



2016 HERO Forum Conference Proceedings



3 INTRODUCTION

Getting Better and Better at the Work of Workplace Health Promotion
By Paul Terry, PhD, and Chris Calitz, MPP

8 HIGHLIGHTS FROM THE PRE-CONFERENCE HEALTHCARE SUMMIT

Compiled by Whitney Davis, MPH

11 GENERAL SESSION HIGHLIGHTS

Transforming Employee and Community Health Through Leadership
Michael Roizen, MD | Reported by Barbara Tabor

Building a Culture of Health: A Business Imperative
Howard Koh, MD | Reported by Barbara Tabor

General Session Panel Discussion: Consumers, Innovation and Well-Being
Moderator: Seth Serxner, PhD, MPH
Panelists: Cara McNulty, DPA, Jae Kullar, RD, and Anita Shaughnessy
Reported by Barbara Tabor

Leading in Well-Being: 100 Million Healthier Lives
Carley Riley, MD, MPP, MHS, FAAP

Shifting Dynamics in Health and Wellness
Lindsay Sears, PhD

What Is the Latest Research in Workplace Health Promotion?
Ron Goetzl, PhD

26 SELECTED BREAKOUT SESSIONS

Families and Communities

The Reciprocal Dynamics of Health Within Married Couples
Andrew Rundle, DrPH

Evaluation of a Physical Activity Challenge Using Wearable Fitness Devices
Michael J. Stauffer, MA, MCHES

Global

Tracking Workplace Health and Well-Being Best Practices Outside of the United States
Jessica Grossmeier, PhD, MPH | Howard Kraft, MS | Steven Noeldner, PhD, MS

Influencers

Leading Well-Being: Assessing and Enhancing Managers' Influence on Workplace Well-Being
Sara S. Johnson, PhD | Laura Putnam, MA | David "Crockett" Dale | Patricia Castle

Health Coaching: Into the Future
Erin L.D. Seaverson, MPH | Aubrey Olson

Measures that Matter

Measuring and Communicating What Matters
Jennifer Pitts, PhD | Dee W. Edington, PhD

The EEOC Enigma: Forging Ahead with Muddled Guidance
Barbara J. Zabawa, JD, MPH

GETTING BETTER AND BETTER AT THE WORK OF WORKPLACE HEALTH PROMOTION

By Paul Terry, PhD and Chris Calitz, MPP

French psychologist Emile Coue is credited for discovering the therapeutic power of “optimistic autosuggestion.” It’s that rather simplistic early-20th century idea that if we occupy our mind enough with select ideas, they become our reality. His well-known mantra was “Every day, in every way, I’m getting better and better,” and his research about the benefits of such self-talk was persuasive. Critics of Coue’s hypnotic-like methods, however, argued that consciousness altering may have short-term effects, but it’s not likely to evoke lasting change. In modern-day businesses and professional disciplines, getting better and better often starts with consciousness raising, but if quality improvement ideas are to take hold, they are invariably accompanied by additional resources for learning and assimilating them into our daily lives. Where this year’s HERO’s Forum was undoubtedly consciousness raising, it is in the spirit of quality improvement principles that we are pleased to present these the 2016 HERO Forum Conference Proceedings.

Growing Ambitions

Taken together, the articles in these Proceedings testify to Paul’s opening remarks at the HERO Forum about the growing ambitions we have taken on as health educators, human resources professionals, researchers, and healthcare administrators. Where supporting behavior change and lifestyle improvements were the coin of the realm in the health promotion field for decades, we are now

experiencing a fulsome embrace of the importance of social and environmental determinants of health. For scholars who have espoused the theoretical primacy of the social-ecological model for health since the 1950s, this wave of interest is likely felt as simultaneously exasperating and vindicating. Late to the party or not, our speakers advanced persuasive, evidence-based arguments concerning the power of purpose, the latent pull and intractability of culture, the insidious drag of health disparities, and the numerous ideas for ameliorating them.

As if adding environmental and social challenges to a lifestyle-change agenda that is also far from solved weren’t enough, our speakers also addressed the realities of stagnant employee engagement in America. To what extent do effective health promotion approaches also improve employee engagement? Judging from the international presenters in our Global Health Promotion track (see page 31), this intersection of individual health and well-being and employers’ efforts to make their workplaces into cultures that sustain high employee engagement is being examined worldwide. This trend made the theme of our pre-conference Healthcare Summit all the more timely, given that we asked: “Are your employees as healthy as your community?” Ironic as such a question sounds with respect to the health status of health professionals, our faculty offered ample evidence concerning the credence of the question. Thankfully, ideas about the

sources of troublesome health risks unique to health professionals were matched with promising examples of what health systems can do to build resiliency and support better life balance for caregivers.

How Can Employers Influence Employees, Families and Communities?

The theme of HEROForum16 was “Leading in Well-being,” and we challenged presenters to bring research, case studies, and stories about how employers can positively influence employees, families and communities. With growing ambitions and new ideas come new questions. At HEROForum16, many were answered but, fittingly in a fast-changing tech-abetted field, as many questions were posed as challenges for researchers and practitioners to investigate in the years ahead. Here is a preview of questions asked and answered in these proceedings.

Topic: Employers positively influencing communities

Question: Carley Riley, from the Institute for Healthcare Improvement, asked:

“What would it take to achieve a goal of 100 million people living healthier lives by 2020?”

Answer: It would take an unprecedented global collaboration of change agents working across organizations and communities to advance health, well-being, and equity. In her article, Riley notes “that the outcomes and determinants contributing to sustainable, equitable well-being occur at three levels – individual, community, and societal. 100MLives aims to learn how different community-specific determinants and outcomes relate to the overall measures of well-being.”

Question: Howard Koh, from the Harvard School of Public Health, asked:

“How would the training of business leaders be different if a culture of health was construed as a business imperative?”

Answer: A planning grant, funded by Robert Wood Johnson Foundation, combines the expertise of the Harvard Business School and the Harvard T.H. Chan School of Public Health to assess the feasibility of a unique collaboration.

Question: Michael Roizen, from The Cleveland Clinic, asked:

“What do leaders who are passionate about health and impatient with the status quo do differently in health promotion?”

Answer: They change the food supply, change smoking policies, flood resources to those in need, test legal boundaries, take risks, and become inured to critics and skeptics.

Topic: Employers positively influencing families.

Question: Andrew Rundle, from Columbia University, Mailman School of Public Health, asked:

“When one partner is trying to make a health behavior change or cope with symptoms or a medical condition, how do the responses and actions of their significant other affect outcomes?”

Answer: Spousal, couple-based wellness approaches make a positive, statistically significant difference in several domains.

Question: Dee Edington and Jennifer Pitts, from Edington and Associates, asked:

“What meaningful indicators of the value of health and well-being initiatives matter greatly for both organizations and employees?”

Answer: Measures that matter the most are those that help everyone understand how they benefit from health and well-being initiatives.

Topic: Employers positively influencing employees

Question: Sara S. Johnson, from Prochange, and her colleagues, asked: “We say leadership is important to building a culture of health, but how much do managers matter?”

Answer: Teaching managers to “do, speak, create” relative to well-being shows that they can influence 70 percent of the variance in employee engagement.

Question: Erin L. D. Seaverson and Aubrey Olson, from StayWell, asked:

“Can gamification of coaching principles motivate individuals to pursue mastery of new, healthier habits?”

Answer: Gamification mechanics such as digital dashboards and applying gamification tactics such as visual progress and reward cues can effectively augment traditional telephonic coaching interactions.

Question: Michael J. Staufacker, from Emory University, asked:

“Can we demonstrate that strong feelings of connectedness, as a key element of intrinsic motivation, can enhance work performance or improve health-related behaviors?”

Answer: We found group identification and cohesiveness helps keep the goals in focus. One of the largest employee wellness initiatives at Emory, an 8-week team-based “Move More Challenge” using wearable devices, resulted in an increase in daily activity, healthier eating, and more effective stress management.

Question: Barbara J. Zabawa, from the Center for Health and Wellness Law, LLC, asked:

“The Equal Employment Opportunity Commission (EEOC) issued the final rule under the Americans with Disabilities Act (ADA) on May 17, 2016. Did court cases brought against employer wellness programs affect the final rule?”

Answer: Under the final rule, the safe harbor does not apply to any workplace wellness program, regardless if it is tied to a health plan. The EEOC points out that the court decisions were wrong, even when using the safe harbor. The EEOC states that in neither case did the employer or its health plan use wellness program data to determine insurability or to calculate insurance rates based on risks associated with certain conditions.

Question: Jessica Grossmeier, from HERO, and Steven Noeldner and Howard Kraft, from Mercer, ask:

“How can the growing database from the HERO Scorecard, in collaboration with Mercer, be used for continuous quality improvement in the field of worksite health promotion?”

