



Environmental Scan

Measuring a Culture of Health

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About This Report

This report was sponsored by the Robert Wood Johnson Foundation in partnership with the Health Enhancement Research Organization (HERO). This report serves as phase one of a three phase initiative focused on the identification of culture of health measures that will resonate with a wide group of stakeholders working together to raise the health of a community. This report was written with support and guidance from the HERO project steering committee. Special thanks go to these members who devoted their time and expertise for this report. Project steering committee members include:

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TABLE OF CONTENTS

| | |
|--|-----------|
| <p>Introduction</p> <ul style="list-style-type: none"> Background Project Purpose and Scope Culture of Health Defined Why Are Measures Important to the Discussion? | <p>5</p> |
| <p>Environmental Scan Methodology</p> <ul style="list-style-type: none"> Literature Review Interviews Examples Measures, Tools and Models | <p>4</p> |
| <p>Frameworks and Models</p> <ul style="list-style-type: none"> Healthy Workplace Model - World Health Organization (WHO) Optimal Healthy Workplaces – Samueli Institute Culture of Health Model –Pronk and Allen Building a State of Wellbeing – PERMA South Australian Model Shared Values Shared Results – Edington Associates National Wellbeing – UK Wellbeing Framework Well-Being Index – Blue Zones/Gallup-Healthways Culture Change Framework (CCF) – Judd Allen Core Elements of Culture – HERO Developing Framework | <p>12</p> |
| <p>Examples of Collaborations</p> <ul style="list-style-type: none"> Anchor Institution Led Model Employer Led Model Community Led Model Partner Led Model | <p>22</p> |
| <p>Next Steps</p> | <p>27</p> |
| <p>References</p> | <p>28</p> |

INTRODUCTION

Background

This report is part of an ongoing effort by the Health Enhancement Research Organization (HERO) and the Robert Wood Johnson Foundation (RWJF) to better understand measures currently being used to assess the concept of a culture of health.

HERO is a not for profit organization and national leader in employee health management research, education, policy, strategy, leadership, and infrastructure. HERO currently supports several efforts that explore the concept of a culture of health. At a high level, HERO's vision is "to promote a culture of health and performance through employer leadership." More specifically, HERO recently released a set of measurement recommendation for seven domains as part of a collaboration with the Population Health Alliance. One of the domains, organizational support, is closely aligned with the culture of health within an organization. Furthermore, this domain work has recently been incorporated into the HERO Employee Health Management (EHM) Best Practice Scorecard in collaboration with Mercer. This best practice scorecard is the most widely used best practice scorecard in the field of employee health management, and provides guidance to employers on best practices in the area of culture and organizational support. Through this effort and other similar efforts, HERO has created a valuable network of researchers and subject matter experts that have been contributors to this report.

Project Purpose and Scope

The goal of the overall Culture of Health Measures initiative is to identify, develop, 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. There are three phases to the initiative and these include:

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

This report represents phase one of the initiative and includes an environmental scan as well as several examples of culture of health related initiatives and measures currently being implemented through collaborative efforts. The information, tools, resources and experts identified through this environmental scan will inform the next two phases of this initiative. Although the process of collaboration between employers and communities as well as the implementation of strategies and interventions to build and sustain a strong culture of health are important concepts, this report is limited to the measurement aspect of initiatives that have a component of a culture of health. As a result literature that did not include a substantive aspect of culture of health measurement was not included in this scan.

Culture of Health Defined

Many different definitions of the culture of health concept exist and are often focused on a specific set of stakeholders such as employers, communities, and individuals. For the purpose of this report a culture of health is defined based on RWJF's recent work in this area.

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, 2014).

Why Are Measures Important to the Discussion?

Measures are the focus of this report and the larger three-phase Culture of Health Measures initiative for several reasons. Measures can support the assessment of progress or impact as well as encourage action and collaboration. Measures are an important part of any effort and should be carefully chosen so that we only measure those items that are important, with the realization that ultimately what we measure is what we value (Seligman, 2013). If agreed upon by all stakeholders, measures can enhance both collaboration and communication among diverse groups and create a unified approach to action. For these reasons, identifying measures that matter for any effort is essential and more so for a concept such as culture of health which can mean different things to different stakeholder groups. Martin Seligman is a researcher who is known for broadening the science base in social psychology and is credited for advancing the concept of positive psychology into a field not customarily attuned to rapid science innovation. Seligman (2013) suggested that measurement can:

- Help create the value statement;
- Assess intervention impact;
- Capture a population's interest;
- Create momentum and evidence for policy change;
- Create a basis for dialog and action; and
- Shift the focus to outcomes and results.

Advancing a culture of health as a fundamental driver of improvements in the public's health will benefit from metrics that facilitate each of these six domains. Unleashing these domains with effective metrics will also serve to move stakeholder groups with a diversity of opinions and objectives (i.e. between community and company leaders) toward common ground and enable cooperation around shared goals.

ENVIRONMENTAL SCAN METHODOLOGY

Literature Review

The scan of the literature included articles published in peer reviewed journals and grey literature that included non peer reviewed white papers, reports, thought pieces and slide presentations. Criteria for the literature review included:

- Literature published in the last ten years;
- English only;
- Search terms: culture of health, community initiatives, measurement of healthy communities, measurement of culture of health, organizational support, organizational culture, health and wellness measurement; and
- Databases: Google, Google Scholar, Medline, ProQuest, Academic Search Complete.

A review of both peer reviewed and grey literature revealed a small number of articles and resources specifically focused on culture of health measures. Looking more broadly at metrics used in the fields of organizational support, community health, and health and wellness that overlap with or contribute to an assessment of the role of culture in health improvement was also included in this review. This yielded additional otherwise difficult to attain information useful for this environmental scan. A complete list of the literature used for this report is included below.

