

HERO FORUM



PROCEEDINGS

September 20-23, 2022
Omni Amelia Island Resort
Fernandina Beach, FL



REFLECTIONS ON HERO FORUM22

How the Choices We Have Influence the Choices We Make: Diversity, Inclusion, and the Integration of Lifestyle Medicine and Population Health Promotion.

Karen Moseley, President and CEO, HERO; Paul Terry, PhD, Senior Fellow, HERO

After more than two years of offering remote professional development opportunities, HERO was more eager than ever to greet our friends and members live and in person. The lush sunken forest and the mighty but soothing rhythm of the ocean at the Omni Amelia Island Resort in Fernandina Beach, Florida served as a wondrous backdrop for health and human resources professionals to learn and connect. The energy and gratitude expressed by all our attendees, first-timers and long-timers alike, reminded us how much our line of work attracts passionate people who love people. This year HERO is celebrating our 25th anniversary of leading in workplace research and education, which made returning to our longstanding tradition of convening the best researchers and educators in our profession all the more meaningful and joyous.

This year's Forum was designed to explore how the new ways we work are affecting business performance. We attracted over 65 presentations for this year's Forum, all responding to our theme's challenge to bring ideas about how to make lifestyle medicine and population health more inclusive and achieve greater health equity in our nation. It was a theme that acknowledged how these past few years have fundamentally changed so many of the choices we've all made about our work lives and personal lives; what we do, where we go, who we connect with and who we don't connect with. Our annual Forum is also our venue for honoring exemplary leadership in our profession. We urge you to take some time to read about this year's [HERO awardees](#) as we are certain you will find inspiration in their stories.



The importance of our Forum22 learning goals were affirmed by a [recent Gallup Poll](#) of over thirteen thousand US employees that asked what was most important to them when deciding whether to accept a new job offered by a new employer. Pay and benefits was most important with 64% of employees naming it as a critical factor. Coming in at a close number two, at 61%, was greater work-life balance and better personal well-being. Also telling, per our theme this year, is that for the first time in this particular poll, Gallup asked about diversity and inclusion. They found it ranks near the top with 42% of employees wanting a more equitable and inclusive workplace. As Gallup noted, employees are looking beyond platitudes. They want to see “substantive, concrete progress” with an “employee experience and employer brand that reflects” how diversity and inclusion will stay a priority.

Karen Moseley, HERO's President and CEO, hosted our opening panel presenters: John Quelch, PhD, Dean, Vice Provost and Professor, University of Miami; Dexter Shurney, MD, MPH, MBA, Chief Health Equity, Diversity, and Inclusion Officer, Adventist Health and President, Blue Zones Wellbeing Institute; and Eduardo Sanchez, MD, MPH, FAAFP, Chief Medical Officer for Prevention, American Heart Association. These leaders posited that lifestyle medicine and population health are too often occurring in siloes and too seldom reach the hard to reach. Foretelling the views of so many of the breakout session speakers to follow, these panelists urged our audience to take a more inclusive approach to lifestyle medicine and population health—one where accessibility and equity are priorities.

Not coincidentally, such fresh eyes have been guiding our strategic planning, learning agenda and research agenda at HERO. Related to this HERO adopted the definition for well-being that was recently embraced by “Healthy People 2030,” the set of national objectives developed for the US Department of Health and Human Services. Consistent with the new Healthy People report, HERO associates health with well-being and states that: “Well-being can be understood as how people think, feel and function, both on a personal and social level, and how they evaluate their lives as a whole.” An exemplary keynote presenter who captured the essential tenets of inclusivity that affects lives holistically was Jessica Halem, MBA, Senior Director of The Eidos LGBTQ+ Health Initiative at the University of Pennsylvania. Halem offered a powerful proposition that those who we do not measure are those we are choosing to ignore. Where many have been espousing the merits of bringing our whole selves to work, Halem thoughtfully parses between identity issues that need to be respected in the workplace and personal issues that are not relevant to work performance and are better left private.

When we recruit presenters for Forum, we focus on organizations with measurable outcomes to report. Two keynoters with memorable data to share about the connection between lifestyle and mental health were Gia Merlo, MD, MBA, DipABLM, FACLM, Clinical Professor of Psychiatry and Senior Advisor on Wellness, NYU Meyers College of Nursing and NYU Grossman School of Medicine; and Alyssa Vela, PhD, LP, DipACLM, Assistant Professor of Surgery and Psychiatry and Behavioral Sciences, Clinical Health Psychologist, Northwestern Feinberg School of Medicine. Both scholars have been active in advancing the American College of Lifestyle Medicine's learning agenda. Following on Dr. Shurney's keynote, they also emphasized that lifestyle medicine is now a medical specialty delivered by certified clinicians. Until a few months ago, definitions of *lifestyle medicine* were silent on who provided lifestyle medicine, with most of the definitions relating to the importance of improving health habits such as healthy eating, physical activity, and sleep. The new definition of *lifestyle medicine* more explicitly states that therapeutic lifestyle interventions can be primary modalities for treating chronic conditions including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity.

Drs. Merlo and Vela explained how lifestyle medicine “certified clinicians are trained to apply evidence-based, whole-person, prescriptive lifestyle change to treat and,



when used intensively, often reverse such conditions.” This bold promise that lifestyle medicine can reverse chronic conditions through intensive lifestyle change is certainly relevant to how people will *feel about their lives as a whole*.

Speakers throughout this year’s Forum offered success stories about how to employ the six pillars of lifestyle medicine: a whole-food, plant-predominant eating pattern; physical activity; restorative sleep; stress management; avoidance of risky substances; and positive social connections. These are the pillars that can treat conditions but also are vital to the effective prevention for these conditions. And consistent with our theme of inclusivity in population health, our keynote speakers from the Mayo Clinic, **Gretl Kruse**, MHA, and **Beba Tata**, MPH, focused on the social connections pillar and reminded us that “overcoming cultural barriers in mental health program engagement” begins by confronting the stigma associated with anxiety and depression. Working with a multidisciplinary team of experts, Mayo mapped barriers to access to mental health resources and embarked on a campaign to show Mayo employees that “it’s okay not to be okay.”

A primary aim for HERO is to put science into practice. That’s why our research is so often focused on understanding what readily accessible workplace factors relate to improving health outcomes in organizations. We organize an annual “Health Promotion Journal Club” at Forum, and this year we explored nothing less than an organization’s ability to improve how people think, feel, and function by reviewing the latest “Research on Equitable Approaches to Advancing Health and Well-being.” Our Journal Club host was **Sara Johnson**, PhD, Co-President and CEO at ProChange Behavior Solutions and Senior Research Fellow at HERO. Dr. Johnson was joined by **Wendy Lynch**, PhD, Founder, Analytic-translator.com; and **Jessica Grossmeier**, PhD, MPH, Jessica Grossmeier Consulting. Their presentations illustrated how tailoring well-being assessments and interventions requires a deep understanding of the interaction effects of multiple data sets. Where most program planners may analyze the connections between commonly used demographics and risk factors, these journal club members challenged us to consider how many more layers of information such as literacy, identity, ethnicity, and engagement can enable us to invent more inclusive approaches to reducing risks and enhancing well-being in organizations.

Delivering our closing keynote address was **Kerry Evers**, PhD, Co-President and CEO of ProChange Behavior Solutions. Dr. Evers is also Chair of HERO’s education committee where she leads our peer review process for vetting conference abstracts and helping us decide on our final lineup of speakers. We asked Dr. Evers to take on the daunting task of summarizing highlights from Forum22. Reflecting on our theme of how the choices we have influence the choices we make, Dr. Evers noted how choice overload can induce choice paralysis. Drawing from her behavior science expertise, she explained how too many choices take an emotional toll and can diminish life satisfaction. Being thankful for the things we already have can be a powerful tool for countering regret and FOMO (Fear Of Missing Out).

TOGETHER AGAIN!

