HERO

Employer-Community Collaboration to Improve the HEALTH of America

Culture of Health Measures

Phase II Report: Identifying Measures

Submitted to:

Robert Wood Johnson Foundation—December, 2014

HERO Culture of Health Measures Phase II Report

Report Outline

- **Introduction**
- **Subject Matter Expert Feedback**
- **Business Leader Feedback**
- **Framework Draft and Measures Areas**
- **Final Recommendations**

Introduction

This report is part of the HERO Culture of Health Measures initiative that began early in 2014. The goal of the overall Culture of Health Measures initiative is to identify, develop where necessary, and test a set of measures that will support both employers and communities as they collaborate to address and successfully impact the culture of health for various populations. In particular, these measures should resonate with employer health related priorities and act as incentives to both bring employers to the table and encourage employers to remain engaged in healthy community and culture of health efforts. The three phases of the initiative include:

1. Environmental Scan
2. Measure Selection
3. Measure Development and Testing

The Environmental Scan report was developed and released in July 2014 and can be accessed using [this link](#).

This report represents Phase II of the initiative. The final goal of this phase is to select a set of measures for development and testing in Phase III. Measures were vetted with the help of multiple rounds of feedback and input from several groups of subject matter experts (SMEs) that represent all stakeholders engaged in culture of health and healthy community efforts. Both community SMEs and employer SMEs offered extensive comments and comprehensive guidance on culture of health measures. This initial round of feedback was used to draft the final deliverable and gather feedback from a third set of SMEs resulting in this final deliverable. The final group of SMEs included leaders who represent employers (large, medium, and small) that have made a commitment to engage in culture of health and healthy community efforts and who have experience in the measures space.

The process used for phase II is outlined in Figure 1.

Figure 1. Phase II Process
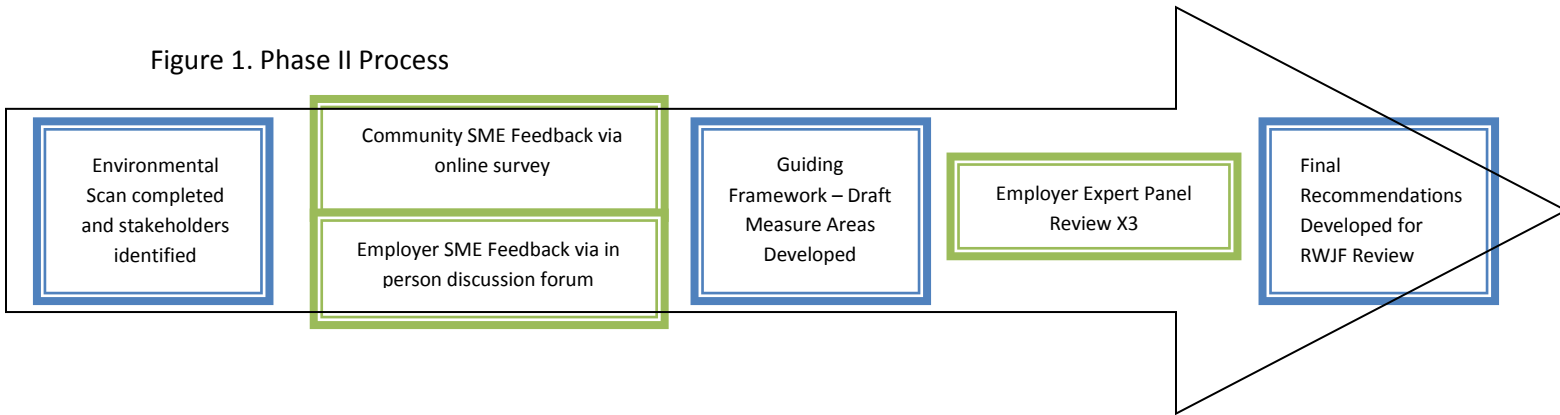
Culture of Health Defined

Many different definitions of a culture of health concept exist and are often focused on a specific set of stakeholders such as employers, communities, and individuals. The following definition of a culture of health was offered to each group of SMEs as a basis for the discussion.