Answer: The data from more than 1200 company users of the scorecard shows which practices are correlated with better outcomes. For example, strategic planning is a “best practice,” yet only 56 percent of HERO Scorecard completers have a formal strategic plan in place to support their wellness program. The data shows other benefits from investing in wellness. For example, high-scoring companies reported employee turnover of 12 percent, compared with 15 percent in the medium-scoring group and 17 percent in the low-scoring group.

New and Better Ways to Promote Health and Well-being

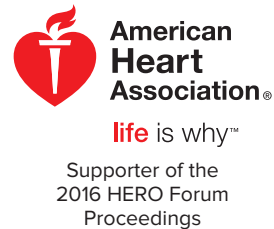
We fully appreciate the thought-provoking and mind-altering power of delivering an intensive learning experience such as we just offered September 26th through 29th in Atlanta, Georgia. Attendees felt the optimism, enthusiasm, and commitment to continuous improvement typified by health promotion professionals and business leaders investing in health and well-being initiatives. Still, it's a lot to take in, so these proceedings are written with the goal of offering those who attended HEROForum16—and those who did not—a resource for continuous learning and improvement.

Paul's preferred quality improvement methodology is "Kaizen," and his approach to education is often informed by Peter Senge. Accordingly, we have curated the content of these Proceedings to highlight those presentations felt to be exemplary of new and better ways to promote health and that we also consider most sustainable in organizations. Chris's work on behalf of employers advancing workplace health is steeped in research and evaluation, so we have also vetted our Proceedings according to the rigor of the evidence our presenters brought in support of these new ideas. We hope you find in these Proceedings the kinds of ideas and tools that will inform your strategic planning and program delivery in the years ahead. Our conference theme for next year's conference is "Engagement and the Emerging Workforce." We welcome your feedback on this year's Proceedings and we hope you see you at HEROForum17, in Phoenix, Arizona, on September 12-14, 2017.

Paul E. Terry, PhD, is President and CEO, HERO (Health Enhancement Research Organization) and Chris Calitz, MPP, is Director, Center for Workplace Health Research and Evaluation, American Heart Association.

Acknowledgements

HERO's thanks go out to the American Heart Association, who provided financial support for the development and production of these Proceedings. Jeanne Mettner led the editing and overall project management for this report. We also thank Emma Wheeler, for her work with contributing authors; Barbara Tabor, for reporting on our general sessions; and Jess Johannes, for her expertise in getting this report in its online publishing format.



HEROForum17

Engagement and the Emerging Workforce

September 12-14, 2017, Phoenix, Arizona



Our conference theme for HEROForum17 is “Engagement and the Emerging Workforce.” At the core of a successful company is a high-performing workforce, but national and global surveys show that productivity has been waning for decades and disengagement is now the norm. Our conference theme focuses on evidence concerning whether the emerging workforce may be fundamentally different from those of the past. Millennials are now our majority generation, and 8,000 Baby Boomers are leaving the workforce every day. What’s more, babies born today will grow up during the long-anticipated demographic shift to where America’s minorities are now the majority. And as recent reports of our national obesity rates starkly illustrate, our geographic, racial and ethnic disparities in health and well-being have never been greater.

HEROForum17 aspires to attract presentations that will fuel our growing ambitions as a field and position us for ever-greater opportunities to improve our effectiveness and broaden our reach. For decades, we have been solving for healthcare cost problems through risk reduction, and now we are also solving for stagnant employee engagement by advancing both health and well-being. We are building the employee/consumer case for wellness alongside the business case. And as HEROForum16 verified, we are finally embracing socio-ecological models for health and the influence of the built environment, families and communities in order to bolster our longstanding support of healthy lifestyles and individual responsibility.

Visit our **HEROForum17 web site** for our call for **Presentations for HEROForum17**.
Submissions are due February 1, 2017.

We hope you see you at HEROForum17, in Phoenix, Arizona, on September 12-14, 2017.

HIGHLIGHTS FROM THE PRE-CONFERENCE HEALTHCARE SUMMIT

Compiled by Whitney Davis, MPH

For the second year, HERO offered a pre-forum event especially for hospitals and healthcare systems to explore topics relevant to healthcare populations and how healthcare systems can positively affect the health of the communities they serve.

The half-day schedule featured panel discussions on “Hospitals Heal Themselves,” “Resiliency Training for Healers,” “Bridging to the Community,” and “Evaluating Community Initiatives.” Below are some highlights of the session.

Whitney Davis, Chief Mission Officer with Prevention Partners and Co-Chair of the Planning Committee for the Healthcare Summit, welcomed attendees with remarks about the unique needs and role that hospital and healthcare leaders can play in both employee and community health. Healthcare workers tend to be unhealthier than the general workforce, with higher rates of chronic disease as well as higher healthcare costs. A recent study cited in *US News and World Report* noted that 54 percent of physicians report at least one symptom of burnout. While hospital leaders have been examining the healthcare costs of their employees as well as how their health translates into the delivery of quality care for some time, a small but growing number of hospital leaders are also beginning to consider their role in community health. Thanks in part to a series of efforts funded by the Robert Wood Johnson Foundation, through the Commission to Build a Healthier America, we know that our zip code is more important than our DNA code, and that 80 percent of health improvement happens outside of the healthcare system. While those factors may lie outside of the hospital, it is the leadership of the hospitals in the

community and their role—many times as one of the largest employers in that community—that positions hospitals to be tremendous change agents.

Hospitals Heal Themselves

“Culture eats strategy for breakfast, lunch, and dinner.”

Dr. Linda McCauley, Dean of Nursing at Emory University

“We need to put the oxygen mask on ourselves.”

Dr. Bernadette Melnyk, Dean of Nursing at The Ohio State University

Dr. Linda McCauley, Dean of Nursing at Emory University, Dr. Bernadette Melnyk, Dean of Nursing at The Ohio State University, and Dr. Susan Johnson, Director of Health Promotion at the Medical University of South Carolina had a passionate discussion, moderated by David Schweppe, National Vice President with Kaiser Permanente, about the need to create a stronger culture of well-being for both medical students and healthcare professionals. The panelists noted that as incoming medical students begin their training, “we watch their health deteriorate.” In her opening comments, Dr. Melnyk cited a health screening of incoming medical students at The Ohio State University, which found that nearly 40 percent of students met the cut-off for depression on their way into medical school. Other challenges discussed by panelists included the dilemma of eliminating 12-hour shifts, knowing that fatigued healthcare professionals are three times more likely to make patient-related mistakes, when the culture of the

industry and employees demand longer hours. Despite the challenges, the panelists underscored the importance for nurses and doctors to “walk the walk.” Dr. Johnson remarked that healthcare professionals who are more engaged in their own health are more likely to talk about health to patients and to have greater confidence in having that conversation. Successful strategies noted by panelists to build a culture of health and well-being included: identifying wellness champions or ambassadors to lead a grassroots push for health and well-being among faculty, students, and staff; the development of an “innovation center” to identify and fund employee-generated proposals for well-being that meet the needs and context of their units; creating rest or sleep breaks for employees during long shifts; and initiatives to engage and ensure buy in from managers and supervisors. Lastly, panelists spoke to the need to better align the work with employee passions in order to prevent burnout and a “coma of complacency.” They suggested that changes to the “features and functions” of the job, such as considering optimal health as a critical job skill and looking for efficiencies in the system that will allow for more professional fulfillment and meaningful work, can support good health and help establish balance.

Bridging to the Community

**“Our employees are our community—
they are our neighbors and go to our
churches.”**

Dr. Susan Johnson, Director of Health
Promotion at the Medical University of South
Carolina

Led by Julia Resnick, Senior Program
Manager at the Association for Community
Health Improvement, Dr. Meg Molloy,

President and CEO of Prevention Partners, Jen Wright, Director of the Working Well initiative out of the South Carolina Hospital Association, Dr. Susan Johnson, Director of Health Promotion at the Medical University of South Carolina, and Mikelle Moore, Vice President of Community Benefit with Intermountain Healthcare, explored the role of hospitals in community and population health improvement. The panel discussed the need for hospitals to better align efforts and departments focused on employee health, population health, patient health, and community benefit, noting that the lines between employees, patients, and community are often blurred and overlapping. Mikelle Moore noted that Intermountain Healthcare’s objective is to take the same tools being used for employees, employers, and research and bring those to the community. Dr. Johnson described two initiatives that bridge between hospital and community (1)—the Charleston Healthy Business Challenge, a partnership among MUSC, Blue Cross Blue Shield of SC, and the Charleston *Regional Business Journal*, in which MUSC is sharing the strategies and lessons learned from their own employee health initiatives with other businesses in the community; and (2) Kids Eat Free at MUSC, an extension of the USDA feeding program through MUSC to reach the 90 percent of children in the community who qualify for free and reduced lunch, many of whom have parents who are employees at MUSC. Dr. Molloy and Jen Wright spoke to the power of partnership and collaboration, noting that hospitals cannot be expected to do it all in community health; however, the important role that hospitals play as leaders within the business community positions them to be catalysts for change.