Finally convening after two years, the Forum once again opened with a musical number from the talented HERO community.

Watch the Forum22 opening number here:
<https://youtu.be/AGjdmR1tpf0>



At next year's HERO Forum23, we plan to explore the connections between a company's accountability for environmental, social and governance standards (ESG's) and the employee health and well-being movement. We will feature companies that are leading in achieving ESG standards, and we will call on experts in organizational sustainability to share exemplary cases and research about how a focus on ESG can positively affect employee well-being. One of our closing keynoters offered a teaser for next year's theme in her presentation: "Is there a new employer/employee social contract?" **Tami Simon**, JD, Senior Vice President of Global Corporate Consulting at Segal asked whether the new ways we are working is a "moment, a movement, or a mirage." She shared data about how workers today, particularly younger employees, are valuing what is becoming known as "stakeholder capitalism metrics." These non-financial disclosures show how companies are supporting people and the planet as well as how they are diversifying their boards and leadership teams.

HERO has long held that employee well-being is a vital marker of a "good company." At Forum23 we will challenge our profession to exert leadership on sustainability disclosures that are aligned with community challenges, climate issues, and diversity and inclusion imperatives. In recent years, HERO has done our part to make the initials SDoH, CoH, and DEI commonplace in our professional vernacular. At HEROForum23 we will be doing our part to make ESG a movement, not a moment, such that ESG standards are understood as a formidable but attainable professional leadership opportunity. Please join us again, live and in person, as we carefully examine the intersectionality of, and synergies between, employee safety and mental and physical well-being and other related "stakeholder capitalism" measures.



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PRE CONFERENCE HIGHLIGHTS

The Great Healthcare Resignation:
Leveraging Employee Well-being as Part of the Solution



HERO Healthcare Summit 2022 Summary

Joel Spoonheim, MUP, and Julie Tauer, MBA, HealthPartners

Stress, burnout, and workforce mental health needs have increased the numbers of caregivers leaving the bedside and the greater healthcare industry. And while pandemic-related stressors contributed to this attrition, they also put a spotlight on pre-existing issues. As the demand for health services grows, the supply of workers declines, creating an expanding gap. As healthcare organizations grapple with the staffing crisis, performance challenges, and cost of total population health, employee well-being is an especially critical component in retaining healthcare workers while attracting new talent.

At HERO's 2022 Healthcare Summit event, a range of health and well-being experts, healthcare professionals, and healthcare administrators gathered to discuss solutions to the worker shortage and share stories of how others in healthcare are addressing the issues. Presenters shared extensive statistics demonstrating the problem's magnitude and drivers and explored opportunities for change. This summary will focus on various insights that emerged as frameworks, strategies, and tactics that individual care systems and the industry can adopt.

Lisa MacLean, MD, Chief Clinical Wellness Officer, Henry Ford Health System

- As the opening keynote, Dr. MacLean provided an overview of the many data points that help understand the sources of strain, compassion fatigue, burnout, and trauma impacting providers.
- Dr. MacLean stated, "you have to name it to tame it," encouraging all healthcare leaders and professionals to identify feelings of burnout, compassion fatigue, or mental health concerns.
- She framed the lessons learned for supporting workers by introducing the construct of our moving into the "Adaptive Age." In this era where the pace of change is constant and frenetic, and the internet of everything spreads fact and fiction without validation, the importance of values and feeling a sense of continuity between me, we, and the community is essential.
- Healthcare workers must refine their ability to control and change what they can and adapt to and identify what they can't. Those who can do this will survive and thrive during the "Adaptive Age."
- Practically, care systems need to nurture and hire compassionate leaders and invest in those leaders by further developing:
 - o Trauma-informed leadership skills
 - o Psychological First Aid Training
 - o Time for connection within the workday
 - o Skills for sharing appreciation effectively for each of their team members
 - o Solutions that deliver efficiency of practice, such as virtual scribes and meeting practices
- Successful clinician well-being programs focus on systems, prevention, flexibility, and autonomy, rather than self-care and resilience alone.

Laurie Hommema, MD, FAAFP, Senior Medical Director of Well-Being, OhioHealth

Dr. Hommema shared insights that drove OhioHealth’s change in nomenclature to reframe “critical incidents” as “career-at-risk incidents,” which, for this workforce where purpose, vocation, career, and identity are synonymous, can become “life-at-risk incidents.” Failure to see and address such connections can contribute to above-average suicide rates in the industry.

A broader list of critical incidents was identified, as seen in the table (right). From this, a list of six priority critical incidents was created: unexpected or difficult patient death, mass casualty/trauma event, significant patient safety event, death of a colleague, workplace violence event, and protective services escalation event. In these areas, the following care support timeline approach is deployed.

Critical Incidents

Patient-Related	Associate-Related	External/Other
Mass casualty event, mass trauma event	Death of associate – expected, unexpected	Active shooter/facility lockdown
Significant medical error/patient safety event (P1 and RCA)	Significant associate injury (work-related)	Code Adam/Silver/Black
Unexpected patient death – maternal, pediatric, neonatal (+ anything pediatric)	Death/injury/admission of associate’s family member	Man-made or natural disaster
Patient/visitor suicide/attempted suicide	Associate suicide/attempted suicide	Social media incident
Patient/visitor overdose	Associate overdose	RCA/ACA
Code Blue – unanticipated, prolonged, 1 st	Harassment/discrimination	Litigation/Deposition
Emotionally difficult cases – pediatric, unexpected, prolonged, unusual	Assault – physical, by patient/family, by fellow associate	Criminal behavior in workplace – by patient/visitor, by associate, violent, non-violent
Ethical case/moral distress	Assault – verbal, by patient/family, by fellow associate	Filing police report/police investigation
Caring for fellow associate	Organizational restructuring (e.g. loss of leader/positions within team)	
Caring for those we know (e.g. first responders)	Disciplinary Action/Investigation	

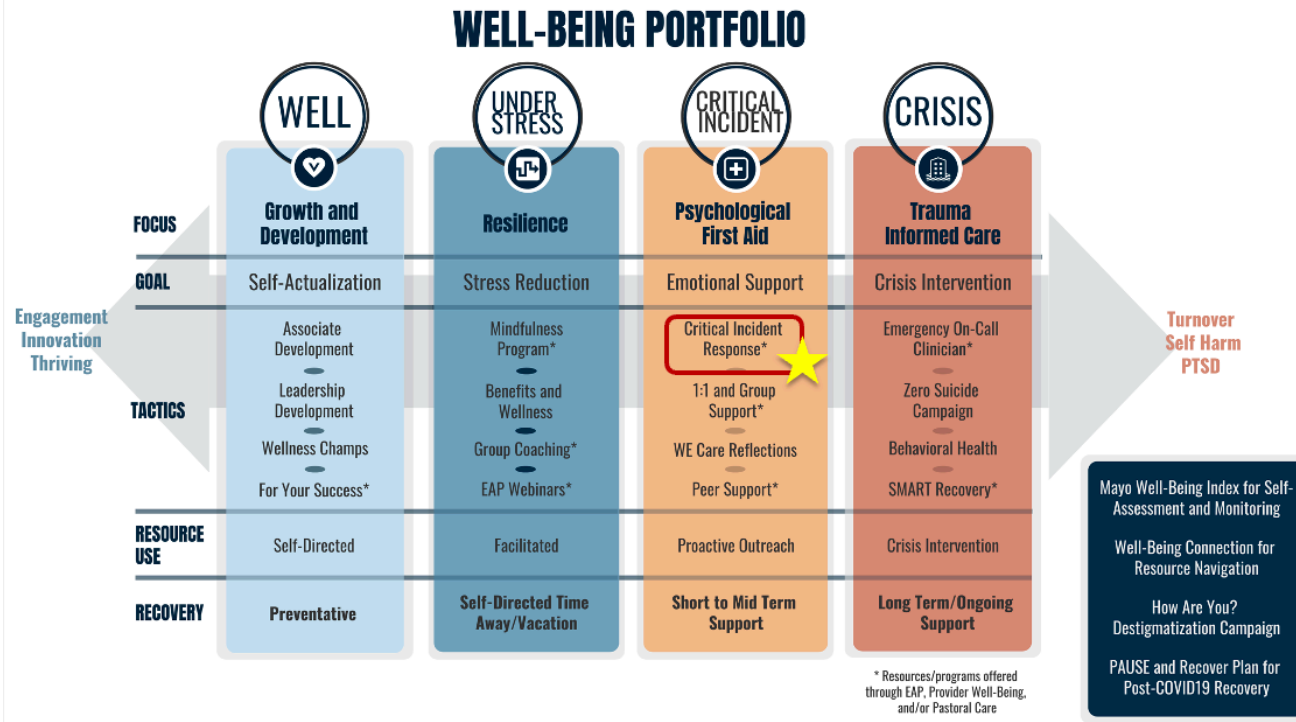
When combined, thousands of Critical Incidents occur every year!