Table 1: Peer Reviewed Literature

| Peer Reviewed Literature |
|--|
| Allen, R.F., Carleton, R.A., Lasater, T., Kraft, C. (1980). Community Activation for Risk Reduction. Proceedings from the 16 th annual meeting of the Society of Prospective Medicine, Tucson, AZ, October 31, 1980. |
| Barrett, L., Plotnikoff, R.C., Raine, K., & Anderson, D. (2005). Development of Measures of Organizational Leadership for Health Promotion. <i>Health Educ Behav</i> , 32(2), 195-207. |
| Basen-Engquist, K., Hudmon, K.S., Tripp, M., & Chamberlain, R. (1998). Worksite Health and Safety Climate: Scale Development and Effects of a Health Promotion Intervention. <i>Preventive Medicine</i> , 27, 111-119. |
| Bunnell, R. et al. (2012). Fifty Communities Putting Prevention to Work: Accelerating Chronic Disease Prevention Through Policy, Systems and Environmental Change. <i>J Community Health</i> , 37, 1081-1090. |
| Credo, K.R., Armenakis, A.A., Feild, H.S., & Young, R.L. (2010). Organizational Ethics, Leader-Member Exchange, and Organizational Support: Relationships With Workplace Safety. <i>Journal of Leadership & Organizational Studies</i> , 17(4), 325-334. |
| Crimmins, T.J., Halberg, J. (2009). Measuring Success in Creating a "Culture of Health." <i>JOEM</i> , 51(3), 351-355. |
| DeJoy, D.M. et al (2008). Development of the Environmental Assessment Tool (EAT) to Measure Organizational Physical and Social Support for Worksite Obesity Prevention Programs. <i>JOEM</i> , 50(2), 126-136. |
| Della, L.J. et al (2008). Assessing Management Support for Worksite Health Promotion: Psychometric Analysis of the Leading by Example Instrument. <i>AJHP</i> , 22(5), 359-370. |
| de Silva-Sanigorski, A.M. et al. (2010). Scaling up community-based obesity prevention in Australia: Background and evaluation design of the Health Promoting Communities: Being Active Eating Well initiative. <i>BMC Public Health</i> , 65(10), 1-7. |
| Erwin, P.C., Myers, C.R., Myers, G.M., Daugherty, L.M. (2011). State Responses to America's Health Rankings: The Search for Meaning, Utility, and Value. <i>J Public Health Management Practice</i> , 17(5), 406-412. |

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Hruschka, D.J. (2009). Culture as an explanation in population health. *Annals of Human Biology*, 36(3), 235-247.

Kendall, E. et al. (2012). Collaborative Capacity Building in Complex Community-Based Health Partnerships: A Model for Translating Knowledge Into Action. *J Public Health Management Practice*, 18(5), E1-E13.

Kindig, D.A. et al. (2014). Engaging Stakeholders in Population Health. *Frontiers of Health Services Management*, 30(4), 3-57.

Mearns, K.J., Reader, T. (2007). Organizational support and safety outcomes: An un-investigated relationship? *Safety Science*, 46, 388-397.

Plotnikoff, R.C. et al. (2005). Scale Development of Individual and Organisation Infrastructure for Heart Health Promotion in Regional Health Authorities. *Health Education Journal*, 64(3), 256-270.

Porter, M.E., & Kramer, M.R. (2011). Creating Shared Value: How to reinvent capitalism—and unleash a wave of innovation and growth. *Harvard Business Review*, January-February 2011, 1-17.

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Remington, P.L., & Booske, B.C. (2011). Measuring the Health of Communities—How and Why? *Journal of Public Health Management and Practice*, 17(5), 397-400.

Ribisl, K.M., & Reischl, T.M. (1993). Measuring the Climate for Health at Organizations: Development of the Worksite Health Climate Scales. *Journal of Occupational and Environmental Medicine*, 35(8), 812-824.

TAHP. (2012). The Art of Health Promotion. American Journal of Health Promotion: November/December 2012, 27(2), TAHP-1-TAHP-12.

TAHP. (2014). The Art of Health Promotion. American Journal of Health Promotion: March/April 2014, 28(4), TAHP-1-TAHP-12.

U.S. Department of Housing and Urban Development Office of University Partnerships. (February 2013). "Building Resiliency: The Role of Anchor Institutions in Sustaining Community Economic Development." <http://www.huduser.org/portal/>

Table 2: Grey Literature

| Grey Literature |
|---|
| Health and Productivity Climate Index – Presentation |
| Dimensions of Corporate Well Being – Report – HealthPartners |
| HERO – PHA Core Metrics – Executive Summary - 2013 |
| HERO Phase II World Café Report – 2014 |
| HERO – PHA Organizational Support Workgroup Final Report - 2013 |
| Environment and Culture White Paper – University of Michigan – 2011 |
| Healthy Chicago – NACCHO Final Presentation – 2013 |
| Drexel University Strategic Plan – 2012 |
| DOW Update Report – 2013 |

Communities of Health – Prospectus – Cigna – 2008

An Integrated Framework for Assessing the Value of Community – Based Prevention – IOM – 2012

An Assessment of Texas Health Resources – Report – Blue Zones – 2013

Culture Change Planner – Paper – Allen et al – 1998

Healthy Workplace Framework and Model – Report – World Health Organization – 2010

Building the State of Wellbeing – Report – Sigelman – 2013

Measure What Matters – Presentation – Edington and Associates – 2014

Optimal Healthy Workplace – Report- Samuelli Institute – 2013

Reaping the Rewards of Worksite Wellness – Report – Hope Health and Holtyn Associates – 2010

Healthy Chicago Annual Report – 2013

A Call to Action: Creating a Culture of Health – Report – American Hospital Association – 2011

CDCs Healthy Community Program – Creating a Culture of Healthy Living – Brochure – CDC

Interviews

To gain additional insight on the topic and to gather examples of measures currently being used, a series of fourteen expert interviews were conducted. Information gathered from these interviews was used to create examples for this report, gather additional resources, and provide insight and direction to the summary and the next steps of the initiative. Interviews conducted include:

Table 3: Expert Interviews

| Expert Interviews |
|---|
| Paul Terry, PhD Chief Science Officer StayWell |
| David Kindig, MD, PhD Professor Emeritus University of Wisconsin-Madison, School of Medicine |
| Jack Bastable National Practice Leader, Health & Productivity CBIZ |
| Nancy Spangler, PhD, OTR/L Consultant to the Partnership for Mental Health American Psychiatric Association |
| Jay Bhatt Managing Deputy Commissioner Chicago Dept. of Public Health |
| Erica Salem Deputy Commissioner Chicago Dept. of Public Health, Managing Director – Healthy Chicago |
| Jim Harter, PhD Chief Scientist of Workplace Management & Well-Being Gallup |

Nicolaas Pronk, PhD, FACSM, FAWHP
VP & Chief Science Officer
HealthPartners

Jennifer Flynn, MS
Health Management Strategy Consultant
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Judd Allen, PhD
President
Human Resources Institute

Lucy Kerman
Vice Provost
Drexel University

Jennifer Pitts, PhD
Co-Founder & Chief Strategy Officer
Edington Associates, LLC

Elizabeth Sobel Blum, MBA, MA
Senior Community Development Advisor
Federal Reserve Bank of Dallas

Rick Kozin
Director
Polk County Health Department

Examples

Included in this environmental scan are several examples of culture of health initiatives that include a strong measurement component. These examples are intended to provide insight into common ways measurement is utilized and the process of integrating measurement into community collaborative and business drive culture of health initiatives. Examples include:

Table 4: Report Examples

| Report Examples |
|-------------------|
| Drexel University |
| HealthPartners |
| DOW |
| Healthy Chicago |
| Health Polk |
| Blue Zones |

Measures, Tools and Models

The Organizational Support workgroup, part of the larger collaborative initiative between the Health Enhancement Research Organization (HERO) and the Population Health Alliance (PHA) to identify measures for employee health management programs, suggested in their final report that measuring

organizational support should include these components: a company assessment of key elements that play a role in the overall culture of health, the use of validated tools to self evaluate overall health efforts, the use of employee specific surveys to assess impressions of support and efforts, and the use of a tool that also gathers information on the opinions of employees and leaders regarding how supported they feel by the organization in key areas of health (TAHP, 2014).