Evaluating Community Initiatives

“Our community is anyone in our service area—not just the people who come to our hospitals.”

Dr. Ashley Anglin, Coordinator of the Atlantic Center for Population Health Sciences, Atlantic Health System

Toni Lewis, a Community Coach with the County Health Rankings and Roadmaps, and Dr. Ashley Anglin, Coordinator of the Atlantic Center for Population Health Sciences at Atlantic Health System, discussed data and evaluation tools provided through the County Health Rankings and Roadmaps (CHR&R) website and the practical application of those tools in the North Jersey Health Collaborative (NJHC). NJHC is working to strategically align the efforts and resources of healthcare, public health, and community-based organizations to improve the health of communities. Dr. Anglin demonstrated how NJHC used data from the Health Gaps Reports feature of the CHR&R site, along with other data sources, to help draw a straight line between social root causes and health outcomes at the county level and develop a community health data portal (www.njhealthmatters.org). Using the data portal, NJHC was able to narrow in on five priority areas per county, from an original list of 152 issues. Lewis and Dr. Anglin demonstrated how the “What Works for Health” feature of CHR&R helped to provide evidence and rationale for specific strategies that would address each health priority. Lastly, they spoke to the importance of developing an evaluation model with simple common sense language that moves quickly from talk to action. Dr. Anglin cited a “results-based accountability” framework developed by Mark Friedman that uses three simple questions to shape the evaluation plan for NJHC:

- (1) How much did we do?
- (2) How well did we do it?
- (3) Is anyone better off?

Resiliency Training for Healers

“There is a way to navigate to true success.”

Jennifer Hunter, Director of Wellness for Cleveland Clinic

Dr. Ron Loeppke, Vice-Chairman of US Preventive Medicine, and Jennifer Hunter, Director of Wellness for Cleveland Clinic, co-presented findings from an evidence-based stress reduction and resiliency program implemented within Bon Secours Virginia Health System and delivered by the Cleveland Clinic Wellness Institute (CCWI). Dr. Loeppke set the stage by speaking to the “triple role in the triple aim,” namely the roles of employer, provider, and insurer/ACO (or financial risk bearer) that drive hospitals and healthcare systems to prioritize population health and well-being. Bon Secours recognized focusing on well-being interventions to reduce clinician burnout would affect employee health and ultimately, the health of patients. Jennifer Hunter described Stress Free Now (SFN), a 6-week online curriculum with health coaches, and Stress Free Now for Healers, an adaptation of SFN focused on improving and preventing physician burnout. The goal of the programs is to practice relaxation techniques four times a week for 6 weeks. Findings from the implementation of SFN and SFN for Healers at Bon Secours Virginia suggested that participants in the program who practiced relaxation techniques at least three times per week lowered their perceived stress, emotional exhaustion, and feelings of depersonalization for the patient, and increased their sense of personal accomplishment in their work. These findings were sustained at 8 weeks, at 4 to 6 months, and at 7 to 15 months follow-up periods.



GENERAL SESSION HIGHLIGHTS

TRANSFORMING EMPLOYEE AND COMMUNITY HEALTH THROUGH LEADERSHIP

Michael Roizen, MD

Reported by Barbara Tabor

- The mission of the Cleveland Clinic is to care for the sick, investigate their problems, and educate those who serve.
- Cleveland Clinic is #2 overall in patient care and #1 in heart/vascular care.
- We believe that if we want to lead, we have to be great at preventing illness, not just caring for illness.

As a country, we have to transform from volume-based care to value-based care, but we don't know what that looks like. We know we are at the tip of the iceberg, and we have to keep people well. While our aging population, the influx of new technology, and increased access to care due to the Affordable Care Act is increasing healthcare utilization and cost, it is also anticipated that in the next 10 years, we will surpass the level of healthcare spending that was previously projected for the next 70 years.

Consider Type 2 diabetes prevalence in the United States. It is projected that we will see this disease state increase 5- to 8-fold in the next 30 years, which surpasses our anticipated population increase. It is also projected that we will see continued significant increases in total hip and knee replacement and the treatment of dementia.

If unchecked, the influx of chronic disease will produce an extreme state of healthcare rationing. From 2000 to 2015, every dollar of productivity gain by business has been used up by medical costs. On an individual level, medical costs also are significant factors in income inequality.

Four factors cause 84 percent of all chronic care expenses:

1. Tobacco use
2. Food choices and portion size
3. Physical inactivity
4. Unmanaged stress

The amount of calories consumed by the average American increased 2 percent, compounded annually from 1983 to 2000. That's 250 to 300 calories more per day. For some reason, in 1983, we decided as a country that we could eat as much as we wanted, whenever we wanted. This behavior change is contributing to the increase in chronic disease.

Consider also the fact that 50 percent of men and women say they do less than 10 minutes of exercise per day. Not surprisingly, average BMI has increased .37 percent per year (1/25 pounds), so the average person now weighs 25 pounds more than they did 18 years ago.

And then there's stress, which shrinks the brain cells in the hippocampus, affecting our memory. Stress also affects us in other physical and emotional ways, decreasing our well-being. Health coaching programs have been shown to have a positive impact on stress.

What has the Cleveland Clinic done to address these trends?

Starting with tobacco use, we made a bold decision to stop hiring smokers. We also removed sugary snacks and foods from the workplace and eliminated fast food

in our hospital food system. As a result, employees in the weight management program at Cleveland Clinic have seen BMI decrease, which is also reducing our employee medical spend.

Extending behavior change to patients.

Opportunities to engage in behavior change have been integrated at every point in the health system, so no matter where you are in your journey, you should encounter something that motivates you to change your health behavior. For example:

- We now offer health coaching via email, so patients and employees can participate at any time, anywhere.
- Health coaching has been integrated into our care paths for different conditions and health situations.
- We now offer programs based on geography, for both employees and patients.

Most people don't know that if they change something very small, it can make a significant difference in their health outcomes. This integrated engagement model strives to change that level of awareness.

Transforming health through leadership.

The Cleveland Clinic program is a CEO sell because leadership has to buy in and be involved if you want to transform healthcare. "You might as well pee in the ocean if you don't have the CEO involved in changing healthcare in your organization."

Lessons to be learned from Cleveland Clinic for transforming health through leadership:

- Think culture change (a la Toby Cosgrove, MD, president and chief executive officer of Cleveland Clinic).
- Create "aha!" moments (i.e., using virtual reality to show people their future self if they don't change their behaviors).
- Knock down barriers and make it free.
- Make it the easiest choice (i.e., removing sugared beverages at the workplace).
- Incent it, big time.
- Offer multiple programs.

Why should leaders invest in wellness?

Wellness programs have been shown to decrease direct and out-of-pocket medical spend, increase disposable income for employees, and change the culture of an organization and its community to be one where people want to work and live, while increasing a company's productivity.

We have to stop the influx of chronic disease for our country, our society, and the world as a whole. If any healthcare organization is going to be a leader, they have to focus on preventing chronic illness. And as a population, we need to realize that it's our opportunity and privilege to live longer.

Michael Roizen is Chief Wellness Officer at the Cleveland Clinic.

BUILDING A CULTURE OF HEALTH: A BUSINESS IMPERATIVE

Howard Koh, MD

Reported by Barbara Tabor

The United States is not achieving the health outcomes we need as a nation. Our population is aging and becoming rapidly diverse, and our healthcare system and approach to public health also needs to change.

Cross-sector collaboration is key in government and in the workplace because it forces you to think about public health in the broadest terms and to reach out to a diverse sector of people. This cross-sector collaboration is essential to elevating the health of our country.

Public health follows a social ecological model, which starts with a focus on improving the health of the individual (the least impact) and extends through interpersonal health, institutional approaches, community health, federal and state government programs, and finally, international health (the greatest impact).