WE Care Support Timeline



The “We Care” support program is a collaboration between the well-being center & Mission and Ministry at OhioHealth. This program houses the critical incident support team, the peer support program, and the Reflections group events.

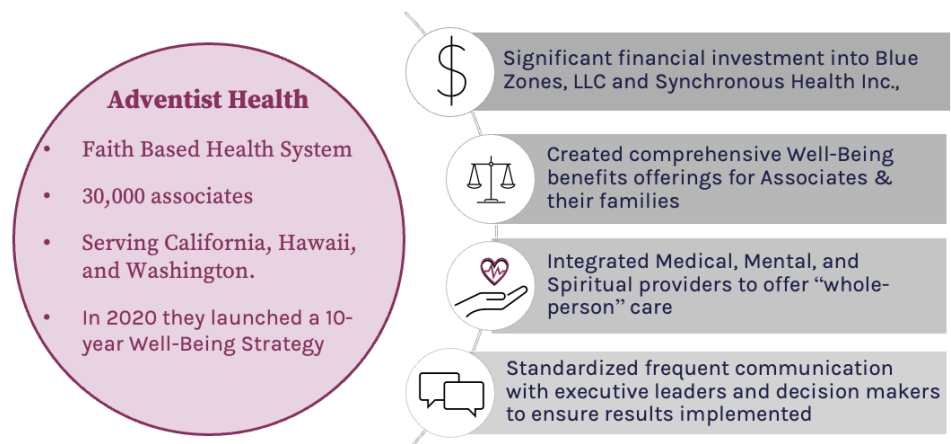
This critical incident response fits into a broader strategy captured in the well-being framework below. One specific element that can be overlooked is the decision to train and embed Chaplains and EAP for easy employee access.



Kati Lohr, LPC-MHSP, Chief Clinical & Talent Officer, Synchronous Health

Synchronous Health is rolling out across Adventist Health a solution that simplifies access to behavioral health supports for employees and their families with a breadth of real-time prompts, resources, and connections. The focus on real-time, relevant connection benefits participants significantly and results in faster access to care, lower no-show rate, and very high satisfaction.

Sample Health System: Who & What



Sharon Tucker, PhD, MSN, Associate Dean for Health Promotion and Well-being, The Ohio State University College of Nursing

Dr. Tucker focused on the nursing field and the unique elements facing this workforce. She provided data specific to nurses' issues, insights from focus groups, and recommendations from the research.

In certain instances, nursing practices are conducted that research indicates should be de-implemented, thus adding to an already overstretched workload. Additional de-implementation resources were shared.

- o **New \$5.3M Grant Funds First-of-its Kind Deimplementation Study**
- o **(Chapter) De-implementation By Iestyn Williams, Russell Mannion**

Eight recommendations highlighted to address the retention of nurses include:

1. Organizations can implement policies to ensure the safety of nurses and colleagues. At OSU, they have worked on patient education by posting signs stating: it is illegal to assault a care provider. Staff also have received ongoing de-escalation training. Providers are allowed to dismiss patients for violent or threatening behavior.
2. Staffing standards must be developed per patient specialties.
3. Flexible scheduling is critical with variable start times and shift durations.
4. Cross-training and enterprise-wide float pools allow nurses to rotate and pause from high-stress environments.
5. Staff breaks must be ensured along with professional development.
6. Addressing stress, burnout, moral distress, anxiety, and depression is a priority. Healthcare leaders should ask, "How do you stay well, and how can I support that?"
7. Include nurses in all stages of innovation development and planning.
8. Recognize that nursing is not an expense but an investment in patient safety and workforce retention; appropriate staffing is essential.

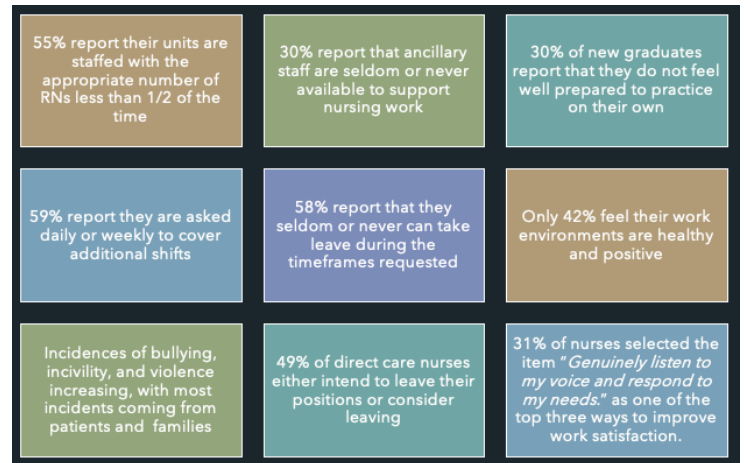
With nurse turnover rates at 50% after two years on the job, Dr. Tucker challenged organizations to develop partnerships with nursing schools.

Partnerships could include:

- Tuition reimbursement arrangements.
- Developing robust onboarding and support programs for new nurses.
- Emphasizing the importance of health & well-being behaviors and resources.

Throughout the day, healthcare system leaders and workers noted the nearly universal drivers being faced and impacts on operations and organization success. Participants expressed appreciation for sharing practices and the need to continue this regularly and with more systems. With the expanded engagement of care systems, HERO and industry professionals could frame and advocate for standards and best practices to improve the healthcare workforce's health, well-being, engagement, and retention.

HERO is considering additional learning opportunities to connect and support healthcare systems, thus allowing attendees to share research and best practices for tackling issues facing healthcare systems today. To share your ideas and be included in this work, please email HERO's Director of Learning Experience, Emily Wolfe, emily.wolfe@hero-health.org.



American Nurses Foundation. (2022). Pulse on the nation's nurses survey series: 2022 workplace survey. Nurses feeling not heard, ongoing staff and workplace issues contributing to unhealthy work environment.

FORUM 2022





Let's Get to What Matters by Addressing Workplace Spirituality

Jessica Grossmeier, PhD, MPH, CEO, Jessica Grossmeier Consulting

Spirituality has long been a dimension in a holistic approach to well-being, but employers have traditionally been reluctant to address it. The National Wellness Institute (NWI) included spirituality as one of six dimensions of employee wellness in 1976.¹ Ten years later, the inaugural issue of the *American Journal of Health Promotion (AJHP)* included an article by Larry Chapman, which issued a call to workplace well-being professionals to incorporate spirituality into their efforts.² Nearly 35 years after that 1986 issue, I edited a special section in *AJHP* to revisit the state of the field and found we've made little progress in responding to this call. When I asked Larry Chapman why he thought employers were so reluctant to address spirituality as part of their well-being efforts, he suggested there is confusion and apprehension about the difference between the terms "spirituality" and "religion." Due to the lack of clarity and the inherent overlap between the terms, there is an unwelcome possibility of controversy or conflict.³

As I've examined the published research in this area, I've learned that *religion* has something to do with how we think about, express, or act upon our beliefs about our relationship with the divine. *Spirituality* is highly related to this term, but it's much broader. It can include but is not limited to individual's beliefs about the nature of the universe, including the existence or lack of a universal transcendent force. In fact, even individuals who profess no belief in the divine can be spiritual. The word "spirit" is derived from the Latin words "spirare" (to breathe) and "spiritus" (the breath). It follows that "spirit" has something to do with the energy or force that upholds all life. This may or may not include beliefs about the divine.⁴

Dr. Lisa Miller is a clinical psychologist, a researcher, and a professor who has been studying the role of spirituality in mental health. In her book, *The Awakened Brain*, she talks about the research supporting this difference of definition.⁵ Twin studies conducted by geneticists have found that religion is environmentally taught, but spirituality is innate. Each person has an inherent, natural spirituality, with or without religion. We're all natural spiritual beings with a part of our brain that is spiritually perceptive and receptive. In fact, as much as 30% of spirituality is hard-wired and even inheritable. And she says that for many this is experienced through the lens of a learned faith or wisdom tradition that we are exposed to in our cultural environment.