Based on the literature findings as well as the HERO/PHA Organizational Support work and the expert interviews conducted as part of this report, the measures identified to be relevant to the concept of a culture of health can be categorized into the following three areas. These areas are specific to setting. Both environmental audits and self reported perception surveys are typically implemented in an employer setting while outcomes related to culture of health such as measures of wellbeing are often found in community settings. More detail on all three of these categories is below.

1. Environmental audits
2. Self-reported perceptions and satisfaction
3. Outcomes associated with culture of health

Employer Focused Measures

Environmental Audits

The foundation of a culture of health includes the environment and support available to the population. RWJF's view of the concept specifically mentions an environment that would allow for healthy choices (RWJF, 2014). Environmental audits give leadership an opportunity to assess those factors that could impact or contribute to the culture of health, and leaders then can use this assessment to develop strategies for change. Audits can assess only half of the true COH because they do not measure the perception of those individuals who are influenced by those cultural aspects measured in the audits, but are important none the less (University of Michigan). General areas assessed in most environmental audits include:

- Foundations
- Existence of and access to programs, resources, and initiatives to support and sustain health and wellbeing
- Risk Management
- Support for Positive Health and Well-being
 - Assessment of employee values, purpose, and positive outlook
 - Meaningful development opportunities
 - Programs, resources and initiatives to support and grow positive health and well-being
 - Job roles designed to provide meaningful work and develop employee passion
- Policy supports
- Medical Management

Table 5: Environmental Audits

| Tool Name | Developer | # Questions /Dimensions | Description |
|--|--|--------------------------------|--|
| CDC Worksite Health Scorecard | CDC | 125 | Includes areas on organizational support, implemented strategies for health promotion, and interventions |
| Checklist of Health Promotion Environments at Worksites | University of San Diego / National Workplace Health Project, Australia | 112 | Direct observation to assess characteristics of worksite environments that influence health related behaviors |
| Dimensions of Corporate Well-Being Scorecard | HealthPartners | 20 | Guide to help establish effective workplace programs |
| Environmental Assessment Tool | University of Georgia/Emory University | 122 | Assesses physical work environment and policies directly related to employee health management programs |
| DOW Healthy Workplace Index | The Dow Chemical Company | | Assesses nine elements associated with reducing risk and improving health and safety for employees |
| HeartCheck | New York State Healthy Heart Program | 226 | Public domain, validated tool assessing a broad array of areas associated with employee health management programs including organizational and administrative support |
| Checklist to Change | Wellsteps | 27 | Assesses current employer policies and environment related to health |
| Well Workplace Checklist | Wellness Council of America | 100 | Assesses an organization's progress in creating a worksite wellness program |
| HERO Scorecard | Health Enhancement Research Organization | | Designed to offer employers feedback on best practices and opportunities for improvement regarding health management programs |
| Shared Values Shared Results Environmental Audit | Edington Associates, LLC | | Assesses three main areas related to health management programs including employer |

Self-Reported Perceptions

Measuring the perception and satisfaction of individuals affected or influenced by the culture of health is an important component to the overall measure of the concept. While the environmental audit would gauge the current state of COH in the eyes of organizational leaders or human resources stakeholders, the self-reported perception measures seek to assess baseline and impact on individual employees to determine the success of organizational change efforts. Though several widely accepted and validated environmental audits can be found, our review of the literature yielded a smaller number of perception surveys that were available in the public domain and that have been validated as well. General areas incorporated into these surveys, both proprietary and freely available, include:

- Senior leadership;
- Perceived organizational support;
- Role modeling;
- Supervisor social support;
- Peer social support;
- Mood/happiness
- Self-perception of culture of safety; and
- Self-perception of culture of health and well-being.

Table 6: Self-Reported Perceptions

| Tool Name | Developer | # Questions /Dimensions | Description |
|--|--|--------------------------------|--|
| CDC NWHP Health and Safety Climate Survey | CDC / NWHP | 20 | Assesses the overall attitude of employees regarding the physical and psychosocial work environment |
| Lifegain Health Culture Audit | Human Resources Institute | 23 | Assesses the level of cultural support for avoiding health risk behaviors |
| Organizational Health and Safety Climate Leading by Example | Basen-Engquist University of Georgia/Emory University | 18 13 | Assesses the safety and health climate of a worksite Assess the management support for a healthy work culture and for health promotion programs |
| Health and Productivity Climate Index | Organizational Wellness and Learning Systems | 53 | Assesses local workgroup conditions and the impact of those conditions on the health, productivity and wellness efforts |

| | | | |
|---|-----------------------------------|-------|--|
| Perception of Environmental and Cultural Support for Health Survey | University of Michigan | 45 | Assesses employee perceptions of workplace environment and culture specific to supporting health |
| Worksite Health Climate Scales | Ribisl and Reischl | 65 | Assesses organizational support, interpersonal support, and health norms |
| Total You Health Values Survey | General Mills | 14 | Assesses supportive environment, healthy lifestyle attitudes, and knowledge/behavior |
| Perceived Organizational Support Survey | Eisenberg, University of Delaware | 36/17 | Measures a participant's perception of organizational support related to health |

Community Focused Measures

Outcomes of COH Efforts

Typically, COH efforts have been implemented and measured in a very defined employer or organization setting, but as COH moves beyond the walls of an organization and into the community, measures may be needed to assess the broad population outcomes that can be impacted by culture of health efforts. In recent years, measures of wellbeing have been developed to assess and monitor the health and overall wellbeing of entire populations, mostly at the community level. Several examples can be found at both the national and international levels, but in general, wellbeing indexes are measures typically reported on regular intervals at the population level and include the following domains:

- Happiness;
- Quality of life;
- Satisfaction;
- Engagement;
- Relationships; and
- Economic, educational, and cultural influencers of health.