To implement a public health approach, we need to understand what influences health. These social determinants of health have been defined as:

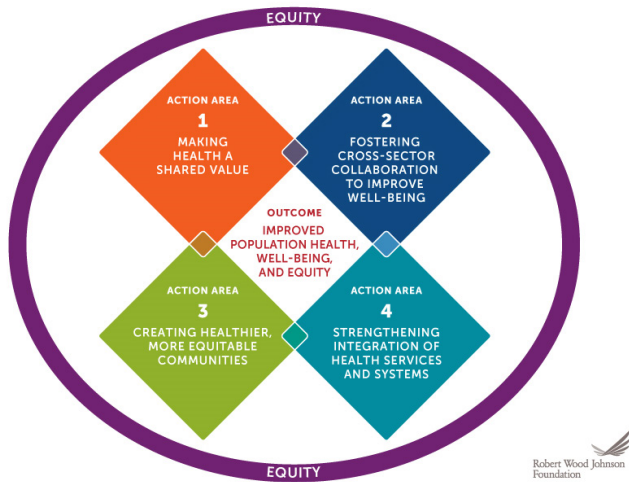
- Where you live
- Where you labor
- Where you learn
- Where you play and pray
- Where you receive healthcare

Business and the community are integral to all of these factors, which means that in order to improve healthcare, we have to reach out to businesses. The Robert Wood Johnson Foundation (RWJF) “culture of health” movement aims to engage business leaders in community and public health. HERO is a part of this movement to make health a defining factor in workplaces and communities across the country.

The workplace is increasingly being recognized as a vital influence on individual and community health. However, according to a National Public Radio/Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health poll, working adults say their current job has a negative influence on their weight and eating habits, not to mention their stress level and sleep habits.

The Harvard T.H. Chan School of Public Health and the Harvard Business School received a grant from the RWJF to better define the field of public health in a broader sense, to promote public health research, and to teach and train business leaders to connect business imperatives with community and public health. The RWJF Culture of Health Framework, shown in Figure 1, illustrates how these areas need to come together to improve population health.

Figure 1. RWJF Culture of Health Framework



The intersection of culture of health and promoting leadership is supported or surrounded by equity. Ask yourself where your organization is on the continuum of the eight steps for leading change. And, if we fast forward to the future, will you be able to say your organization was part of the collaboration that moved our country to a position where business and community work together to create a healthy culture for all people?

Howard Koh is the Harvey V. Fineberg Professor of the Practice of Public Health Leadership at the Harvard T. H. Chan School of Public Health and the Harvard Kennedy School of Business. He is also co-chair of the Harvard Advanced Leadership Initiative.



GENERAL SESSION PANEL DISCUSSION: CONSUMER, INNOVATION AND WELL-BEING

Moderator: Seth Serxner, PhD, MPH

Panelists: Cara McNulty, DPA, Jae Kullar, RD, Anita Shaughnessy

Session reported by Barbara Tabor

A brief description of the company each panelist represents

Target (represented by Cara McNulty)

Target has 350,000 team members at nearly 1,800 stores across the country. Cara promotes wellness in the workplace in many ways, including kicking off all meetings by inviting people to do a plank and giving 5 percent of revenue each week back to local communities for health and wellness initiatives. Target treats its team members as guests because they are reflective of the communities that Target serves. The organization has earned a reputation as a leader in population health and wellness.

Delta Airlines (represented by Jae Kullar)

Delta Air Lines has 75,000 employees in the United States alone. The airline industry is fast-paced and hard-driving, and very consumer driven, which means Delta employees need to be at the top of their game at all times. One of the rules of the road at Delta is that programs and products can be replicated, but people cannot. Delta believes that if they invest in their employees, their employees are better equipped to invest in their customers. Jae and her health and well-being team strive to deliver the “Delta difference” for their employees, which then extends to customers.

Wells Fargo (represented by Anita Shaughnessy)

To say Wells Fargo has strong roots would be an understatement. The company is 165 years old and has 270,000 team members at 8,700 locations. Not only are these locations geographically dispersed, but the company currently has three unofficial headquarters locations (San Francisco, Minneapolis and Charlotte, NC). This creates significant challenges for implementing wellness program benefits, communications, and employee engagement. Anita is tasked with the job of designing and implementing wellness programs that meet the diverse needs of employees. Not surprisingly, technology and grassroots communications play a significant role in Wells Fargo’s wellness efforts.

Defining and understanding the consumers’ experience and brand journey

Cara McNulty

Target is all about the guest. We conduct guest immersion sessions, in which we go to guests’ homes and talk to them and learn about them. We do the same with team members because the employee population has to be able to deliver on the experience customers say they want. For example, we partnered with Gallup to conduct a survey and found that in locations where employee well-being was higher, so were Target’s sales. While this research did not ultimately affect the wellness program we offered to employees, it did help us understand the connection between the

well-being of their team members and the success of their stores. We try to look at the journey of a busy person living a busy life and see what we can do to make that easier, as well as what trips people up when they are in our stores.

Jae Kuller

At Delta, we treat employees like family. We realize that the travel experience can be very hectic and that there are many moving parts. Our employees help us create an atmosphere where all families feel comfortable and confident with their travel experience. For example, we created a program for families with autistic children, in which we invite in families who have upcoming trips planned and allow them to get familiar with the surroundings and the experience of air travel, which in turn, helps their real-life travel experience go more smoothly.

Anita Shaughnessy

Wells Fargo's mission is to help our customers succeed financially. We do this through the relationships customers have with their branches and the services we offer. We use journey maps and experience mapping with both employees and customers, which informs the services we offer. For example, our research has shown that millennials are surprisingly visiting our branch locations in person at the same level as all other customers, but they are higher users of our mobile solutions. When we look at customer solutions, we also try to remember that many of our team members are also customers.

Innovators are companies that lead, in which failure is okay and people have autonomy to make decisions. How do you translate this philosophy of innovator in your cultures?

Anita Shaughnessy

Externally, Wells Fargo has had a unit that heads up innovation, but the pursuit of innovation is not constrained to that single unit. All employees have opportunities to participate in innovation through contests, ideation sessions, and other outlets. We try to involve multiple stakeholders to get a better perspective on what and how to innovate.

Cara McNulty

Target believes in failing forward and not being fearful of failure. In fact, failing can be really fun. We have created a culture of health and well-being where we are piloting constantly; some things work, some don't, and others need to be tweaked. Target is heavily engaged in the VC community and is constantly looking for ways to improve health outcomes. For example, we found that female employees weren't getting mammograms, so we partnered with United Hospital to create a program in which Target would give a free mammogram to someone in the community for every Target employee who got a mammogram. As a result, we saw a triple-digit increase in employee mammography compliance.

Jae Kuller

Safety is paramount at Delta. We test and retest and have several pilot programs going concurrently. We work with a lot of

great, innovative companies that are really getting at the heart of what employees and consumers want and need. These partnerships will also ultimately help us understand how to provide greater convenience for employees. We are always investing in infrastructure improvements and conducting pilots that will enhance the customer experience.

Tell us about recent health and well-being solutions you've developed based on building a better consumer experience.

Cara McNulty

Target has three goals for health and well-being: (1) create a culture of health and financial well-being, (2) make the healthy choice the default (not just the easiest), and (3) be an employer of choice. When we started giving employees a discount on fitness gear and healthy food items, we removed a huge barrier for our team members and saw a 40 percent increase in sales of healthy options among employees. On a related note, our guests told us they

needed help choosing healthier options, so we provided education and training to help team members understand healthy options so they could, in turn, help customers.

Jae Kuller

The airline industry is very data driven and profit/loss driven. An empty seat is seen as a lost opportunity for profit. We started using data from our health plan along with safety metrics to educate different locations and managers about employee health risks and to share what is happening with their teams. This approach has really resonated, because they can see the connection between our wellness program, our culture, and the health of our employees.

Seth Serxner is Chief Health Officer and Senior Vice President of Population Health at Option. Cara McNulty is Head of Population Health and Team Member Wellness at Target. Jae Kuller is Manager of Health and Well-Being at Delta Airlines. Anita Shaughnessy is Vice President, Well-Being Manager at Wells Fargo.



LEADING IN WELL-BEING: 100 MILLION HEALTHIER LIVES

Carley Riley, MD, MPP, MHS, FAAP

Convened by the Institute for Healthcare Improvement, 100 Million Healthier Lives (100MLives) is a global collaboration of *change agents* working across organizations and communities to advance health, well-being, and equity, with the collective goal of 100 million people living healthier by 2020. The vision of 100MLives can be meaningfully achieved only if health and well-being are distributed equitably across the population and sustained over time by closing the equity gaps that currently generate 25-year differences in life expectancy among people living as little as 2 miles apart from one another in many communities. For this reason, the conceptual framework for the measurement of 100MLives includes three principle components: health and well-being, equity, and sustainability (Figure 1).