Dr. Miller and her team have been using brain scans to identify the part of the human brain where spirituality resides. When they look at people who say they have a higher sense of spirituality, their brains look different than people who say they have a lower sense of spirituality. High-spirituality brain scans are healthier and more robust than low-spirituality brain scans. The high-spirituality brains are thicker and stronger in the same regions that weaken and wither in the brains of individuals experiencing depression. Those with higher spirituality experience less depression, less anxiety, and

are more resilient. Spirituality appears to protect against mental suffering. After decades of research, Dr. Miller asserts “. . . all humans are universally equipped with an innate capacity for spirituality and our brains become more resilient and robust as a result of it.” And she’s leading efforts to incorporate spirituality into mental health treatment.

When asked as an open question without offering up a definition, most people say they are spiritual. A recent study of US adults by the Fetzer Institute found that 86% consider themselves to be spiritual to some extent. While the number of people who say they are affiliated with a specific religion or faith tradition decreases every year, 86% people consider themselves to be spiritual.⁶

Though there is no consensus definition of spirituality, there is significant guidance in the research about how it’s been defined across many research studies. As I dug into the research on workplace spirituality, these are the three elements that came up in nearly every definition of workplace spirituality:

- Having a sense of purpose and meaning in one’s work.
- Having a sense of connection and belonging with one’s coworkers.
- Having a sense of connection to something bigger than oneself and finding an outlet for that through our workplace.⁷

When we talk about spirituality, we are talking about how these elements come together to inform how we view ourselves, our identity, sense of worth, and how we view ourselves in relationship to others in the world.

While many organizations may not want to include spirituality as a dimension in their well-being initiatives, I believe it is possible to talk about these three elements using more neutral terms. Some organizations are identifying the elements in their holistic well-being models, naming purpose, social connection, and community.⁸ Given the challenging issues facing workplaces today, the time is now to embrace a more holistic approach to employee well-being, one that recognizes the spiritual dimension..

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Building a Culture of Health: Capturing Meaningful Employee Data

Michele Bildner, MPH, MCHES, Project Manager, Non-Infectious Disease Programs, CDC Foundation; Stacy Becker, MPP, MSc, HSDP, President, Ross Becker Group; Barrie McClune, MA, HSDP, Organization Development Consultant, Ross Becker Group; Annie Fitzgerald, CHES, Manager of Well-Being Strategy and Health Solutions, St. Louis Area Business Health Coalition

The Workplace as a Source of Health and Wellness

Health is a costly thing for US employers with expenses measuring in the trillions of dollars a year. Perhaps it is no surprise that the corporate wellness industry exceeded **\$11 billion in 2021**, with an expected growth rate of 12.3% over the next five years. As one **market report** stated: “The high prevalence of extended work hours, heavy workload, and work pressure related issues are creating physical and mental repercussions, such as hypertension, heart attacks, and a feeling of instability among the employees...employees work under a lot of pressure and excessive demands.”

The market report was correct in its diagnosis. A large body of empirical evidence shows the workplace itself to be a significant risk factor for poor health, disease, and unhealthy behaviors. Ironically, there is scant evidence that wellness programs are making much impact.

The CDC Foundation, with the Ross Becker Group, and in collaboration with the St. Louis Area Business Health Coalition, investigated the relationship between work and health. We developed a tool, **“The Workplace Health Drivers Management Tool,”** to help employers better understand patterns of health and wellness in their workplace. This simple survey tool integrates a large body of empirical evidence, capturing meaningful, actionable employee data that can improve benefit and wellness investments, enhance recruitment and retention efforts, and support diversity and inclusion initiatives.

This HEROForum22 session presented the findings from pilot tests of this tool, which is different from other survey instruments and metrics employers are using to measure health and wellness. It provides holistic information (i.e., not disease or behavioral based) about the state of employee health and allows employers to see which workplace conditions are health-promoting and which may be harming health.

Measuring the Workplace as a Source of Health and Wellness

The survey asked employees to self-rate four aspects of their health and well-being and then how they experience their workplace. Questions are structured around five drivers of health: Job Demands, Worker Autonomy, Work Environment, Terms of Employment, and Non-Work



Determinants. Job strain—with evidentiary links to cardiovascular disease, diabetes, mental illness, alcohol use, smoking, obesity, and more—is a combination of high work demands and low worker autonomy. Job strain can be mitigated or exacerbated by the work environment. A sixth section inquires into wellness offerings.

The survey is 30 empirically validated questions that takes about 6 minutes to complete. The data can be filtered by division, geography, or job type to see whether and how key drivers differ across different parts of the organization.

What did we find? The tool was piloted in the St. Louis Metropolitan Statistical Area, as well as an area employer. First, the tool provides a useful depiction of the overall health for the group surveyed. Second, “more healthy” employees scored higher on every Workplace Driver of Health compared to “less healthy” employees. Third, less healthy employees reported less knowledge of, access to, and benefit from workplace wellness offerings. Fourth, healthier employees are more satisfied with their jobs.

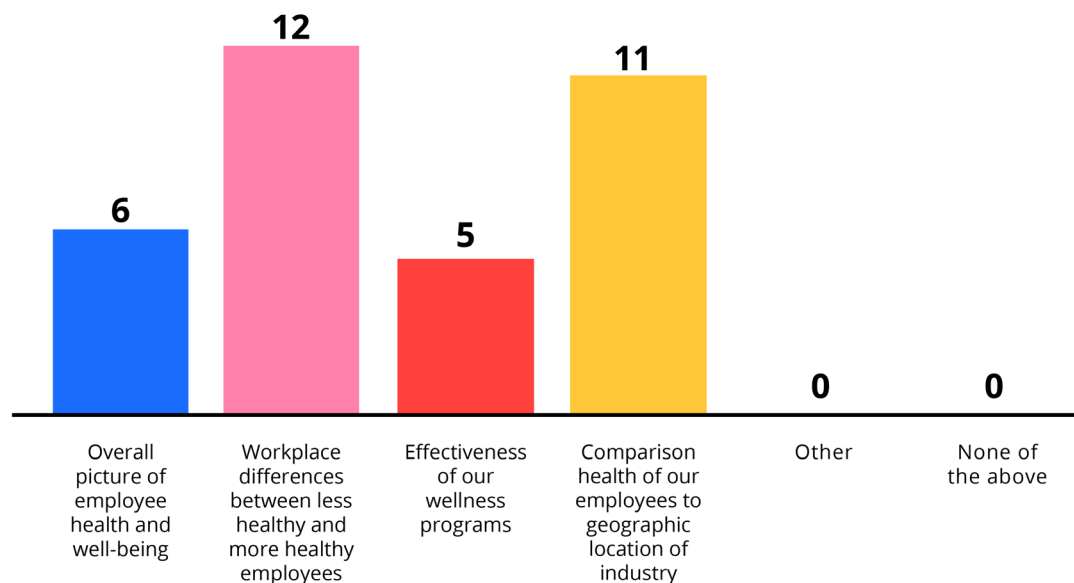
Because each driver is composed of a set of indicators, the data allow employers to see their biggest vulnerabilities as well as strengths in a way that points to action. For example, employees from the pilot employer reported greater emotional demands than the metro average but better mental health, suggesting that work environment efforts and the employee assistance program were effective (indeed, both rated very highly). On the other hand, the survey showed that less healthy employees were far more likely to say that they lacked the information and equipment to do their work. A simple remedy for this would be to ask supervisors to be alert to the needs of employees who may lack these resources.