> A culture of health is viewed as one in which individuals and social entities (e.g., households, organizations, etc.) are able to make healthy life choices within a larger social environment that values, provides, and promotes options that are capable of producing health and wellbeing for everyone regardless of background or environment. In short, the healthy choice becomes the valued and easy choice (RWJF).

PHASE II Subject Matter Expert Feedback

Community Subject Matter Expert Feedback

Process: Community SMEs were identified through in-depth interviews and connections with healthy community initiatives across the country. Several of the recent RWJF Culture of Health winners were also invited to offer comment and feedback. The SMEs received an electronic survey of questions related to measures for culture of health efforts, perceptions of the roles of stakeholders, suggestions on how to engage stakeholders in community focused culture of health efforts and the challenges to engagement. General themes are included below.

Community Focused Culture of Health Measure Suggestions

- Individual perception of their health
- Quality of life
- Barriers to health behavior (lack of health food, lack of places to exercise, etc.)
- Secrets of happiness scale (Buettner)
- Obesity rates

- Return-on-investment (ROI) data on investments in culture of health efforts
- Measures of connectivity/collaboration between organizations
- Percent of businesses that highly value health and well-being
- Percent of businesses that highly value health and well-being of people in the community
- Proximal measures that assess the overall effort of communities in health improvement

Role of Stakeholders in Community Efforts

- Cross sector agencies are in it together. Businesses, academia, non-profits, foundations, public health, hospitals, etc. all have their role to play to work together on improving community health. Roles can be funding, workforce development, service provider, data analysis, support for logistics/coordination, etc.
- Stakeholders attend regular meetings, interview community members of all ages, discuss policy, system and environment change with measurement in mind. The idea is not to duplicate efforts but, instead, to serve as a resource to the community and advocate for community health initiatives which benefit all.
- Stakeholders drive the community health effort.
- Community health assessments engage diverse stakeholders. Partnering with other funders, individual volunteers, funded partners, and businesses helps to identify needs and develop solutions. They also serve on investment committees.

How is Business Engaged in Community Efforts?

- Limited engagement in community-wide efforts. More focused on their own organizations.
- Depends on effort - in educational attainment, they are very involved in helping with graduation rates and workforce development. Businesses are involved with improving access to fresh fruits and vegetables as a service provider.
- Business community has been involved in workplace wellness initiatives, volunteering, philanthropic support, civic clubs, community events, chamber of commerce, and source of expertise on multiple levels. Business community is a donor and a client and an advocate.
- Several businesses were identified and interviewed regarding current health efforts. Most stakeholders represent their organization but are also involved due to a personal value of healthy living.
- Business leaders are intentionally brought in to be part of community coalitions.
- To help raise money, assist in investment decisions, serve on committees/cabinets/boards.

What are the Challenges to Engaging Business Leaders in Community Culture of Health Efforts?

- Health is perceived as health care/medical services. Concern is driven by cost.
- Time!!! It is critical that the business community (both organizational and individual personnel) see the activity worthwhile either to their bottom line and/or their personal or corporate mission. How can the activity meet both the programmatic objectives and corporate objectives?

- Cost, time, efficiency, lack of metrics or proof.
- Business leaders tend to operate on a "by quarter" mentality. They like to see results quickly or they don't have the patience to "stick it out." So, it's not hard to engage them, but it's hard to keep them engaged over the longer term.
- Perceived barrier that recommended changes are too expensive or time intensive or just not conducive to their existing corporate culture.
- Lack of awareness in the value of employee/community health to their bottom line.
- Do not know that businesses have an important role to play in employee/community health.
- Perceived worry about employee/community member push back to suggested changes/improvements (such as creating a tobacco free policy).
- Varies depending on community -- time commitment, potential misalignment of goals/vision.