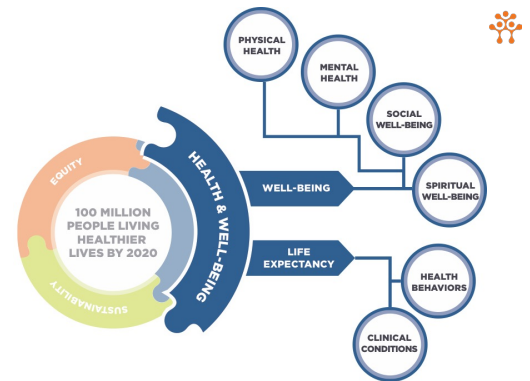
Figure 1. Overall Conceptual Framework for 100MLives



Healthier lives are based on a combination of greater well-being and greater longevity. Adapted from the World Health Organization, the 100MLives framework defines four dimensions of well-being: physical health, mental health, social well-being, and spiritual well-being. In this framework, health is both a component of and contributor to well-being.

Additionally, the framework recognizes length of life, in combination with well-being, as a valued outcome (Figure 2). To reflect this, we have combined well-being and life expectancy into “well-being-adjusted life-years” (WALYs), analogous to the construct of “quality-adjusted life-years” in health services research.

Figure 2. The Health and Well-Being Component



Recognizing that the outcomes and determinants contributing to sustainable, equitable well-being occur at three levels—individual, community, and societal—100MLives aims to learn how different community-specific determinants and outcomes relate to the overall measures of well-being. As examples, individual level outcomes may include self-report measures, such as body mass index, exercise frequency, job satisfaction, or sense of hope for the future. At the community level, examples of outcomes and determinants include access to healthy foods or green space, perceived sense of safety, and community belonging or pride. Societal outcomes and determinants may include percentage growth in healthcare spending, national inequality in educational

attainment, or annual amount of corporate contributions to education and community development.

A governing principle behind 100MLives is that communities can influence the health and well-being of their residents individually and collectively. To support their efforts and assess progress, communities engaged with 100MLives have access to a variety of [resources and tools](#), either compiled or created by 100MLives. 100MLives has created the [Measure What Matters](#) web-based platform, a resource for selecting, collecting, and aggregating primary and secondary data to assess the impact of their programs. This platform includes our Adult Well-being Assessment, a simple yet powerful tool based on self-reported outcomes about overall well-being as well as its four dimensions.

100MLives values the workplace as an important contributor to the well-being of its local community. As an example, one of the rural communities engaged with 100MLives seeks to improve the well-being of its residents through sustained collaboration with the largest employers in the area. The Living Wage Project, one of their initiatives, aims to have the 50 largest employers in the area pledge to provide a living wage for all employees by 2020. To accomplish this aim, the community is engaging each of these employers and relevant stakeholders in ongoing dialogue about the social return that investing locally can achieve.

100MLives also understands that the workplace can be understood as a community—or “sub-community”—itself.

Bellin Health Systems, an integrated healthcare delivery system based in Green Bay, Wisconsin, understands both its internal and external influence. As an organization, Bellin Health is committed to improving the well-being of not only its patients but also its employees, as well as the people who live in the local communities. To accomplish this mission, Bellin Health recognizes the need for new ways of thinking and acting—and ultimately the need for transformational change. As Pete Knox, Chief Learning and Innovation Officer, states, “We need to be thinking at multiple levels of engaging in well-being, all the way up to empowering individuals to live the lives that they dream about...It’s the only way to solve what appear to be unsolvable problems.” Consequently, Bellin Health is innovating by using technology to support and extend its efforts to partner with people on their life journey, applying behavioral science to foster the conditions and behaviors that will help people achieve greater health and well-being, and creating environments and experiences that connect and empower people, both within the healthcare setting and the local community.

100MLives currently has more than 830 members in more than 15 countries worldwide, and the collaboration continues to grow. [Learn more here.](#)

Carley Riley is with the Division of Critical Care, Department of Pediatrics at Cincinnati Children’s Hospital Medical Center. She is also the Measurement Leader of 100MLives.

SHIFTING DYNAMICS IN HEALTH AND WELLNESS

Lindsay Sears, PhD

Health risk assessments versus well-being assessments

A well-being approach to measurement and intervention differs from a more traditional health risk approach in several important ways. First, a traditional medical model is focused on remedying illnesses and ailments, whereas well-being has its roots in positive psychology and is focused on achieving a state of thriving across areas of one's life, including health. Second, well-being considers the whole person, not just their physical health conditions and risks,^{1,2} accounting for both global and specific elements of well-being—purpose, social, financial, community, and physical.³ From an intervention perspective, the more we are able to understand about a person's whole life context, the better able we are to address the root causes of their unhealthy behaviors and poor health outcomes. Lastly, while traditional approaches to wellness may capture the more observable health risks and health behaviors (e.g., blood pressure, weight, exercise), a well-being approach complements such measures with psychometrically sound assessments of the more unobservable, “invisible” elements of well-being. Research has demonstrated that well-being elements significantly increase our ability to predict outcomes beyond health risk measures alone.⁴

Return on Investment versus Value on Investment

With an expanded view of what we can and should influence through a well-being approach, there comes expanded potential for value to be realized. Linkages between

wellness programs and health outcomes have been established, and traditional return-on-investment (ROI) approaches account for cost savings in terms of hard dollars. The concept of value on investment (VOI) is an expanded view of the value that interventions can bring, including the incremental value that can come from productivity gains, health risk reduction, and clinical indicator improvements.⁵ Future research should also consider and study the way in which well-being programs affect an organization's ability to attract and retain top talent,⁶ their ability to sustain a satisfied and engaged workforce, their effects on consumer perceptions of companies that invest in the well-being of their employees and surrounding community (e.g., corporate social responsibility),⁷ and dimensions of organizational performance.⁸

Productivity versus Performance

As we consider sources of value from wellness programs, traditional approaches have investigated health and productivity outcomes, defining productivity in terms of absenteeism—being away from work—and presenteeism—being present at work but not fully productive. In addition to global measures of presenteeism, surveys that measure the dimensions of presenteeism are also available and can be used to diagnose the largest sources of productivity loss in an organization.⁹ Absenteeism and presenteeism are, in essence, quantitative measures of an employee's contribution to the company, yet the quality with which job tasks are performed is also essential for companies to remain

competitive in their respective industries. Industrial psychologists have distinguished task performance, which is core to an employee's defined role, from contextual performance, which encompasses all of the behaviors employees do to go above and beyond what is required of them.¹⁰ Dimensions of task performance include the types of things a supervisor might rate in an annual performance review, such as leading, analyzing, and innovating.¹¹ Contextual performance, also known as organizational citizenship behaviors, have been considered also critical to business success, including such behaviors as sportsmanship, courtesy, self-development, and helping behaviors.¹² It is likely that this type of performance may be even more sensitive to health and well-being because it is optional. Initial evidence suggests that well-being improvement over time is predictive of future supervisor ratings across some of these performance dimensions. Further work in this area is definitely warranted.

Conclusions and considerations

We need to continually advance the interventions we design and the potential outcomes we investigate. This will require systematic programs of research on iterative improvements to interventions,

valid and reliable measures of outcomes, and strong study designs that vary in their level of internal control (e.g., randomized trials) and generalizability (e.g., T1-T2 designs). Randomized controlled trials allow for incredibly strong causal inference (internal validity) but often at the cost of generalizability because of the impracticality of randomization in real-world settings and the need to control for all possible confounds. Similarly, retrospective study designs, which may include a pseudo-control group based on matching methods or no control group at all, have the advantage of efficiency and real-world applicability. However, they are limited in their ability to rule out confounds and truly understand cause and effect. Lastly, growing and implementing a strategy of well-being that follows this expanded view of employee health and value will require a systematic program of testing with tighter collaboration across Human Resource departments that may have traditionally been siloed, such as medical, organizational development and culture, benefits, training and development, and performance management.

Lindsay Sears is Executive Director, Advanced Data Sciences at Healthways, a subsidiary of Sharecare.

References

1. Diener E, Kahneman D, Tov W, Arora R. Income's association with judgments of life versus feelings. *International Differences in Well-Being*. 2010;3-15.
2. Diener ED, Emmons RA, Larsen RJ and Griffin S. The satisfaction with life scale. *Journal of Personality Assessment*. 1985;49(1):71-75.
3. Sears LE, Agrawal S, Sidney JA, et al. The well-being 5: development and validation of a diagnostic instrument to improve population well-being. *Population Health Management*. 2014;17(6):357-65.
4. Gandy WM, Coberley C, Pope JE and Rula EY. Comparison of the utility of two assessments for explaining and predicting productivity change: well-being versus an HRA. *Journal of Occupational and Environmental Medicine*. 2016;8(1):69-75.
5. Loeppke R. The value of health and the power of prevention. *Int J Workplace Health Manage*. 2008;1:95-108.
6. Sears LE, Shi Y, Coberley CR, Pope JE. Overall well-being as a predictor of healthcare, productivity, and retention outcomes in a large employer. *Population Health Management*. 2013;16(6):397-405.
7. McWilliams A, Siegel D. Corporate social responsibility: A theory of the firm perspective. *Academy of Management Review*. 2001;26:117-27.
8. Wu H, Sears LE, Coberley CR, Pope JE. Overall well-being and supervisor ratings of employee performance, accountability, customer service, innovation, prosocial behavior, and self-development. *Journal of Occupational and Environmental Medicine*. 2016;58(1):35-40.
9. Prochaska JO, Evers KE, Johnson JL, et al. The well-being assessment for productivity: a well-being approach to presenteeism. *Journal of Occupational and Environmental Medicine*. 2011;53(7):735-42.
10. Borman WC and Motowidlo SJ. Task performance and contextual performance: the meaning for personnel selection research. *Human Performance* 1997;10(2):99-109.
11. Bartram D. The Great Eight competencies: a criterion-centric approach to validation. *Journal of Applied Psychology*. 2005;90(6):1185.
12. Podsakoff PM, MacKenzie SB, Paine JB, Bachrach DG. Organizational citizenship behaviors: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*. 2000;26(3):513-63.