Participant Response

The basic idea behind the tool is that the *workplace itself* is a source of, or detriment to, health and wellness—an idea well supported by empirical evidence, but not circulating broadly among employers and the wellness industry. We were interested in attendees’ opinions about the tool. Instant pools showed that (also see graphs):

- Just over half of the respondents were most interested in information pertaining to 1) the

What information would you be interested in having for your own workplace? (select all that apply)



differences between less and more healthy employees, and 2) a comparison to their geographic area.

- The biggest barriers to using the tool were 1) employees are over-surveyed (half of respondents); and 2) it's unclear what actions one would take (one-quarter of respondents).
- When asked to rate their interest in the tool from 1 (I hope it never sees the light of day) to 10 (this is the future of health and wellness work!), the average score was 6.7. With the exception of a large bump at 8, answers were scattered across the spectrum.

The Forum session concluded with a discussion between participants and presenters. Questions for presenters included how to benchmark against the geographic area while allowing for customization, and how privacy was protected for employee data. The presenters also asked the audience a question, "If employees are over-surveyed, do you feel like you are getting the kind of data you need to take meaningful action?"

On a scale of 1 to 10, how would you rate your interest in this tool?





Fight Burnout and Build Resilience with Virtual Well-being: How Business can Build a Burnout Toolkit

Juan Simons, PHR, CWWS, Wellness Program Analyst, GuideWell; Sarah Ziemer, Senior Vice President of Corporate Sales, Wellbeats

The unique stressors of the past two-plus years have pushed people to and beyond their breaking point, and the impact on the workplace is undeniable. Consider, for example, that **89% of employees** say they've experienced occupational burnout over the past year, **more than twice** the 44% of employees who reported feeling burned out in 2018.

This growth in burnout increases the risk for a broad range of health problems, including heart disease and diabetes. Further, it reduces employee efficiency while increasing turnover. In fact, burnout was the **most commonly cited** reason for leaving

a job last year, and **half of employees** say they have thought about resigning in the last 18 months because of mental health issues. All told, burnout adds between **\$125 billion and \$190 billion** each year in healthcare costs to employers' bottom lines and costs them \$3,400 of every \$10,000 in salary because of disengagement.

Employers recognize these challenges, and according to research from WTW, **86% identified mental health, stress, and burnout** as top priorities for 2022. Yet nearly half of employers had not settled on a strategy well into the new year, and those who have taken action often view their efforts more favorably than their employees. While employers rate themselves **7.6 out of 10** for their mental health efforts, employees rate their employers just 4.4 out of 10, and only **20% of employees** say their HR department has offered productive solutions when they have tried to discuss burnout.

Guidewell Strategies to Reduce Burnout

Burnout is a complex issue, and addressing it requires a multifaceted approach. At Guidewell, a mutual insurance holding company primarily focused on health insurance in Florida, efforts to reduce burnout have included providing an onsite fitness center and wellness classes through Wellbeats, a provider of on-demand, virtual well-being for employer well-being initiatives. Guidewell also supports mental health with employee assistance programs, virtual resources, and free coaching or therapy sessions. Further, flexible work schedules allow employees to schedule their work

IDENTIFY WORKFORCE BURNOUT

Burnout presents differently for everyone, but there are a handful of signs that might indicate an employee is struggling. Characteristics or behaviors to watch for include:

- Expressing low energy or exhaustion.
- Demonstrating detachment from or negative feelings toward their job.
- Cutting short or canceling meetings to free up work time.
- Taking shortcuts on processes or quality to complete activities faster.
- Making more mistakes in work or otherwise demonstrating a decline in quality of work.
- Missing deadlines.

around disruptions such as family illnesses or appointments, which can relieve stress and feelings of burnout from having to juggle multiple responsibilities while at work.

Other approaches to burnout include paid time off for volunteering, dedicated wellness rooms, and programs to build relationships among employees. Those relationships are significant because building social connections among employees helps people feel more engaged in their workplace, something that is essential when many employees continue to work remotely. DEI initiatives play an important role here because when a workplace culture embraces the diverse and unique characteristics of its members, it becomes easier for co-workers to connect and feel a sense of belonging or community. Guidewell has earned a score of 100 on the Disability Equity Index for its initiatives to support employees with mental health and caregiving programs, and it has been named a Best Place to Work for disability inclusion.

While no two efforts to reduce burnout will look exactly the same, every approach should include affordable, accessible, approachable, and personalized options. Employees need enough variety that everyone can find an option that appeals to them regardless of age, interest, or ability levels, and they need options that make sense for their personal experience.

A foundation for battling burnout

There is no magic formula for addressing burnout. The best way forward will depend on the circumstances of each individual workforce and workplace culture. There are best practices to keep in mind, however. Here are three tools that should be in any well-being toolkit.

- **Fitness:** Exercise increases self-confidence and improves sleep, and there is evidence that people who exercise regularly have better mental health and emotional well-being. In some cases, exercise can even be **as effective as antidepressants**. Connect employees with fitness activities that are easy to complete at their own pace and on their own schedule.
- **Nutrition:** With 95% of serotonin produced in the gut, what you eat plays an important role in mental health. Studies have found connections between high-sugar diets and impaired brain function, and bad nutrition contributes to worsening symptoms of depression and other mood disorders. Equip employees with recipes and cooking instructions that reinforce the value of good nutrition.
- **Mindfulness:** Burnout leaves people feeling overwhelmed and numb to the point they have nothing else to give. Mindfulness makes individuals more aware of their inner state, allowing them to recognize and address signs and symptoms of burnout or other mental health challenges before they become a problem. Introduce employees to mindfulness with simple exercises they can complete on their own, or with group exercises for the whole office.

Burnout is a pernicious problem because human minds tend to gravitate toward the negative and get stuck there, and the stakes for creating an effective response to employee burnout have never been higher. Developing a nuanced approach that addresses the needs of a diverse workforce will give employees the tools they need to address burnout and remain focused at work and happy at home.

ACCOUNTABILITY VS. EMPATHY

Uncertain how to support employee mental health while remaining productive? The key is finding ways to balance accountability and empathy.

- Educate managers on signs of burnout and how to have more helpful conversations with their teams.
- Make sure managers are aware of available wellness resources.
- Create a culture that supports real dialogues between employees and employers.

Healthy is Hard...Equitable Health is Harder

Tanya Little, MSc, Chief Commercial Officer, Vitality Group; Jesse Gavin, MA, Well-Being Director, Baylor College of Medicine

Baylor College of Medicine (BCM), a world-renowned clinical, education, and research institution, and Vitality, a leader in driving engagement in healthy behaviors to reduce healthcare costs for corporates and payers, have come together to share their learnings on what it takes for employers to achieve equitable and inclusive health and wellness outcomes.