Table 7: Outcomes of COH Efforts

| Tool Name | Developer | # Questions/Dimensions | Description |
|---------------------------|--|-------------------------------|--|
| Well-Being Index | Gallup | 6 Dimensions | Tracks six overlapping areas of wellbeing. In the U.S., U.K. and Germany |
| National Wellbeing | UK National Center for Health Statistics | 10 Dimensions | Wellbeing score includes measures focused on environment, social |

| | | | |
|---------------------------------|--|---------------|---|
| | | | and economic domains |
| Better Life Index | Organization for Economic Co-Operation and Development | 10 Dimensions | Designed for individuals to rate the 10 dimensions. Available in multiple languages |
| Canadian Wellbeing Index | Canadian Government | 64 Indicators | Focused on enhanced well being |

FRAMEWORKS AND MODELS

Measuring the concept of a culture of health (COH), regardless of setting, should include a strong foundation that both defines and frames the measurement effort. A COH measurement framework will add clarity to the measurement domains of the concept (i.e. what is included and not included) and can offer guidance during the implementation process as well. Through a review of the literature--both peer-reviewed and grey--and stakeholder interviews, the following COH related frameworks were identified for consideration.

Healthy Workplace Model - World Health Organization (WHO)

WHO created the Healthy Workplace Model as flexible guidance for any employer interested in taking steps to create a healthier workplace (WHO, 2010). At its core, the Healthy Workplace Model is built on the premise that, in order to achieve a healthy workplace, collaboration must take place between the various stakeholders. These stakeholders are placed at the center of the model and are surrounded by the processes that could be used to improve the health of the workplace. The larger circles of the model represent the content areas that influence health overall.

Figure ES1
WHO Healthy Workplace
Model: Avenues of Influence,
Process, and Core Principles

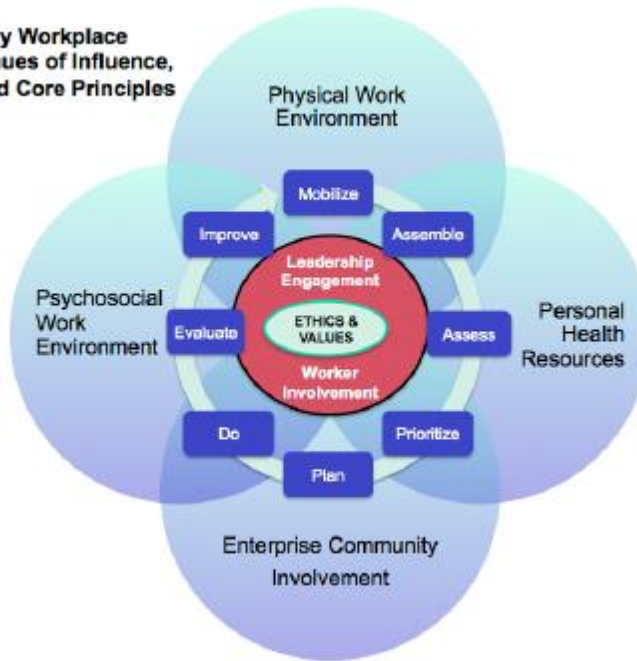


Figure 1: WHO Healthy Workplace Model

Optimal Healthy Workplaces – Samueli Institute

The Optimal Healthy Workplace framework was derived from the original Optimal Healing Environment Framework developed by the Institute several years ago. The workplace focused framework includes four environments and eight constructs that are

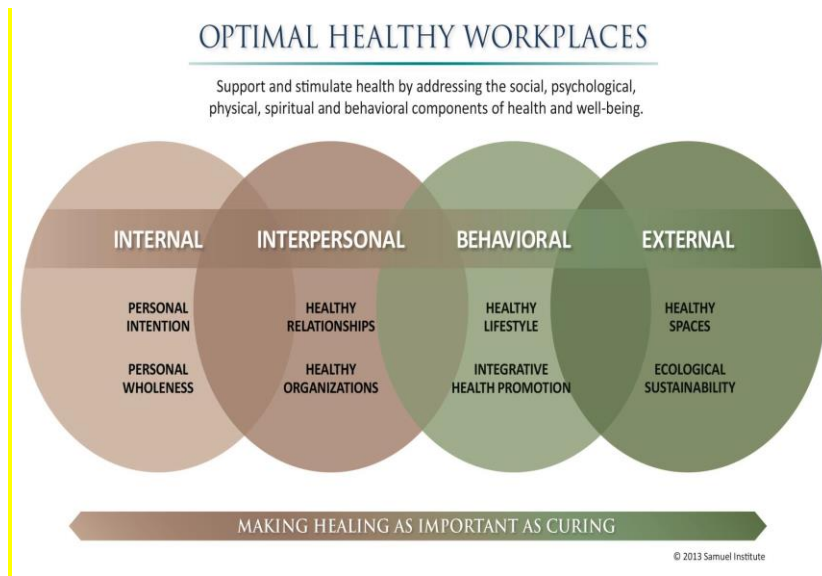
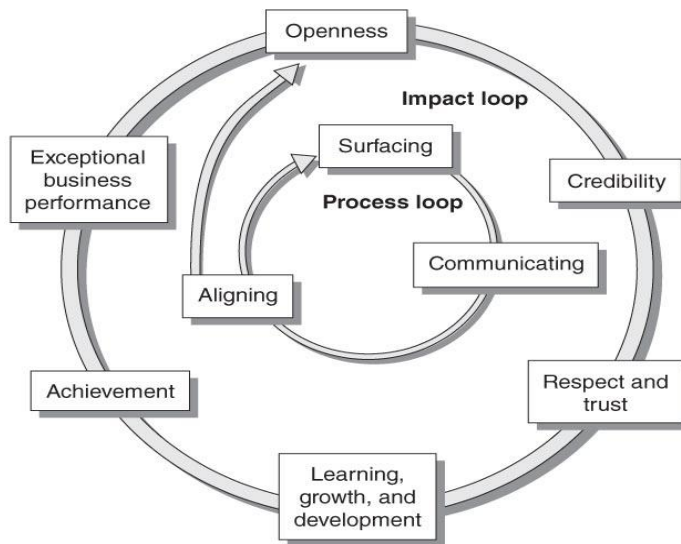


Figure 2: Optimal Healthy Workplaces Model

Culture of Health Model – Nicolaas P. Pronk, PhD, FACSM, and Calvin U. Allen, MBA, CHIE

Pronk and Allen (2009) introduced a model to support shaping of an organizational culture aligned with health and well-being. It represents the interactions and overlap of core values and performance in an employer setting. The interplay between three entities—personal values, organizational values, and business performance—gives rise to a culture of health. Pronk and Allen define culture of health for this model as “a workplace ecology in which the dynamic relationship between human beings and their work environment nurtures personal and organizational values that support the achievement of a person’s best self while generating exceptional business performance” (Pronk and Allen, 2009). The workplace represents a complex social system that is inherently dynamic and any culture of health framework or model benefits from recognizing the evolving and emerging properties of such a system. The framework depicted below includes a process and impact loop making it a dynamic change model. The model has been applied in the field (e.g., Richmond Wayne banking system in the U.K. and HealthPartners, Inc., MN) and has been externally validated by the HealthLead accreditation.