Strategies that could be used to Better Engage the Employers in Community Culture of Health Efforts

- **Educate employers on the economic impact of health (See Appendix 1).** A healthy community will contribute to a stronger and thriving market and addressing health care costs means better wages for employees who can invest back into the community. Also stronger tax revenues for the community – driven by business as a market in a community.
- **Tying any issue back to their workforce and productivity** is the best marketing/messaging strategy. How does the issue affect their employees or clients and productivity or sales?
- **Involve them very early in the process.** I adhere to the belief that people and businesses support what they help create. They need to be involved in the program identification as well as the planning and development phase. They need to be recognized and celebrated for the critical role they play. They need to be informed how promoting community health not only directly benefits the bottom line, but also improves the quality of life and productivity of both its own workforce and its customers.
- **Networking with stakeholders and growing the network year to year** has been most effective. Engagement is relative to the relationships within the community. We have several leadership experiences that form natural networks.
- **Work through trusted leaders** -- either through associations that the businesses are members of or with trusted leaders in the community that the businesses are working in -- and ask those leaders to help engage the business community.
- **Describe/frame the value of business involvement in community health as an economic development issue,** i.e. for county commissioners, local chambers, and state leaders. Describe and provide anecdotal examples of how new businesses and new talented employees will not move to a community in which the health is so poor that the healthcare expenses will be untenable.
- Provide case studies of community/business success in improving the health of their employees (including either business engagement or financial and health outcomes).

- Varies depending on community -- general best practices around stakeholder engagement, aligning needs, giving them a voice/role that matches interests, etc.

<mark>Key Takeaways: There were several comments focused on the importance of engaging employers and other stakeholders early in the process and developing a strong level of trust that would encourage employers to remain engaged. Comments regarding the selecting of measures that employers could tie back to their own workforce was also very relevant to the HERO work. In addition, the goals and efforts in some way must be relevant to employers; this may not be program specific but more in the language that is used and helping employers to see the relevance of community health to their own workforce.</mark>

Employer Subject Matter Expert Feedback

Process: Eighteen employers and partners convened at a face-to-face discussion forum in San Diego to discuss and share thoughts on several topics related to employer engagement in community culture of health efforts. Topics reviewed and discussed during the forum included the reasons for employer engagement in these efforts, the role of measures, potential measures, and criteria that employers might find helpful in measures selection. Participants included:

- Donna Anderson, Director, Employee Wellness, Employee Assistance Program, Northeast Georgia Health System
- Alex Chan, Fellow, Clinton Foundation
- Whitney Davis, MPH, Research & Evaluation Director, Prevention Partners
- Lexie Dendrinelis, Wellbeing Leader, Barry-Wehmiller
- Vicki George, Executive Director, Program Evaluation, Customer Analytics and Reporting, Kaiser Permanente
- Pamela Gibson, MPH, MCHES, Employee Wellness Program & Work-Life Services, San Mateo County
- Deb Gorhan, MS, Manager of Wellness & Health Promotion - Americas, Johnson & Johnson
- Jessica Grossmeier, PhD, MPH, Vice President of Research, HERO
- Emma Hoo, Director, Pacific Business Group on Health
- Qaiser Mukhtar, Team Lead/Manager, Centers for Disease Control & Prevention
- Jerry Noyce, CEO & President, HERO
- Marjorie Paloma, MPH, Director, Robert Wood Johnson Foundation
- Nico Pronk, PhD, Vice President & Chief Science Officer, HealthPartners
- Sheri Snow, MEd, RD, CDE, Wellness Manager, American Cast Iron Pipe Company
- Doug Yeung, PhD, Associate Behavioral/Social Scientist, RAND Corporation

General themes by topic are included below.

Why Should Employers Engage in Community Culture of Health Efforts?

- Responsibility to the community because that's where the employer is located.

- Should be mission driven.
- Commitment to ensuring the best possible health of those who work and live in the area.
- If the employer is committed to thriving people, then a culture of health is a part of that effort.
- Good health starts with the employer and the employees so that employers become advocates for health in the community - worksite initiatives inside the employer space are essential. Employers they will not come to the table if they do not have health and wellness within their own workspace
- Must see health in a broad context and part of a strong economic development plan.
- A strong culture of health plays an important role in a thriving and healthy community.
- Employers must understand the role that climate, environment and culture play in workforce health and wellness.
- Must see the value to their own mission and vision.
- Ethical issues as well – who comes to the table and why it is important. Are the partners credible and the right people? Are decisions made in a way that is most beneficial for the community?
- Convener is very important and varies from one community to the next, but some basic principles should be developed and embedded into the framework.