Winning employer strategies to improve employee health and well-being

If your employees view engaging in your workplace wellness as one more thing on the to-do list, a thoughtfully designed well-being strategy can help lower employees' barriers to getting engaged and even make the experience fun and enjoyable. But what exactly does program design incorporate? It often depends on your objectives, but typically, it includes benefits offerings, using data to recommend the right activities at the right time in the right context, the rewards allocated to activity completion, communication channels, cadence, and content. Getting the design right is the first step to overcoming socio-economic and demographic barriers to getting and staying healthy. But even the best-designed wellness programs won't work if employees experience barriers to engaging. [Vitality's 2022 Engagement White Paper](#) identifies four key strategies to drive engagement: **1) the integration and use of intelligent incentives and benefits structures; 2) leadership support; 3) an effective communications strategy; 4) the establishment of a strong well-being Champs network.**



4 KEY STRATEGIES TO DRIVE ENGAGEMENT

1. The integration and use of intelligent incentives and benefits structures
 - Increasing the incentive dollar amount improves program reach and depth of engagement
 - Difficulty in achieving the incentive plan plays a significant role in the depth of engagement
 - Integrating point solutions drives higher engagement in specific initiatives and overall program
2. Leadership support
 - Direct manager support was highly significant, almost doubling engagement depth
 - Manager support starts with organizational leadership
3. An effective communications strategy
 - Frequent and deeply penetrating communications are a significant driver of participation
 - Successful communication requires a robust strategy that creates consistent, engaging, and innovative communications
 - Communications should come from not just one person but Champs (program advocates), senior leaders, trusted figures, and more
4. The establishment of a strong well-being Champs network
 - Strong Champs programs drive more robust engagement
 - Our successful clients lean heavily on their Champs network to promote initiatives and engage their members
 - More freedom and support from management
 - Inclusivity and representation are critical

Mental health inequity is on the rise. What can we do about it?

Vitality analyzed real-world data to understand how the workplace has further exacerbated the mental health impact of the COVID pandemic on employees. Here are five key takeaways:

1. Post-lockdown, 27% of Gen Z workers rated their mental health negatively versus just 10% of Boomers.
2. Across well-being dimensions, entry-level employees are much less satisfied than senior-level employees.
3. Younger employees feel socially disconnected and overwhelmed – only 43% of entry-level employees were able to spend more quality time with their families while working. In comparison, 60% of senior staff felt that they could.
4. Urgent attention is needed to attract and retain younger staff, enhancing well-being support and training, especially from managers.
5. While they have fared better on average, we should be cautious not to neglect older generations in the workforce.

Physical activity can prevent depression in at-risk populations.

A [Lancet](#) study found that a slight increase in physical activity (one low-intensity, 30-minute activity per week) significantly reduced the risk of depression for females. Employers can have a real impact by encouraging their workforce to be physically active to improve mental health, physical health, and workplace productivity. BCM offers multiple ways for their employees to be active, from their onsite gym, which makes working out convenient and affordable, to their flexible wellness subsidy that covers fitness equipment, online subscriptions, or classes at a local studio. BCM also hosts workout challenges and even has custom-designed StairWELLS, stairwells featuring motivational signage to encourage taking the stairs rather than the elevators, to further incentivize being active at work. The StairWELL enhancements have resulted in more stairwell traffic, leading employees to feel safer taking the stairs as well.

What targeted behavioral interventions can be implemented to help overcome barriers to health equity?

One of the best ways to engage members in their health is for them to take a health risk assessment (HRA) as they get started with the program. Our proprietary HRA, Vitality Age, gives individuals a snapshot of their overall health based on lifestyle choices – including diet, alcohol consumption, and exercise habits – and clinical risk factors such as blood pressure, cholesterol, and BMI. It's hard for members with poor health or other environmental barriers like financial issues to think about how to improve their future health. Vitality Age uses a behavioral approach and provides them with encouragingly framed concrete actions and next steps to help them get started.

In 2018, Vitality and RAND Europe published the [largest behavior change study on physical activity](#) based on verified data. It showed that Vitality incentives, combined with Apple Watch, led to significant and sustained increases in activity levels. The combination of the right technology plus the right incentives led to an average 34% sustained increase in activity – 4.8 extra days per month – across the full spectrum of Vitality participants regardless of health status, age, or gender. While “at-risk” members were less likely to take up the benefit, they showed greater improvements in physical activity than other groups when they did. Participants with BMI over 30 doubled their activity levels during the study period. Plus, offering the Apple Watch at a free or reduced price, allows all members to earn the device and take advantage of its benefit with few financial barriers. Additionally, a flexible and personalized approach is key. Vitality's vendor and partner ecosystem helps connect members to relevant resources they can choose to use, making the program more personalized to their needs and goals.

Effective communication can't be overstated. We conducted research with the RAND Corporation to understand the best way to communicate with people so they engage more in their health. Participants shared key pieces of health information that allowed us to create a personalized forecast about their future health and longevity. We found that if someone's health forecast was worse than expected, they were less motivated to make lifestyle changes that would positively impact their future health. To overcome this paradox, a specific communication approach is key:

- Simplify the message and give people actionable and realistic steps to engage in their health.
- Communicate one step at a time to avoid overwhelming people with too many lifestyle changes.
- Remember that different demographics experience unique barriers to healthcare.
- Be mindful of who delivers your message to build trust within your workforce.

BCM puts these behavioral tools into practice. To support all employees on their wellness journey, BCM provides resources to those who need them most and programs and tools to continue motivating those who are already living a healthy lifestyle. They continuously assess the incentives needed to motivate their diverse population and rely on Vitality's reporting, including health claims analyses, to help determine where extra support is required.

We know healthy is hard. Ensuring equitable and inclusive health is even harder. But, hard doesn't have to equal impossible. Employers can take concrete steps by working to overcome barriers. By looking to best practice examples like Baylor College of Medicine, following behavioral science, and supporting employees of all ages and demographics, employers can help achieve equitable and inclusive health and wellness outcomes. Imagine the impact on the US workforce if this was the norm rather than the exception.





Lifestyle Improvements Through a Plant-Predominant Eating Approach

Rebecca Kelly, PhD, RDN, FAND, CEO & Founder, Element Health, Inc.; Janet Calhoun MS, SVP and COO, Full Plate Living | Ardmore Institute of Health; Amy Hanus, BS, ACSM-EP®, Program Director, Full Plate Living | Ardmore Institute of Health; Pamela Payne Foster, MD, MPH, Director, Institute for Rural Health Research at the University of Alabama School of Medicine

Background

Limited research exists on a plant-predominant healthy eating program at the workplace. The HEROForum22 presentation delivered by four experts in the field of medicine, health promotion, exercise science, and nutrition focused on four elements: 1) an emphasis on a plant-predominant approach to healthy eating, leveraging the Full Plate Living (FPL) program; 2) results of a recent research study that assessed improvements in eating behaviors and health measures

among U.S. employees participating in a 16-week whole plant-predominant eating program using the FPL program; 3) a cultural translation of a plant-predominant approach among underserved communities with a case study of a healthcare provider living and working in rural areas of Southeastern US; and 4) an experiential exchange and meal assembly demonstration emphasizing the plant-predominant approach to eating.

Approach & Program

FPL is a project of the Ardmore Institute of Health. The Institute is a non-profit foundation working to impact the health of America and beyond. A focus of the Institute is to fund and share resources to advance lifestyle health and medicine among individuals, health care providers, patients, and organizations. Lifestyle health and medicine focuses on multiple pillars of health that are connected to improved health and prevention of chronic health conditions. One of the key pillars is healthy eating with a focus on wholesome, fiber-rich, plant-predominant food.

To enhance the knowledge of individuals working in corporate health and wellness settings, this presentation provided the landscape and impact of healthy eating through the use of the FPL program. FPL program is similar to many plant-predominant (based) diets to include the Mediterranean, Flexitarian, and Whole Food Plant-Based (WFPB) diets. Dietary approaches similar to FPL have been found to help prevent, delay, manage, and, in some cases, reverse chronic diseases, such as type 2 diabetes and hypertension, while helping to reduce body weight and cholesterol levels.