© 2009 Human Kinetics.

Figure 3: Culture of Health Model

Building a State of Wellbeing – PERMA South Australian Model

The Building a State of Wellbeing Model was developed as part of the South Australian effort to raise the wellbeing of the population. This model is part of the PERMA framework which includes positive emotion (P), engagement (E), positive relationships (R), meaning (M), and accomplishment (A). Not unlike raising the culture of health in an employer setting, the PERMA effort strives to raise the health and overall wellbeing of a community through leadership, interventions and measurement. The model expands on each of these concepts and visually acknowledges the interactions between the three (Seligman, 2013).

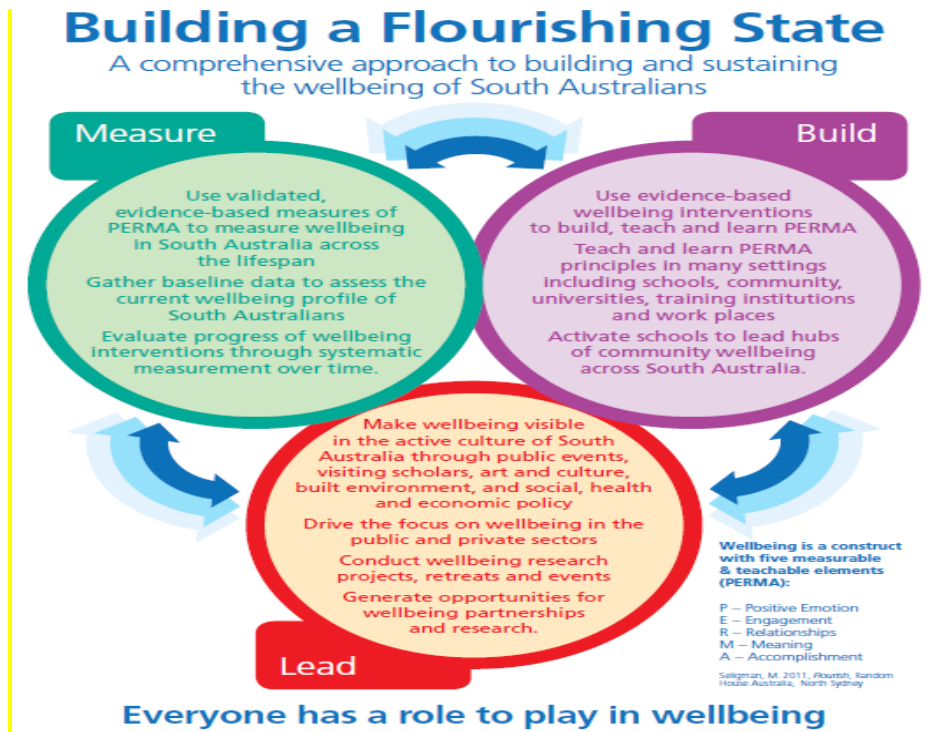


Figure 4: Building a State of Wellbeing Model

Shared Values Shared Results – Edington Associates

The Edington Associates model of Shared Values Shared Results displays the five pillars of a successful health management strategy embedded into the model with thriving employees at the very center (Edington, 2013). The model's goal is to describe and organize the attributes of a thriving workplace culture and environment to emphasize the process of creating shared values and shared results/success for both employees and organizations. Sharing values and/or appreciating the values of other stakeholders can help lead to meaningful impact and improvement for all involved (Edington, 2013).

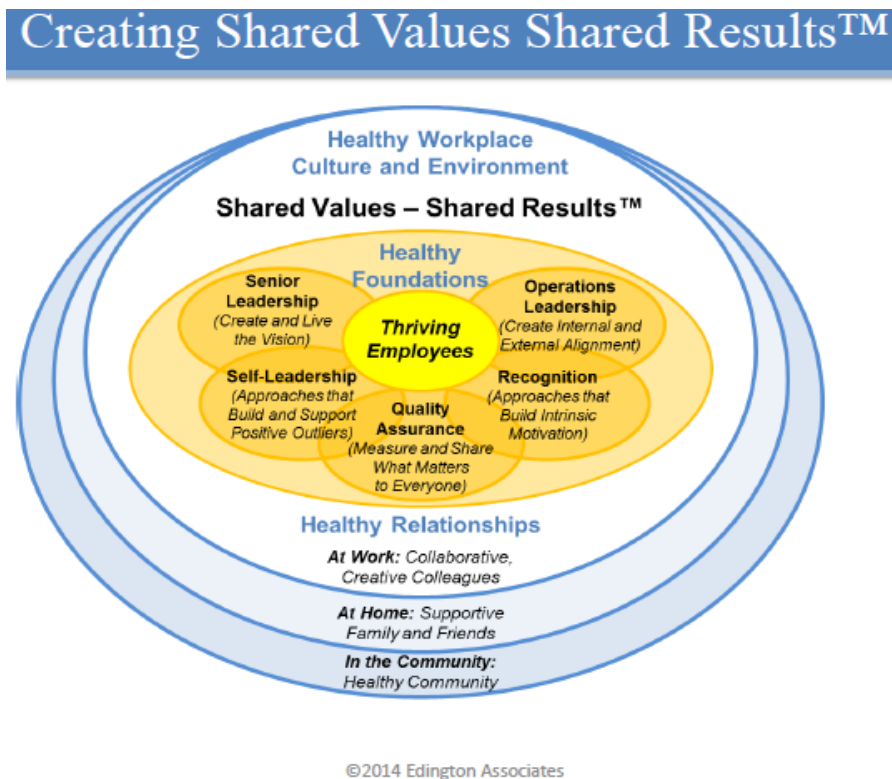


Figure 5: Shared Values Shared Results™ Model

National Wellbeing – UK Wellbeing Framework

The United Kingdom measures the national wellbeing of its population on a regular basis. The measures are organized into a framework of ten domains that offer insight into personal wellbeing and overall health through both subjective and objective measures (Office for National Statistics). Domains include personal wellbeing, relationships, health, what we do, where we live, personal finance, the economy, education and skills, and governance. The domains and the measures included in each are reported as an interactive wheel with drill down capabilities.