Key Takeaways: Employers must understand the role that a culture of health and a healthy community play in their own economic goals and the economic drivers of markets. Employers must also understand the impact an employer's own efforts for employee health and wellness can have on the larger community. Overall, unable to articulate the connection between community health and organizational impact.

Role of Measures / Potential Measures

- Measures should match the needs of the community.
- Cross-cutting measures that need to be close to the goal of business and link directly to business objectives.
- Measure or measures that would resonate with each stakeholder group represented, along with cross-cutting measures as well.
- Measures can help to set the road map for the community and health, then reach for end game broad measure such as culture of health.
- Measures should be outcomes-oriented and centered on the community then organized into a framework based on categories that might resonate with different entities around the table.
- Can we measure the number of businesses committed to the health of their employees and would this be a measure that could correlate to the overall efforts of collaboration?
- Can we measure the strength/amount/existence of community collaboration?
- Measures around the convener -- who it is, why they are convening, etc.
- Measures around business mentorship -- businesses helping other business with health and wellness in the organization as well as the community.
- Measure of participation.

Measure Criteria

- Evidence based
- Sensitivity
- Transparency
- Scalable
- Representative
- Demonstrates value for each stakeholder group
- Measure that can "rally" the group
- Potential for success

Business Leader SME Panel Feedback

Feedback received from both the community and employer SME groups was used to develop a draft Guiding Process Framework and Coordinating Measures. This work was reviewed by a small group of high level employer experts who offered several iterations of comment and feedback. All comments and feedback were incorporated into this final deliverable for phase II of this initiative. Members of the Business Leader SME Panel included:

- Faiyaz Bhojani, MD, DrPH – Business Health Leader, Global Manufacturing & Upstream Americas, Shell
- Wayne Burton, MD – Vice President & Chief Medical Officer, American Express
- Roberta Finkler – Manager of Benefits, Abbott Laboratories
- Pam Hymel, MD , MPH, FACOEM, Chief Medical Officer, – Walt Disney Parks & Resorts US
- Fikry Isaac, MD, MPH, FACOEM, Vice President Global Health Services & Chief Medical Officer Health & Wellness Inc. – Johnson & Johnson
- Ron Loeppke, MD, MPH, FACOEM, FACPM, Vice Chairman Board of Directors, – US Preventive Medicine
- Scott Peterson, MS, Executive Vice President & Chief Human Resources Officer, – The Schwan Food Company
- Charles Yarborough, MD, MPH, FACOEM, FACPM, Lead Medical Strategist & Director of Population Health Promotion, – Lockheed Martin

Guiding Process Framework with Coordinating Measures

Based on both the community and employer SME feedback described above, as well as many individual expert interviews, the following guiding framework and measures were developed. The guiding

framework was developed to direct the measure discussion and is not intended to take the place of any of the very credible frameworks that currently exist in this space. The guiding framework does, however, offer a visual view of the most common attributes of the process often used to develop a culture of health / healthy community effort. At each distinct phase of the process, we have identified measures that would be useful at that point in the process to further engage employers. Our research and SME feedback suggests that measures vary at each stage of the process. For example, a measure that would initially incentivize an employer to engage in an early forming initiative would be different from a measure that would be used during program implementation. The goals of these measures vary as well. For example, a measure used early in the process might highlight the initial level of commitment from members of the initiative thereby giving employers a higher level of trust and confidence in the initiative, whereas a measure for a program-level effort could be used to demonstrate value to the employer and serve to keep that employer engaged in the community efforts.

Figure 2 represents the Guiding Framework for the work, and each level and its proposed measure are described below.