WHAT IS THE LATEST RESEARCH IN WORKPLACE HEALTH PROMOTION?

Ron Z. Goetzel, PhD

During HEROForum16, I moderated a panel of researchers that included Dr. Debra Lerner from Tufts Medical Center and Dr. Lindsay Sears from Healthways, a subsidiary of Sharecare. The presentations touched a number of topics, including the following:

- A review of significant research in the field of workplace health promotion
- Return on investment (ROI) versus value on investment (VOI)
- The quality of the evidence relating to the effectiveness of these programs
- Differences between health risk and well-being assessments
- Productivity versus performance measurement

In the previous piece of these proceedings, Dr. Sears presented insights regarding the differences between health risk and well-being assessments, ROI versus VOI, and productivity versus performance measurement (see page 21). Here, I discuss the significant research in workplace health promotion—then briefly share my own shift in thinking about ROI.

Significant research in workplace health promotion

Research on the health, economic, and productivity impacts of workplace health promotion programs spans several decades, with the earliest published studies appearing in the late 1970s and early 1980s. There have been many extensive reviews of the literature. Here, I highlight the two important ones, both published in 2010.

The first was a systematic review of worksite health promotion programs by Soler and his team. Soler is a lead scientist for the Community Preventive Services Task Force (Community Guide), housed at the Centers for Disease Control and Prevention (CDC). The review, published in the *American Journal of Preventive Medicine*,¹ focused on 86 peer-reviewed studies that examined the impact of comprehensive wellness programs (i.e., those that offered more than just an assessment of health risks with feedback) on behavioral risk factors, biometric measures, and other metrics important to employers. The authors concluded that there was *sufficient or strong evidence* that workplace programs exerted a positive effect on employees' alcohol consumption, diet, physical activity, tobacco use, seat belt use, blood pressure, cholesterol levels, overall risk profile, healthcare utilization, and productivity. A related review by Anderson and team, also from the Community Guide, found modest improvements in weight and BMI at the population level from workplace wellness initiatives.²

As for workplace wellness programs' impact on financial outcomes and ROI, a *Health Affairs* review by three Harvard economists, Baicker, Cutler and Song, concluded that these programs can generate savings for employers and have the potential for returning \$3 dollars for every dollar invested for both medical and absenteeism outcomes.³ A more recent review by Baxter and colleagues found that the average ROI for workplace programs, across several

diverse studies, was a more modest 1.38 dollars saved for every dollar invested, with an important caveat that ROI estimates are lower when robust analytic methods are applied.⁴

Rethinking ROI

In the previous piece, Dr. Sears briefly discussed VOI as an expanded concept for assessing the benefits of well-being programs within organizations. I myself have recently reconsidered my position on ROI measures. Is ROI the ultimate metric for evaluating workplace programs? Perhaps not. Certainly, we don't require an ROI from all other medical treatments (think surgery, medications, or even clinical preventive screenings). Why is a positive ROI necessary for workplace health promotion? I understand and appreciate the need for businesses to justify investments they make, including those directed at improving workers' health, well-being, and performance. But are we focused on the right metric?

I ask this question having spent a significant portion of my career running and publishing financial impact studies that report the ROI from health promotion programs. Examples include analyses of programs as Johnson & Johnson,^{5,6} Citibank,⁷ Procter and Gamble,⁸ Highmark,⁹ Dow Chemical,¹⁰ Motorola,¹¹ and Union Pacific Railroad.¹²

I'm now proposing that an ROI of 1:1 is "good enough," provided the program can demonstrate sustainable health improvements and significant risk reduction for the employee population over a 1- to 3-year time horizon. In my mind, achieving improved population health at no cost (i.e., a one dollar of investment buys you one dollar in savings) is a great deal for employers, especially when compared with the cost of treating diseases, many of which are preventable through adoption of healthy lifestyles.



Here's my recommendation: Instead of insisting on achieving a positive ROI from health promotion programs, let's instead encourage adoption of cost-effective health and well-being programs for workers that aim to achieve meaningful health improvements at a reasonable price. In addition to cost metrics, let's expand our portfolio of outcomes to include measures important to businesses, such as attraction/retention of talent, high morale, engagement, resilience, and job satisfaction—all embedded in a healthy company culture. That's the VOI from workplace health promotion programs.

One final note: Research conducted in January 2016 showed that not only do employees benefit from excellent workplace wellness programs, so do their companies. Studies published in the *Journal of Occupational and Environmental Medicine* found that companies offering exemplary health promotion and safety programs outperform the Standard & Poor's 500 Index by as much as 3:1.^{13,14} That's value that a chief financial officer can appreciate.

Dr. Goetzel is a Senior Scientist at Johns Hopkins Bloomberg School of Public Health and Vice President of Truven Health Analytics, an IBM Company.

References

1. Soler RE, Leeks KD, Razi S, Hopkins DP, Griffith M, Aten A, et al. A systematic review of selected interventions for worksite health promotion. The assessment of health risks with feedback. *Am J Prev Med.* 2010;38:S237–S262.
2. Anderson LM, Quinn TA, Glanz K, et al. The effectiveness of worksite nutrition and physical activity interventions for controlling employee overweight and obesity. *Am J Prev Med.* 2009; 37(4):340-57.
3. Baicker, K., Cutler, D., Song, Z. Workplace Wellness Programs Can Generate Savings. *Health Aff (Millwood).* 2010. Feb; 29(2): 304-11.
4. Baxter S, Sanderson K, Venn AJ, et al. The relationship between return on investment and quality of study methodology in workplace health promotion programs. *Am J Health Promot.* 2014;28:347–63.
5. Ozminkowski RJ, Ling D, Goetzel RZ, et al. The long term Impact of Johnson & Johnson's Health & Wellness Program on healthcare utilization and expenditures. *J Occup Environ Med.* 2002;44(1):21-9.
6. Henke RM, Goetzel RZ, McHugh J, Isaac F. Recent experience in health promotion at Johnson & Johnson: lower health spending, strong return on investment. *Health Aff (Millwood).* 2011;30(3):490-9.
7. Ozminkowski RJ, Dunn RL, Goetzel RZ, et al. A return on investment evaluation of the Citibank, N.A. Health Management Program. *Am J Health Promot.* 1999;14(1):31-43.
8. Goetzel RZ, Jacobson BH, Aldana SG, et al. Healthcare costs of worksite health promotion participants and non-participants. *J Occup Environ Med.* 1998;40(4):341-6.
9. Naydeck BL, Pearson J, Ozminkowski RJ, Day B, Goetzel RZ. The Impact of the Highmark Employee Wellness Programs on Four-Year Healthcare Costs. *J Occup Environ Med.* 2008;50(2):146-56.
10. Goetzel RZ, Ozminkowski RO, Baase CM, Billotti GM. Estimating the return-on-investment from changes in employee health risks on the Dow Chemical Company's healthcare costs. *J Occup Environ Med.* 2005;47(8):759-68.
11. Ozminkowski RJ, Goetzel RZ, Santoro J, et al. Estimating risk reduction required to break even in a health promotion program. *Am J Health Promot.* 2004;18(4):316-25.
12. Leutzinger JA, Ozminkowski RJ, Dunn RL, et al. Projecting healthcare costs using the HERO database and prevalence rates of lifestyle risks at Union Pacific Railroad. *Am J Health Promot.* 2000;15(1):35-44.
13. Goetzel RZ, Fabius R, Fabius D, et al. The stock performance of C. Everett Koop Award winners compared with the Standard & Poor's 500 Index. *J Occup Environ Med.* 2016;58(1):9-15.
14. Grossmeier J, Fabius R, Flynn JP, et al. Linking workplace health promotion best practices and organizational financial performance: tracking market performance of companies with highest scores on the HERO Scorecard. *J Occup Environ Med.* 2016;58(1):16-23.