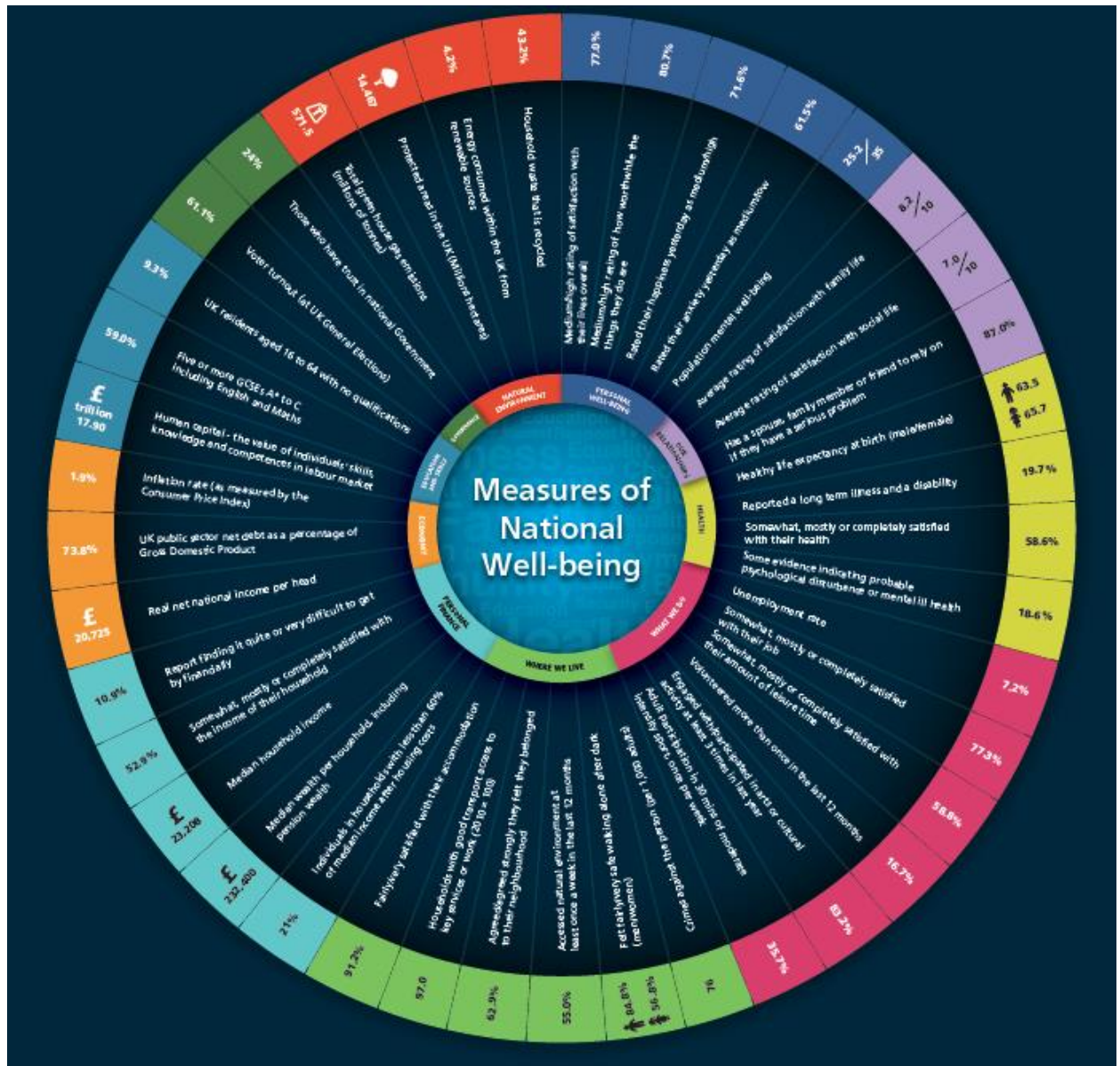


Figure 6: UK National Wellbeing Framework

Well-Being Index – Blue Zones/Gallup-Healthways

Blue Zones is a community wellbeing improvement initiative focused on making broad changes to the environment, policy and social networks. The Blue Zones model highlights five places in the world, “blue zones,” that point to shared lifestyle traits that contribute to health (Blue Zones): move naturally, right outlook, eat wisely, and belong. Blue Zones initiatives incorporate the Gallup-Healthways Well-Being Index® which includes measures associated with career, social, financial, physical, and community wellbeing.



Figure 7: Blue Zones Model

Culture Change Framework (CCF) – Judd Allen

The CCF was developed to bring clarity to the complex topic of changing a culture while also offering a process that organizes the steps one can use to bring about change (Allen et al, 1998). Each of the five areas outlined in the framework represents a different aspect of culture change with a small amount of overlap.

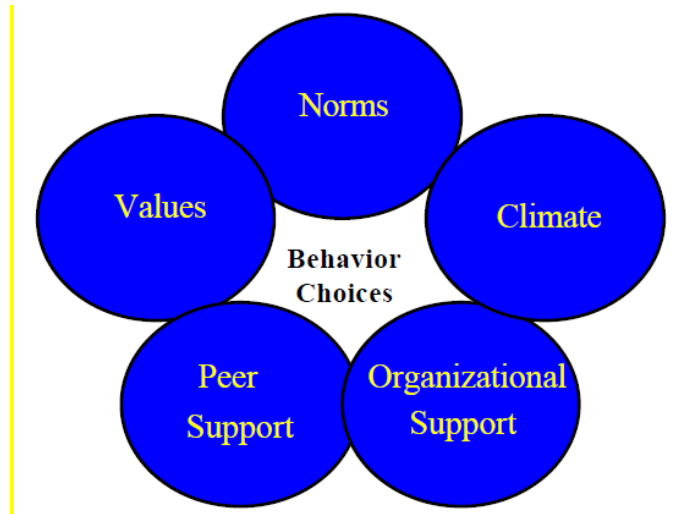


Figure 8: Culture Change Framework (CCF)

Core Elements of Culture – HERO Developing Framework (The Health Enhancement Research Organization)

The Health Enhancement Research Organization began researching employer related culture of health in 2011 during collaboration with the Population Health Alliance. The goal of the collaboration was to develop a set of measures that employers could use to better assess the impact of health and wellness programs. Organizational support (including culture of health) was one of the seven key domains explored during this work. The work has continued to evolve and recently a committee generated a developing framework of core culture of health elements. The group focused on elements they considered could be key influencers of culture in an employer setting (HERO, 2014). As with the measures, instruments and frameworks described above, this list was not weighted according to impact on culture.

