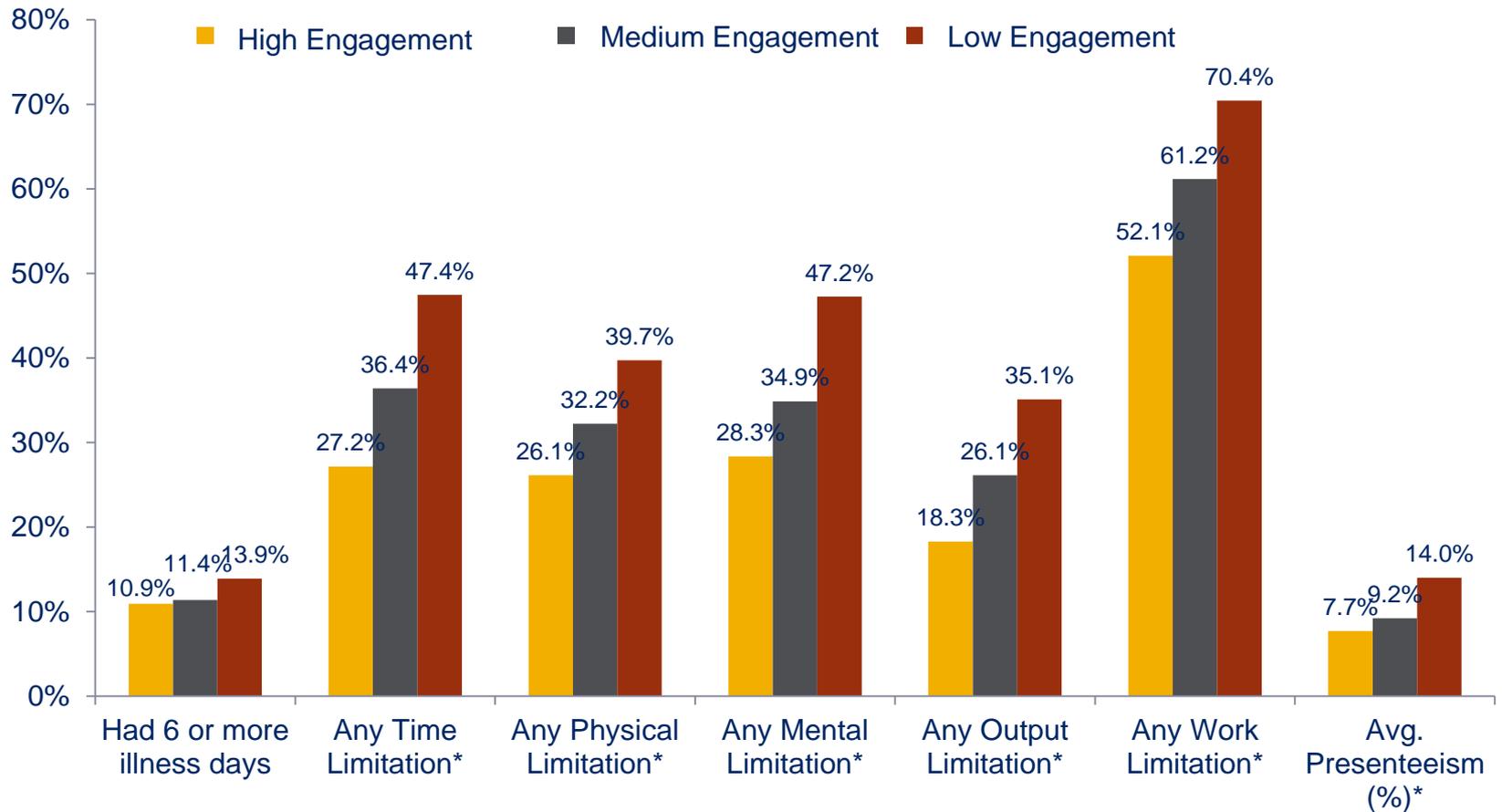
* $p < .01$ generalized linear regression comparing three engagement groups, controlling for demographics and all other health risks.

Overall Health Risk Status by Engagement Category*



* p<.0001, all three groups have significantly different risk distribution, generalized linear modeling controlling for demographics.
^ p<.01, all three groups have significantly different average number of risk factors, generalized linear modeling controlling for demographics.

Productivity Measures by Engagement Category



* $p < .001$, all three engagement groups are significantly different, generalized linear modeling controlling for demographics.

Drivers of Engagement





The Bottom Line

Poll 1: Dr. Burton and Schultz initiated this study to support their global business case for employer investment in employee health and well-being.

Which of the following best describes the role of employee engagement as an element of your business case?

- a. Employee engagement is the primary reason for our wellness initiatives.
- b. Engagement is part of our business case but not the primary focus.
- c. We focus on reasons other than engagement to justify the value of wellness in our organization.
- d. We do not have a well defined business case for our wellness initiatives.

Poll 2: Dr. Burton and Schultz combine data sets that are not often analyzed together.

Which of the following best describes assessment efforts in your organization?

- a. We do an HRA which includes physical and emotional health variables.
- b. We do employee satisfaction and/or org support surveys.
- c. We do both Org support surveys and an HRA but they are analyzed separately.
- d. We do both kinds of surveys and integrate the data.
- e. Our data and our planning in these areas are fully integrated.

Poll 3: If you are measuring employee engagement with their work, what best characterizes your measurement approach?

- a. We developed our own measurement tool/survey
- b. We use Gallup engagement survey tools
- c. We use a survey/tool developed by our consultants
- d. We use the Utrecht Work Engagement Scale
- e. Other/not sure

Poll 4: Association is not causality, still, if you had to choose where to focus, what direction does the engagement/health/presenteeism interaction suggest?

- a. Start with health! One advantage/benefit of great health is greater engagement/presenteeism.
- b. Start with Engagement! One outcome that flows from high engagement is better health.
- c. Focus on the job demands! Presenteeism has more to do with the job than health or engagement.
- d. Focus on satisfaction! Pay well and show me you support me and I will be present and stay engaged.

Poll 5: Responding on behalf of your organization, **how confident are you** that organizational leaders fully appreciate the connections between health, engagement and organizational functioning?

- a. Very confident
- b. Somewhat confident
- c. Not sure
- d. Not very confident
- e. Not at all confident

Poll 6: Burton and Schultz' paper describes four kinds of engagement and conclude that employers should "use strategies to increase engagement." What kind of engagement do you focus on or plan to focus on soon?

- a. Personal engagement
- b. Work engagement
- c. Burn-out/engagement
- d. Employee engagement
- e. We don't have plans to collect engagement data

Poll 7: Given my existing priorities, job duties and professional training, here is how I realistically allocate my time between engagement issues, satisfaction issues and health issues.

- a. 70% health / 30% engagement & job satisfaction
- b. 50/50
- c. 70% engagement & satisfaction / 30% health

Poll 8: Those with low engagement have significantly lower “presenteeism” (more on the job work limitations). Who really “owns” this problem in your organization.

- a. Our health and well-being team
- b. The organizational development experts
- c. Middle managers
- d. The C-Suite
- e. It’s “everyone’s responsibility”, which is another way of saying no one owns it

Poll 9: Integrated metrics (engagement, health, presenteeism) offer an exciting frontier in the worksite well-being movement. Who should lead the charge to better collect, analyze and act on such metrics?

- a. Human Resources
- b. Organizational Development / EAP / Mental Health Leaders
- c. Chief Medical Officer / Chief Medical Director
- d. Middle Management
- e. The C-Suite