SELECTED BREAKOUT SESSIONS

THE RECIPROCAL DYNAMICS OF HEALTH WITHIN MARRIED COUPLES

Andrew Rundle, DrPH

An individual's social environment is an important driver of health, and committed partnerships (marriage and domestic partnerships) are a critical aspect of that social environment. When people are trying to make a health behavior change or cope with symptoms or a medical condition, the responses and actions of their partner are critical determinants of outcomes. Cross-sectional studies show that cardiovascular disease (CVD) risk factor scores, such as blood pressure or cholesterol levels, are correlated within married couples. However, little longitudinal data are available to determine whether changes in CVD risk factor scores in one partner presage changes in the other partner's risk factors.

We used anonymized medical data from EHE International, Inc.'s national corporate physical examination/wellness program to study changes in CVD risk factors within married and domestic partnered couples over a one-year period. Specifically, we applied the Actor-Partner Interdependence Model to measure bidirectional effects of body mass index (BMI), high-density lipoprotein (HDL), low-density lipoprotein (LDL), triglycerides, and systolic and diastolic blood pressure among 1,656 married and domestic partnered couples who participated in each of two successive annual physical examinations.

Improvement between examination 1 and 2 in one partner's BMI, systolic and diastolic blood pressure, HDL, and LDL were associated, respectively, with improvements in these measures for the other partner at

examination 2. Adjusting for an individual's BMI, age and gender at examination 1, an individual whose partner lowered their BMI between examinations had a BMI that was 0.72 BMI units lower (95% CI 0.81, 0.63) at examination 2 than an individual whose partner did not improve their BMI between the examinations. Similarly, improvement between examinations in a partner's systolic and diastolic blood pressure, HDL, and LDL were associated, respectively, with a -5.24 unit difference in systolic blood pressure (95% CI -6.05, -4.46), a -4.54 unit difference in diastolic blood pressure (95% CI -5.07, -4.01), a 4.96 unit difference in HDL (95% CI 5.45, 4.48) and a -6.67 unit difference in LDL (95% CI -8.26, -5.08) for the other partner at examination 2. We identified no association between an individual's triglyceride levels at examination 2 and whether their partner improved their triglyceride levels between the two examinations.

This work suggests that new interventions to maintain or achieve health consider the dynamics of behaviors within couples to capitalize on partner effects within couples. Typical physician-patient interactions occur as a one-to-one dialogue, yet given the effects observed here and the expectations of homophily and shared environments for married couples, multiple benefits could be realized from couple-based approaches to health behavior change. First, such approaches could help couples to develop joint strategies for implementing a healthy diet or exercise plan or taking prescribed medications. Second, physicians can address joint barriers to engaging in healthy

behaviors, such as differences between partners in self-efficacy for change, access to high-caloric foods in the home, or avoiding situations that lead to unhealthy behaviors. A joint approach can also increase efficiency and decrease cost by combining visits with nutritionists or follow-up physician appointments.

Andrew Rundle is Associate Professor of Epidemiology in Mailman School of Public Health at Columbia University.



EVALUATION OF A PHYSICAL ACTIVITY CHALLENGE USING WEARABLE FITNESS DEVICES

Michael Stauffer, MA, MCHES

A strong feeling of connectedness is a key element of intrinsic motivation, whether for work performance or health-related behaviors. Team membership cultivates group identification and cohesiveness—and keeps the goals in focus. As team relationships strengthen, people are more likely to learn from each other via peer influence. Their commitment to a common goal energizes and inspires each person to do the difficult work of achieving lasting behavior change.

A well-designed and communicated physical activity challenge using wearable devices can increase physical activity and employee engagement, increase employees' sense of "community/connectedness" at the worksite, and maximize perceived value among employees. After a pilot test program in 2014, one of the largest employee wellness initiatives at Emory took place in the fall of 2015. Employees of Emory University and Emory Healthcare participated in the team-based Move More Challenge, an 8-week physical activity program using wearable devices. This new program was part of Healthy Emory's strategic initiative to support employees to increase their daily activity, eat healthier, and more effectively manage stressors.

Original findings from evaluation

Subjective data (employee survey, n=3,337)

- 51 percent said they participated to "increase my daily physical activity."
- 19 percent said they participated to get a reduced-cost wearable device.

- 15 percent said they participated to join a team/have fun.
- 8 percent said they participated for the rewards/prizes.
- 87 percent intend to become more physically active within the next 6 months.
- 97 percent would participate in another Move More Challenge in the future.
- 98 percent would recommend the Move More Challenge to other employees.
- 67 percent said this was the first time using wearable device.
- 82 percent wore their device every day of the challenge.
- 96 percent said device was easy to use.
- 89 percent set a personal daily goal (46 percent set a goal of 5,000 to 10,000 daily steps, 44 percent set a goal of 10,000 to 15,000 daily steps).

Objective data

Figure 1 summarizes participation in the Move More Challenge. The data is presented for Emory Healthcare (EHC), Emory University (EUV), and combined (Enterprise).

Figure 1. Participation Data (per Fitbit Dashboard)

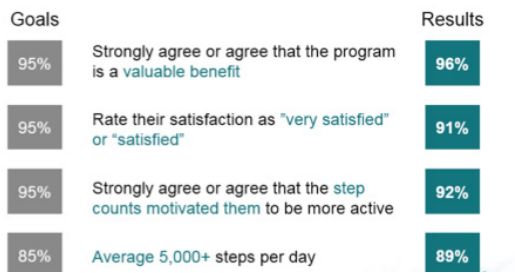
Participation Data (Fitbit Dashboard)			
	EHC	EUV	Enterprise
Total Registered 9/21/15	3,077	2,892	5,969
Total Completed 11/15/15	2,461 (80%)	2,462 (85%)	4,923 (83%)
% Active			
Week 2	79%	83%	81%
Week 4	59%	69%	64%
Week 6	54%	63%	59%
Week 8	53%	60%	57%



Project goals and results

At the beginning of the program planning stage for the 2015 Move More Challenge, the project team set specific project goals. The results at the completion of the Challenge and at 3 months and 6 months post-program nearly met, and at times exceeded, the project goals. Figure 2 shows both project goals and results.

Figure 2. Project Goals and Results



The power of a positive influence can be a strong factor for health behavior change. Sometimes observing others working toward a goal can motivate people to pursue the same goal. Positive influence appears to be most powerful when people are part of a group. The workplace is full of groups—sites, departments, units, functions. By aiming for similar wellness goals—such as being more active—teammates can reinforce the behaviors in each other. Because team success requires individual success, people become mutually accountable for staying on track.

Michael J. Stauffer is Director of Health Management in Central HR Administration at Emory University in Atlanta..

Key lessons learned

Key lessons learned have allowed us to set the following future goals:

- Improve and streamline the initial registration process
- Provide a device subsidy for spouses and same-sex domestic partners
- Provide additional support and training for Wellness Champions
- Revise communications to be more clear and concise
- Improve ongoing support during the program to maintain and increase participation
- Add more “in-person” help sessions to help employees synch their device and formally join the Move More Challenge
- Consider making more Emory community members eligible to participate—including chaplains, adjunct faculty, and hospital volunteers
- Increase leadership visibility, support, and participation

TRACKING WORKPLACE HEALTH AND WELL-BEING BEST PRACTICES OUTSIDE OF THE UNITED STATES

Jessica Grossmeier, PhD, MPH | Howard Kraft, MS

Steven Noeldner, PhD, MS

Improving health and well-being is a business imperative for employers of all sizes and industries across the globe, and successful health and well-being initiatives are contingent upon a well-aligned strategy that is well executed. This strategy starts by developing a broad strategy for governance, including the development of guiding principles that are applied to all initiatives globally. For example, some organizations have identified specific pillars of health and well-being that must be addressed for all employees such as the domains of physical, mental, emotional, and spiritual health. Other companies are identifying minimum care standards of healthcare coverage and access that are available to all employees within their multinational organization. Moreover, innovative companies are creating accreditation programs that establish processes and a scorecard for safety practices and environmental supports for worker health and well-being. Some organizations also establish a global framework for how initiatives are structured—stipulating, for example, that all entities within their organization start by assessing the health and well-being needs of the population and provide resources to support identified needs through a global Employee Assistance Program or a common wellness resource platform. Alternatively, they may require that all efforts be integrated within the global occupational health and safety function or be aligned with corporate sustainability efforts, or both.

Once the global governance and strategy is developed, it must be augmented with a local-level approach based on how leaders make decisions, how change management processes are implemented, what local partnerships exist to support the initiative, how the programs align with local-level business objectives, and how to engage leaders and employees within a given location.