FPL nutrition program focuses on consuming whole foods that are high in fiber without dietary restrictions of specific foods. The approach emphasizes a dietary approach to include 75% consumption of fruits, vegetables, beans and legumes, whole grains, nuts, and seeds. These

foods are rich in fiber, vitamins, minerals, phytochemicals, and plant fats. The remaining 25% of the diet consists of plant-based protein sources, poultry, cold water fish, low-fat dairy and nondairy alternatives, eggs, whole grain breads, and plant-based oils and butter. This goal of FPL is to achieve a daily dietary fiber intake of 40 grams per day. The approach focuses on consumption of high fiber foods with adequate hydration with increased fiber consumption over time. The benefits of the FPL approach have been demonstrated in research settings in both communities and worksites. Increased consumption of fiber through higher intakes of fruits and vegetables occurred among Floridians recruited from a predominately African-American faith-based organization and community center who participated in a community-based FPL program.

A focus of the presentation involved the recent publication of an analysis of the FPL program delivered in corporate wellness settings with notable improvements in health measures and eating behaviors. The FPL program was delivered to adults as part of their corporate wellness offerings (n=72 employers). Following program promotion at the workplace, employees enrolled in the program and received weekly video lessons, FPL program materials, and additional online resources. Of the 6,820 individuals who enrolled in the program, data was drawn from 4,778 participants who completed the program. A retrospective analysis of repeated measures was conducted using participant data collected over a three-year period (2017-19).

Impact

The results of the research demonstrated significant changes between baseline and follow-up measures of eating behaviors to include servings of food and water, self-perceived health status and energy values, confidence values of healthy eating and weight loss, and body weight. During the 16-week program, significant improvements were demonstrated for all measured values to include servings of fruits (1.54 to 2.34), vegetables (2.05 to 2.87), beans (.63 to .99), nuts (.80 to .98), whole grains (1.27 to 1.58), and water (5.79 to 6.94) ($P < .001$). Rankings of perceived health (3.17 to 3.39) and energy ranking values (2.84 to 3.25) were also significantly higher after the program, as were confidence values (6.08 to 7.23) for making healthy food choices and losing weight (5.14 to 6.10) ($P < .001$).

Notable observations of the research study demonstrated that women are more likely to participate in nutrition and weight loss programs at a 4:1 ratio. Additionally, generational differences were noted in all areas of health improvement as baby boomers have healthier eating behaviors than Generations X or Y with lower rates of improvement. Cultural translation of a plant-predominant approach was also discussed with an emphasis on the opportunity to increase awareness and education of plant-predominant eating through better access, education of health care providers and community health workers, and identification of community resources and projects (i.e., community gardens). The session closed with a focus on meal makeovers to generate a 75% plant-based whole food approach to eating, while including a food demonstration of a burrito bowl.

Engagement

Through ongoing tools, resources, teams, environment enhancements, and facilitators, the Institute has made the FPL program available at no charge. FPL creates engagement among their participants through an online FPL community. Reinforcing tools include relevant weekly content delivered via email, social media, and a lifestyle blog and videos that engage audiences and keeps them motivated to stay focused on purpose and performance.

Future Direction

Chronic health issues are a concern for all Americans. Healthy eating with a focus on plants and whole foods has been shown to improve overall health status. The FPL program was designed to provide individuals and organizations with a solution for improved health through nutrient dense plant-predominant food choices. A substantial body of evidence already validates many dietary and behavioral components of the FPL program. Health care providers and corporations can use these findings to focus their efforts in a plant-predominant approach to include behavior change tools and resources to benefit their patients, clients, and participants. As with all lifestyle medicine approaches, longer term studies will be helpful in determining the value of plant-predominant approaches as a component of health improvement initiatives in community, healthcare, and corporate wellness settings.



The University of Iowa is Enjoying a Recharge

Megan Hammes, MS, MCHES, Senior Director, UI Wellness/University Human Resources, University of Iowa; Kerry E Evers, PhD, Co-President & CEO, ProChange Behavior Solutions

Looking at the Covid Pandemic through an employer lens paints a very challenging picture. Fifty-seven percent of workers indicate that their mental health has degraded since the start of the pandemic, and eight of ten workers are concerned with their mental health.¹ The story at The University of Iowa, a public research institution founded in 1947, is very similar to what is being seen across the nation. The University employs approximately 20,000 faculty and staff, including those employed at the Academic Medical Center, of which 66% are female. Nationally, it has been found that women are disproportionately suffering from work-related pressures, 1.5 times higher than males. A recent Microsoft survey found that 41% of workers are thinking of quitting.² Monitoring at the University has shown that there continues to be high emotional exhaustion, worse negative emotional states (depression, anxiety, and stress), poorer eating habits, and less exercise. The groups most impacted by the pandemic include on-site clinical workers, workers under the age of 40, and parents of young children.³

In the fall of 2021, the University of Iowa implemented recharge+™, an innovative, individualized, resilience-building solution delivered through tailored online communications and text messaging in an attempt to assist employees in increasing their resilience. Research has shown that high levels of resilience, defined as the ability to recover from or adjust easily to misfortune or change, are related to better well-being, improved mental and physical health, higher productivity, and lower depression. The recharge+™ program begins as an online experience that uses the REM (Resilience Evaluation Measure), a validated assessment of resilience, to provide users with a snapshot of their current level of resilience and immediate tailored feedback on how they can improve.⁴ Daily text messages then provide tailored guidance on how they can improve the three key drivers of resilience: resetting life's meaning and purpose, rethinking mindset, and reconnecting through strong social connections. The program captures participants' improvement over time and continually updates and tailors end-user feedback. In addition, administrators have access to on-demand reporting and insights about the population's overall level and progress in the key drivers over time which can assist with organizational-level programming.

The recharge+™ program was offered to all University of Iowa employees and staff who had previously completed the University's Personal Health Assessment (N=8537). In the first eight months of 2022, 3246 individuals completed an initial session with the program (38%), and 661



returned for a follow-up session (20%). While reminders were sent to individuals to return to the program at set intervals, no incentives are being provided to participate. Participants were doing the best in the area of reconnect (strong social connections), and the biggest opportunity for improvement was in the area of rethink (positive mindset). Of those who completed a second online interaction, 54% improved their overall level of resilience.

The initial scores on the REM averaged 66 out of 100. Individuals were segmented into three levels of resilience based on their overall REM score with 13.2% falling in the high range, 81.9% falling in the moderate range, and 4.9% in the low range. User feedback on the program was overwhelmingly positive with 72% rating it a seven or higher on the item “How likely is it that you would recommend this program to a friend or colleague?” (0-10 scale) and a 4.1 average star rating (0-5). Many users provided qualitative feedback as well, including “It’s so accessible...It’s so easy!”, and “It’s an easy, minimal effort program to do. Sometimes we need reminders to keep healthy habits in front of our mind.”

While the first months of the program have been successful for employees involved in the program, the rollout has faced several challenges regarding engagement. While individuals opt-in for text messaging during the online portion of the program, they also need to validate their phone numbers by responding to an initial text message. The rate of validation has been lower than expected, prompting additional education and instruction on the importance of validating the first message and the ability to opt out if it is something that employees decide they do not want to receive. Resilience measures and satisfaction of the program are significantly lower for those who do not receive daily text messages. Administrators of the program have been able to use the integrated reporting to identify the challenges and potential solutions, including getting both leadership and peer-to-peer support for the program, removing some barriers to participation, and integrating with the full complement of well-being programs for a true end-to-end experience.

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Highlights and Key Takeaways from Forum22

Kerry E. Evers, PhD, Co-President & CEO, ProChange Behavior Solutions; Chair, HERO Education Committee

Providing closing thoughts on four days of high-quality presentations, debates, and discussions among so many thought leaders is no easy task! Especially when, perhaps, the most impactful aspect of the meeting for me was simply being in person again with so many individuals I admire. It had certainly been too long since we were together. And while we missed those of you who could not make it in person, I hope that you can watch the on-demand recordings and read the proceedings to get a taste of the inspiring sessions! Perhaps the best way to reflect is to focus on the theme of the conference: “How the Choices We Have Influence the Choices We Make: Diversity, Inclusion, and the Integration of Lifestyle Medicine and Population Health Promotion.”