Framework Overview with Potential Measure

Level One - Convener

The base of the pyramid (L1) represents the earliest part of the initiative and is represented by the label, *Convener*. More research is needed for a better understanding of the critical role of the convener, criteria of a good convener and the impact the convener has on the success of an initiative.

Measure – Does the convener meet the criteria for a good convener?

Level Two – Stakeholders Convene

The next level (L2) represents the point in the process where the convener invites others to become a part of the initiative. This may be the first opportunity for an employer to engage in a community focused initiative. During this stage, stakeholders perform or oversee a variety of tasks that will solidify the long- and short-term plans for the initiative. At this stage, it is critical that all stakeholders demonstrate support and commitment to the effort and that all major sectors of the community are represented. Sector representation will ensure market impact more broadly. Demonstrating commitment and multisectoral representation will encourage employers to become one of the collaborators.

Measures –

- **Are all sectors represented on the collaboration?**
- **Percentage of employers committed to health and wellness**
- **Do all collaborators demonstrate a strong level of commitment to the initiative?**
- **Are the overall goals of the initiative broad enough to affect what matters to all stakeholders but especially employers?**

Level Three – Policy & Environment Addressed

The third level (L3) represents the point in the process where policy and environment issues that were identified during the assessment process are discussed and addressed. At this point, typical measures would include policy reach or impact. This work has been a focus of several leading organizations including the YMCA and the United Way.

Level Four – Infrastructure Built

The fourth level (L4) of the process could occur simultaneously with the previous level. During this phase, employers and other stakeholders who are committed to health and wellness can begin to use their own infrastructure and network to build champions and advocates for health and wellness in the community. A measure that could assess employer and stakeholder commitment in their own organizations to health and wellness would be important in order to assess the need to develop additional champions and advocates.

Measure – Percentage of employers committed to health and wellness

Level Five – Programs

The next level (L5) in the process is focused on the creation and implementation of programs that would address the needs and goals developed earlier on in the process. While measures here would vary depending on individual community needs assessments, an important goal would be to ensure that programs and measures are clearly linked to the goals of stakeholders and in particular employers. One example of this would be measures used to assess the impact of a community program designed to prevent early onset of diabetes. If the measure/goal for the program was a decrease in the prevalence of diabetes, then that measure must also include a description of the differences in productivity of a person with diabetes compared to a person who is not diagnosed with the disease. A measure could be developed that reports the impact on productivity that the reduction of diabetes prevalence can have overall. These program-specific and employer-centric measures would demonstrate value to employers and ensure their continued engagement in the initiative.

Measure – Specific to program, but measure set should include measures linked back to employer interests and employee workforce.

Level Six – Healthy Community

The last level (L6) or the very top of the pyramid represents the overarching goal of any community-focused initiative which is a healthy community. Measures here would include a holistic measure of quality of life or well-being but should also include a more employer-specific measure that can be impacted by an overall increase in quality of life or well-being. For employer,s this measure would be one related to performance, productivity and/or safety.

Measure – Upward trend in overall performance for employees living and working in community

NEXT STEPS

Next steps for the initiative will be to kick off Phase 3 January 5. This phase will involve identifying two COH initiatives that are in early stages so that the measures can be tested for usability within the community effort. HERO has identified two possible initiatives that have expressed an interest in being a test site for this work and planning meetings have been scheduled for early January 2015 with both community efforts.