Table 8: HERO Core Elements of Culture

| Core Cultural Element |
|---|
| Norms |
| Shared Values |
| Executive Leadership |
| Organizational Leadership |
| Communications |
| Recruitment and Selection |
| Metrics and Measurement |
| Policies and Procedures |
| Supportive Built Environment |
| Org Resources Allocation and Commitment |
| Employee Involvement/Empowerment |
| Rewards and Recognition |
| Peer Support |
| Push Back |
| Sense of Community |
| Shared Vision and Mission |
| Positive Outlook |
| Modeling |
| Orientation/First Impressions |
| Training and Learning |
| Relationship Development |
| Traditions and Symbols |
| Internal Customer Orientation |
| External Community Connections |

EXAMPLES OF COLLABORATION

A culture of health is a concept that is quickly expanding into community efforts and beyond (Porter and Kramer, 2011). Creating shared value and goals between different stakeholder groups for these community efforts will require solid metrics that will capture both short and long term progress. Each of the models below represents a collaboration facilitated by a different stakeholder group (i.e. public health, anchor institution, etc.). Initial review of these models suggests that there may be a correlation between the stakeholder group leading the collaborative effort and the measure set chosen for the assessment. This initial insight will be explored in more depth during Phase II.

In general, collaborative models will vary depending on many factors, but examples by facilitator type are included below. The models highlighted in the examples are currently deployed and can be used as a foundation for phases II and III of this initiative.

Anchor Institution Led Model

Anchor institutions are long-standing organizations in a community and are one of the largest contributors to the community wellbeing as a whole (US Dept. of Housing and Urban Development, 2013). Typically, anchor institutions tend to be academic institutions or health care entities such as hospitals or integrated delivery systems. These institutions often take a leadership role in community collaborations and initiatives by providing expertise, resources and support.

University Institution Example

Drexel University is located in Philadelphia and is one of the largest private universities in the country. Drexel is also one of Philadelphia's top 10 employers and considers itself a key partner in community efforts, striving to be one of the nation's most civically engaged universities. The University partners with community leaders to assess the needs of the community, develop strategies to address the identified needs, and measure programs on an ongoing basis. A key strategic focus over the next five years includes efforts and measures designed to raise the overall health and wellbeing of the communities that surround the University (Drexel University). Drexel's neighborhood partnership includes programs and measures in five areas:

- Schools
- Clean, safe, and sustainable environments
- Health and wellness for the community
- Livable and affordable housing
- Improvement in economic outcomes and opportunities
- Vibrant retail and commercial corridor

Health Care Institution Example

Health care institutions such as hospitals and health systems are often major employers in a community and are active in community health initiatives. HealthPartners is a large system located in Minnesota. The system partnered with Lakeview Health Foundation and many other community stakeholders to kick off the Powerup initiative. The initiative is a community wide effort focused on youth eating healthy and being active. The Powerup goals include:

- Reach Out in a positive way to encourage a healthy eating and activity environments;
- Be Strategic in a comprehensive approach based on promising research;
- Build on what is already working on a national and local level;
- Innovate and find new approaches that will work locally;
- Form positive partnerships with families, schools, business, health care, food retailers, childcare, faith communities, and the community;
- Focus on the geographic area served by Stillwater and Somerset School Districts; and
- Measure results along the way.

Measures to assess both the short and long term progress of the initiative are focused on outreach progress, engagement and participation. Current measures being tracked include:

| PowerUp Key Intervention/Resource | Reach (Jan 2013 through 1 st quarter 2014) | Results |
|--|---|--|
| Community Outreach Activities, games and information at local community fairs and event. | More than 35,000 people reached at more than 150 events | Majority of target audience aware and value PowerUp after one year of outreach. Requests for PowerUp at events is growing rapidly. |
| Open gyms Offered in partnership with 3 school districts as an alternative for family physical activity in cold weather months. | 30 open gyms in 3 communities, attendance ranges between 45-120 | Surveys indicate great appreciation by families for low cost physical play options. Attendance continues to grow. |
| PowerUp Kids Cook Classes Offered for two age groups in partnership with local cooking school and hospital dietitians | 18 classes with total of 325 attendees | 75% of attendees indicate that they will make a specific food behavior change as result of the class |
| The PowerUp Pledge A call to action for a family, a person, or an organization to PowerUp (powerup4kids.org/pledge) | Pledge included at events and website. | 700 have taken the pledge |
| PowerUp Food Coach Training Training food service and child care staff on methods to increase and positively promote fruits and vegetables offered | 205 staff trained | More than 9000 children are exposed to positive messages about fruits and vegetables. |
| PowerUp Sports Nutrition Playbook Developed at request of local coach to provide athletes and parents information about better food and beverage choices for athletes. | 300 athletes, coaches and parents reached. | Sports teams no longer provide sugar sweetened sports drinks to athletes, provide and encourage water. Parent volunteers lead changes in concessions at school events to reduce sugary foods and beverages and provide better choices. |
| PowerUp School Challenge A four-week, classroom-based, elementary school program with an assembly to generate excitement about fruits and vegetables. Students track fruits and vegetables on daily. Teachers, parents, and school food service personnel participate with lessons and activities. | 2013: 5300 students, 2 school districts, 3 other schools. 2014: 8200 students, 4 school districts, 4 other schools | Data from student trackers and parent and school surveys indicate that students are more interested in fruits and vegetables and are increasing intake as a result of the Challenge. |
| Website and social media Powerup4kids.org facebook.com/#!/PowerUpKids | 14762 unique website visitors 813 Facebook/ 75 Pinterest followers | Community response on website and social media grow consistently. Popular content includes recipes, "Veggie Voting" and letters to Chomp. |

Employer Led Model

The Dow Chemical Company employs over 53,000 people worldwide and has a presence in 36 countries. Dow is committed to the health of its employees as well as the communities where they live and work. As part of Dow's approach, the company has focused on creating a culture of health in the

company as well as looking at how they can positively influence and partner to create a culture of health in the communities. Internally, the company has created a healthy workplace index (HWI) to provide a scoring mechanism and drive progress on site based cultural and environmental conditions which contribute to a culture of health. These are elements that are in the control of site leadership teams and supervisors and not specific summary personal health parameters. The HWI was initially introduced in 2007 as a mechanism sites could elect to use as they set site goals and targets has grown very successfully. The number of sites involved and the level of achievement has continued to propel progress. Elements measured for this effort include:

- Tobacco policy adherence
- Access to health foods
- Access to physical activity
- Case management
- Stress management
- Workplace exposure improvement score
- Health surveillance and screening exam participation
- Medical surveillance requirement exam participation
- Healthy environment assessment

In addition, as part of their health strategy, Dow has examined the health of the communities where they operate using externally available data. This insight helps to set priorities and use various channels of action to positively impact the culture of health in the community. Through partnership with communities Dow works closely with community stakeholders to identify community priorities and to develop collaborative strategies. Dow considers measurement an essential part of these collaborative efforts and uses a variety of metrics from the County Health Rankings, The Commonwealth Fund, The Leapfrog Group, Gallup/ Healthways Wellbeing Index, and more. References with recommended / evidence based actions for community interventions are also incorporated into the initiatives. These include the Community Guide to Preventive Services (CDC) and the Roadmaps to Health resources. External data sources used include:

- County health rankings and road map to health
- Commonwealth fund
- Leapfrog group
- Gallup – Healthways wellbeing index
- Truven data for DOW specific claims information
- Community guide

Community Led Model

Healthy Chicago

The Healthy Chicago initiative is a community collaborative focused on raising the health of the entire diverse population of Chicago. The initiative that began in 2011 is led by an interagency council but relies on hundreds of partnerships with organizations and local businesses to support the effort. Overall, the effort includes 12 health-oriented priorities and 193 strategies ranging from obesity prevention to healthy homes. The initiative has selected 17 outcomes measures that include both health and environment related measures and include:

- % of adults who smoke
- % of high school students who smoke
- # of Chicagoans living in a food desert
- % of high school students consuming less than 5 servings of produce daily
- # of new HIV infection diagnosis
- % of high school students who have experienced dating violence
- Breast cancer death rates in non Hispanic black and white women
- % of adults who have been told by a doctor that they have high blood pressure
- Stroke death rate
- # of FQHC patients
- Percent of low birth weight births
- Birth rates for 15-19 year olds
- Infant mortality rate
- # of TB cases
- % of children with elevated blood lead
- Asthma hospitalization rate
- % of high school students missing school because of safety issues

Polk County and the United Way

Healthy Polk is a movement of individuals, businesses, and community organizations focused on improving the quality of life and health status of people in the community

In 2008, Polk County partnered with a large group of stakeholders including United Way on the Healthy Polk Initiative. Through a comprehensive environmental assessment that included gathering input from all stakeholders, including individuals living and working in the community, ten priorities were identified which include:

1. Devote additional resources to prevention and wellness
2. Provide youth with more way to be physically active every day in school so they learn to become active adults
3. Increase the availability of accessible, affordable public transportation
4. Make sure that all people living in Polk County have health care insurance coverage

5. Expand health coverage and services for families who can't afford private insurance but don't qualify for public programs
6. Ensure equal access for health care for all
7. Encourage more medical providers to focus on prevention, education and wellness
8. Empower more people to take responsibility for maintaining their health
9. Advocate for affordable, quality and safe housing
10. Ensure access to affordable healthy food for everyone

The initiative leadership is currently working with both United Way and Drake University to develop measures that offer insight into progress and opportunities for improvement within each of the ten priorities. This effort includes the development of a healthy community index which offers the county the capability to measure progress and impact over time. The healthy community index is a comprehensive measure of health behaviors, clinical care, social economic factors, and physical environment of the community. Still in its early stages, the initiative is still working to identify additional data sources to development measures that will assess the progress at the individual priority level as well.

The thirteen areas measured within the healthy community index include:

1. Adult obesity rates
2. Percent of individuals in poverty
3. Rate of confirmed abuse per 100 children
4. Percent of adults reporting poor or fair health
5. Percent of individuals (18+) with less than a high school diploma
6. Percent of children with elevated lead levels in blood
7. Percent of single parent households
8. Percent of individuals under 18 who have no health insurance
9. Air quality
10. Physical activity for adults
11. Percent of individuals who have no health insurance (18-64)
12. Percent of adults who binge drink
13. Percent of adults who are current smokers

Partner Led Model

The Blue Zones organization partners with communities to develop and implement a plan to raise the health of the community. The Blue Zones framework focuses on environment, social, and policy changes that contribute to the culture and the health of a community population. The framework includes nine guiding points, and the program incorporates the Gallup-Healthways Well-Being Index as its main measure to monitor long term progress. Additional measures used in the community initiatives to monitor shorter term progress include measures focused on both engagement and activity within the community effort. Economic indicators also monitored include:

- Decrease in health care costs or claims for City Worker measured by number of claims or trends in insurance premiums compared to comparable communities
- BMI
- Decrease in health care costs or claims of the Top 20 Employers
- Increase in property values
- Decrease in emergency room visits
- Lower transportation costs (e.g. road wear and tear because of decreased car usage)
- Decrease in traffic accidents
- Decrease in unemployment
- Absenteeism and/or productivity for top employers
- Increase of new business attracted to the area
- Increase in tourism or tourism dollars spent
- Others as well

Blue Zones initiatives are currently taking place in 15 communities across the United States.

NEXT STEPS

The information gathered for this environmental scan will serve as a springboard for Phase II of the initiative. Phase II will begin immediately following the delivery of this report to RWJF and will involve the selection of a set of culture of health related measures to test during Phase III. The process of selecting and vetting measures for Phase II will integrate the input of subject matter experts that represent a variety of thought leaders from the employer, community and research areas. This group will subject the measures, instruments and frameworks above to a methodical and thorough review that will inform the selection of a preliminary group of measures. A preliminary group of metrics will be based on criteria that will be developed by the HERO/RWJF team. Next, a Delphi method that incorporates a face to face subject matter expert convening session will be incorporated into this process to facilitate the determination of a final set of measures to consider for an Alpha test phase.

As this initiative moves forward into Phases II and III, issues for consideration include:

- Further exploration is needed regarding the role/impact of the facilitator on measures selected
- Final measures should include measures that already exist as well as measures that should be developed.
- Measures selected should be applicable to all stakeholders. With this in mind, the final set of measures selected will likely include one set that has applicability across all stakeholders, and another set that is specific to the needs of each stakeholder group.
- Further exploration is needed for both the tools and the frameworks included in this report. This exploration could include the development of a comparison matrix that could be utilized by the subject matter experts during the Phase II measure selection process
- Measures selected should be feasible to collect and actionable.
- Measures selected should align with stakeholder priorities.
- Measures selected should assess both short and long term progress.
- Further research and input is needed regarding the role of a common language and value identification in the measure selection process for community collaborations

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