To frame my comments, I need to highlight a concept both Dr. Eduardo Sanchez and Dr. Jessica Grossmeier spoke about: the importance of context. Without knowing the context, we may misinterpret or misrepresent our findings. Several presenters brought context to the forefront by reminding us of the history of our field and related fields because, as one speaker noted, “We are where we are because of where we have been.” Context is especially important when discussing the first and perhaps most challenging theme -- the integration of Lifestyle Medicine and Population Health.

Dr. Dexter Shurney opened both the pre-Forum Lifestyle Medicine Workshop and Forum22 with a history of Lifestyle Medicine, its current definition from the American College of Lifestyle Medicine, and provided the context to how this definition came about. The definition is clear: Lifestyle medicine is a medical specialty that can be provided by certified clinicians¹. While establishing a definition, education requirements, and certification requirements for the specialty represents incredible progress for the field, it does raise the question articulated by Dr. Paul Terry, “Does this definition narrow our focus and push the work back downstream when so much progress has been made with upstream cultural and environmental solutions?” This is not to say that the current definition isn’t part of the ultimate solution. But if we limit ourselves to this definition, will it only expand the limitations in choice, and highlight gaps brought about by social determinants of health?

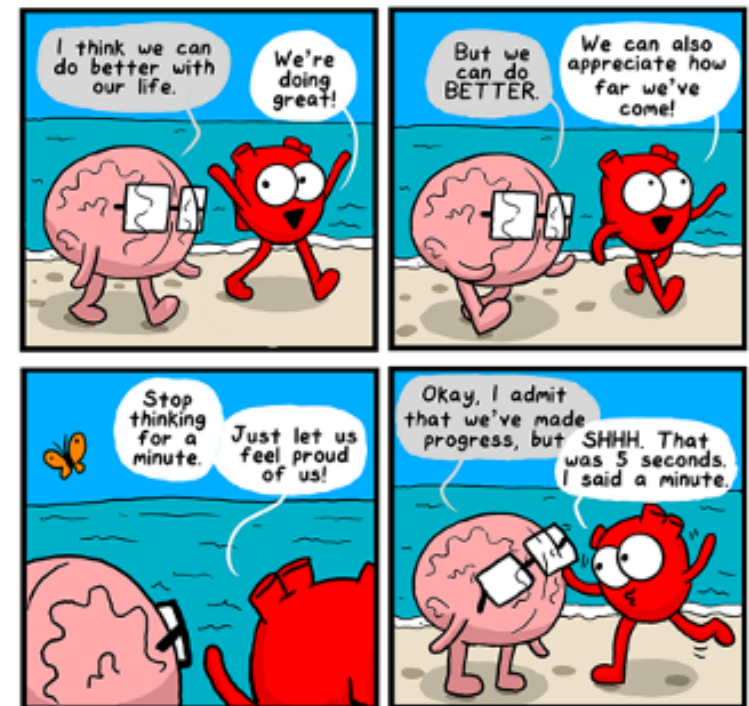
The Society of Behavioral Medicine suggests that virtually any degree holder may be qualified to provide disease management and prevention services.² Would our field benefit from expanding the professionals who can provide health promotion, workforce well-being, and other lifestyle programs? And while the challenge of reimbursement continues, wouldn’t we all benefit from not just fighting for reimbursement for medical professionals, but also for health promotion professionals? Some see these as two separate silos. But perhaps we should focus on how the two can build upon each other to intentionally integrate the approaches. Perhaps both Lifestyle Medicine as currently defined and population health can exist in the same house, as different levels of care, where a focus on diversity and inclusion would allow all to enter and receive services. And perhaps as workforce well-being professionals, we can be the ones to provide the context to accelerate this integration.

The second theme, diversity and inclusion, will be key for enabling us to move forward with this charge. This may best be viewed as the lens we use to view the integration of Lifestyle Medicine and Population Health. This year's Forum included so many inspirational and intentional reminders of how diversity and inclusion need to be front of mind informing our programs and strategy. As Jessica Halem reminded us, "If you are not measuring us, you are ignoring us." It is especially important to recognize all the forms diversity and inclusion can take. When thinking about Lifestyle Medicine and population health, how can we include the LGBTQIA community? What about the medically homeless who have no primary physicians? I also challenge us to think about the employers that may not even be at the table with us right now. Did you know that 31.94% of businesses are sole proprietors, and that 99.83% of employees work for businesses that have less than 500 employees? How can we address their needs?

The third theme focuses on how the choices we have influence the choices we make. Many Forum22 speakers focused on how individuals who do not have access to care or programs due to issues of diversity and inclusion have limits on their choices. Much of our culture believes that freedom of choice and making our own decisions in line with our individual preferences allow us to increase our well-being and happiness. However, while choices should not be limited, it is also true that having too many choices can be detrimental to our populations. Research has shown that being surrounded by an abundance of options can lead to frustration with the process, dissatisfaction with the outcome, and disappointment with yourself.³ This is not to suggest that choices should be limited by the circumstances of someone's life, but rather that there needs to be a compromise between just layering on option after option for the individuals we work with, leaving them with a lack of direction and decision fatigue. Rather, we should provide choices tailored to the individual that takes into account diversity, equity, and inclusion. As Dr. Jennifer Posa and many other speakers mentioned, simplicity needs to be a part of our work. I would argue that it is imperative that the choice of programs, treatments, and benefits we offer to our populations are neither limiting nor overwhelming.

And finally, while mental health was not in the title of Forum22, the phrase, "there is no health without mental health," was certainly a theme. Issues such as burnout, depression, and anxiety continue to be important aspects of our collective work. During the HERO Member Think Tank, attendees looked to several other countries for existing standards and guidelines for workplace mental health and discussed guidance, certifications, recognition programs, best practice examples, and measurement strategies. With impeccable timing, as many of us were attending Think Tank, news alerts announced that the US Preventive Services Task Force released draft recommendations for all adults under the age of 65 to be screened for anxiety.

If my own experience is any indication, at the end of Forum22, we were left with more questions than answers. Isn't that how we often feel after amazing engagements? Inspired, but overwhelmed upon returning to the daily challenges in our field? So as we often do in behavior change science, I suggest we all consider a few small steps we can each work on moving forward. I propose three post-Forum22 challenges for us all.



Heart and Brain

@theAwkwardYeti



- 1. Connect:** Reach out to a new colleague you were introduced to through Forum22.
- 2. Rethink:** Commit to bringing back one action you can implement in your work.
- 3. Reset:** What one insight can you implement in your own life?

1. Connect. It was wonderful to be in person for the first time in three years. But even if you weren't able to meet in person, I challenge everyone to reach out to one new colleague in the next month. Maybe a contributor to the proceedings, or someone you saw present on demand. It is only through a team-based approach, networking, and collaborating that we will be able to address all the questions and challenges that were raised during Forum22.
2. Rethink. Take one learning from Forum22 back to your team, workplace, or practice. It doesn't have to be a large, transformational, new program. As many of our speakers discussed, even something that seems small, such as the use of non-gender-based language, can have a major impact. And if we all commit to this, think of the collective impact we can have!
3. Reset. My last challenge to you is to embrace one learning from Forum22 to take care of yourself. This could be a gratitude practice, a lifestyle approach to address anxiety, practicing intellectual humility, or starting to monotask. If the research shows that 77% of employees are experiencing burnout,⁴ that means that many of those in the HERO community are also experiencing it. And it is only through taking care of ourselves that we will be able to move our collective work forward.

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"context is everything"

Brain Health

Bio-experiential design

Connection between rumination, interrupted sleep and mental health

86% people are spiritual

Every business is in the business of health

Moment, movement, or mirage

Schwartz Rounds

Context Matters!

Ask employees about their purpose

Spirituality is an INTEGRAL part of our well-being

What new word, concept, theory, or research did you learn at HERO Forum 2022??

Intellectual Humility

44% of workforce making \$10.65/hr or less

Moral Distress