Figure 2. Guiding Framework for Community Culture of Health Initiatives

Healthy Community

L6

Health   Economy   Culture   Climate   Environment

Programs - *Created /Implemented/Communicated*

L5

Infrastructure Built - *Champions and Advocates*

L4

Policy and Environment Addressed

L3

Stakeholders Convene - Assess/ goals/ funding/ resource allocation/ strategy

L2

Convener

Criteria for a good convener

L1
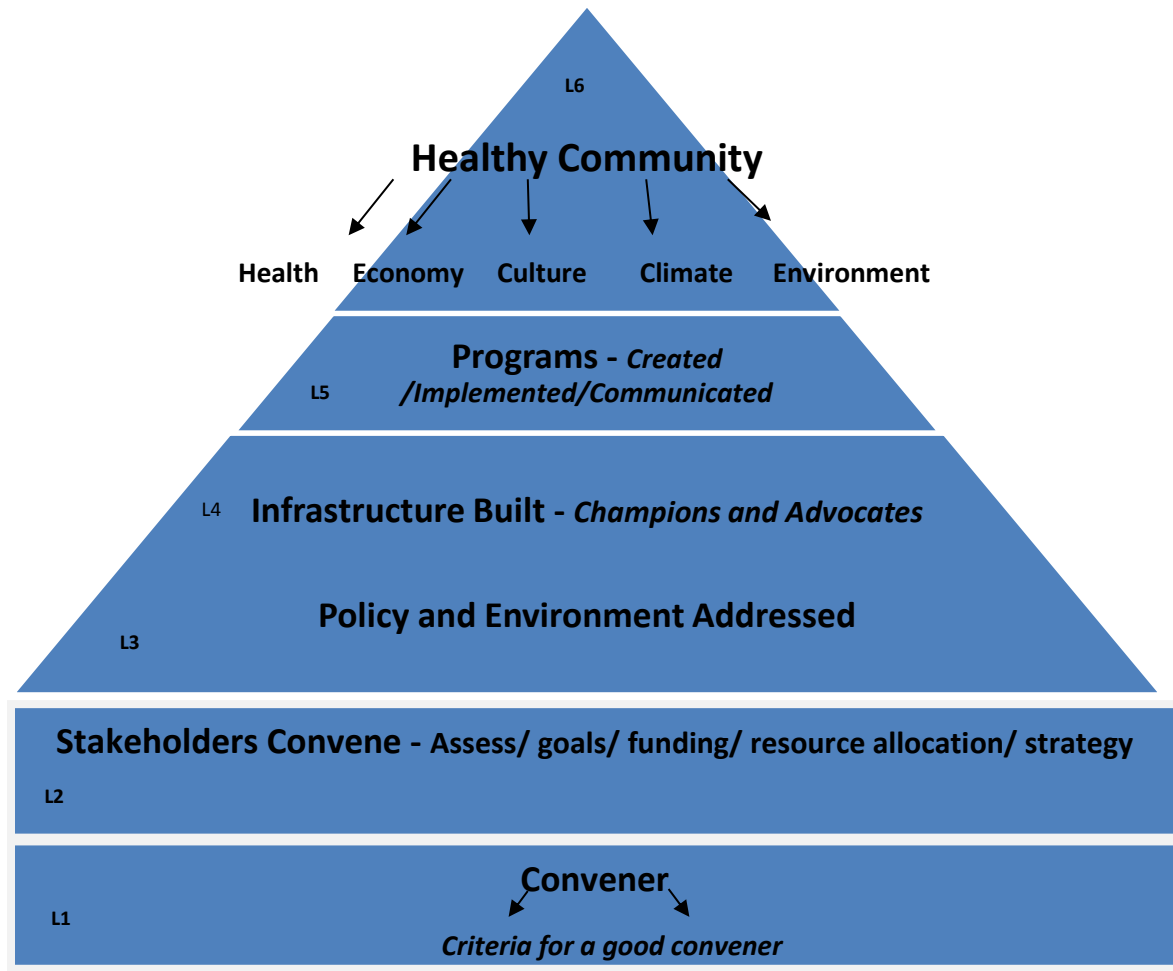
Appendix 1: Economic Model of Business Engagement

Macro Economic Concept Model

Markets — Goods / Services → **Business** (Generates $)

Employee Wages

Common Resource Pool / Gross Domestic Product

HEALTHCARE

EDUCATION | **INFRASTRUCTURE** | **SOCIETAL PRIORITIES**

Critical to Business Success

Essential to the Creation of Health

Positive Health Outcomes
- Performance and Productivity
- Safety
- Attract and Retain Talent
- Engagement and Satisfaction

Health Factors
- 10%
- 30%
- 40%
- 20%

Health Behaviors
Clinical Care
Social & Economic Factors
Physical Environment

Catherine Baase, M.D.

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