While this general approach of developing a global yet locally tailored strategy provides a useful model for employers, many are interested in the specific policies, practices, and programs that are being implemented within a specific country. This is where tools such as the newly launched HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer® – International Version¹ (HERO International Scorecard) can provide meaningful information and benchmarking to employers. The HERO International Scorecard was developed as part of an ongoing partnership between HERO and Mercer, based on the success of the US version, which was first launched in a web-based format in 2009. The HERO International Scorecard is available in English, Spanish, and Portuguese but was designed for use in any country to identify the policies, programs, and practices used by employers in a specific country to address employee health and well-being. The free tool focuses on employer practices in six areas including, strategic planning, organizational support for health and well-being, integration with other functional

areas of the organization, programs offered, participation strategies, and measurement and evaluation strategies.

Employers complete the HERO International Scorecard by first identifying the individuals within the organization who are most aware of the health and well-being practices, policies, and programs within a specific country. These individuals are invited to collaborate to identify a single consensus response to each of the questions in the HERO International Scorecard. Several tools are available on the HERO website to assist employers in the completion and submission process. Once the organization is ready to submit their responses to the web-based system, a single individual is identified to submit the organization's consensus response. A report is automatically generated that provides an overall score for the organization's health and well-being efforts in addition to

scores in each of the six practice domains. The organization's score is compared with the maximum amount of points possible overall and within each of the six practice domains. Benchmarks within each country will become available as the number of employers contributing data to the normative database grows.

Tools such as the HERO International Scorecard can be useful to employers in several ways. First, it serves as a guide to identify the evidence-based practices recommended by thought leaders and supported by research to be effective in promoting employee health and well-being as well as related business outcomes. It also identifies specific ways to use data to support strategic planning, ongoing program performance monitoring, and quality improvement. When conducted as part of a collaborative process with others in an organization, completion of the HERO International Scorecard can promote deeper levels of collaboration within an organization and identify ways to more effectively integrate and align efforts across an organization. As the number of employers submitting their data to the web-based tool grows, completion also supports the ability to benchmark an organization's program against what other organizations are doing within a specific country. Moreover, the data will also support ongoing research on the specific practices that are associated with the most effective programs. Data from the US version has been leveraged to support numerous such studies,²⁻⁴ and developers of the International version are excited about the potential for future research that identifies the most effective practices within each country.

Those interested in learning more about the HERO International Scorecard can visit the [HERO](#)



website to download a free copy of the tool, review sample reports, and learn more about how global advisors were used to adapt the US version for international use.¹ Much of this information is summarized in a User Guide. Employers interested in knowing how practices listed on the HERO Scorecard have been associated with outcomes can download free copies of the 2012, 2014, and 2016 HERO Scorecard Progress Reports, which summarize all of the research conducted to date using the HERO Scorecard normative database.⁴ Ultimately, we encourage employers to complete the HERO Scorecard to identify ways to improve their own health and well-

being initiatives and contribute to future research on best practices.

Jessica Grossmeier is Vice President of Research at the Health Enhancement Research Organization (HERO). Howard Kraft is a partner and leads Mercer's North American Total Health Management specialty practice. Steven Noeldner is a Partner and Senior Consultant in the Total Health Management specialty practice at Mercer Health & Benefits, LLC.

References

1. HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer—International Version. February 2016. Available at www.hero-health.org/scorecard
2. Goetzl et al. The predictive validity of the HERO Scorecard in determining future healthcare cost and risk trends. *Journal of Occupational and Environmental Medicine*. 2014;56(2):136-44.
3. Grossmeier J, Fabius R, Flynn JP, et al. Linking workplace health promotion best practices and organizational performance. *Journal of Occupational and Environmental Medicine*. 2016;58(1):16-23.
4. HERO Scorecard 2016 Progress Report. September 2016. Available at www.hero-health.org/scorecard

LEADING WELL-BEING: ASSESSING AND ENHANCING MANAGERS' INFLUENCE ON WORKPLACE WELL-BEING

Sara S. Johnson, PhD | Laura Putnam, MA
David "Crockett" Dale | Patricia Castle

The HERO Scorecard,¹ WELCOA Well Workplace Checklist,² and other benchmarking assessments of organizational culture³ underscore the importance of senior leadership support for the promotion of well-being. That support is crucial, but the importance of activating managers cannot be overstated: A growing body of research indicates that managers account for at least 70 percent of the variance in employee engagement.^{4,5}

Recent data from a Welltok and National Business Group on Health survey cite managers as leading influencers of participation in well-being programs. Given that managers' discussing, promoting, and participating in these initiatives create a cascading effect to their team members,⁶ the objective of the highly interactive Manager on the Move workshop is to enable managers to be "multipliers" of well-being. Manager on the Move is the product of a collaboration between Motion Infusion, who initially developed and administers the workshop, and Pro-Change Behavior Systems, Inc., who evaluates the impact and reports the outcomes to participating organizations. The collaborative development efforts have been iterative, with the work of each organization informing the other.

The Manager on the Move workshop begins by providing a rationale for well-being initiatives and highlighting the manager's critical role in promoting multiple domains of well-being within their teams. The focus then shifts to the three

dimensions of managerial influence in which the manager can act as a change agent.

- **Do:** Embody well-being and lead by example
- **Speak:** Persuade team members to join through explicit and effective communication
- **Create:** Optimize the environment and design systems to develop an infrastructure to make well-being easy and "normal"

Over the course of 1 to 2 days, participants

- engage in a combination of individual, small-group, and whole-group activities to create their own emotional and logical business cases for well-being
- participate in walking meetings
- reflect on their past participation in well-being initiatives and on their own well-being in 6 domains
- set goals
- create a "Jamie Dimon" memo for their teams as a way to explicitly communicate about well-being (Jamie Dimon is the CEO of JPMorgan Chase who wrote a moving memo to his team members after having been cured of throat cancer, encouraging them to take care of their health first because nothing is more important.)
- brainstorm cues (e.g., cultural prompts) and nudges (e.g., environmental prompts) that could be included in their organizations to promote well-being—including stealth opportunities to make well-being part of ongoing organizational activities

We use a mixed-method sequential approach to evaluate the workshop's effectiveness. At the end of each workshop, we capture qualitative feedback by asking participants open-ended questions such as, "What did you love?" and "What would you change?" Using a pragmatic research design, we also assess objective measures by surveying participants before the workshop, as well as 3 to 6 months after completion. Where possible, the team members of participants, namely direct reports, also complete a pre- and post-assessment.

The initial version of the participating manager pre-assessment and post-assessment contained 57 items to assess the frequency with which managers engaged in behaviors that were indicative of doing, speaking, and creating. Responses were made on a 5-point Likert scale, ranging from 1 (never) to 5 (always). A sample item from the speak subscale is, "I remind my team members about the purpose and meaning in their work." The assessment also included a well-being (i.e., Cantril's Self-Anchoring Striving Scale)⁷ and productivity assessment (i.e., Well-Being Assessment for Productivity [WBA-P])⁸ and three demographic items.

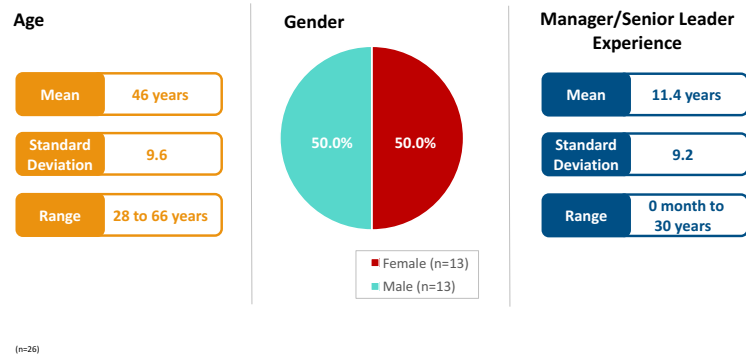
The goal of the initial measurement development was to reduce the number of items needed to create a reliable and parsimonious measure for each dimension of managerial influence. Pre-assessment data from managers (n=116) was examined for this formative research. Item analysis based on correlation matrices and descriptive statistics guided decisions for refining the measure. After reducing items, we conducted a series of principles components analyses to further refine the subscales. We considered item loadings, breadth of construct, and coefficient alphas to help delineate the final items to

retain. These initial iterations removed 28 items; each subscale displayed adequate reliability ranging from .71 to .76. Additional items were added to Phase 2 of the measurement development process to refine and strengthen the breadth of construct for each domain. The updated version also includes the Utrecht Work Engagement Scale (UWES-9)⁹ and 14 items regarding engagement (e.g., "I have the opportunity to grow and develop at work"). The pre-post measures will continue to be refined over time as additional data become available.

To date, 26 managers (50% female) have completed a post-assessment (see Figure 1).

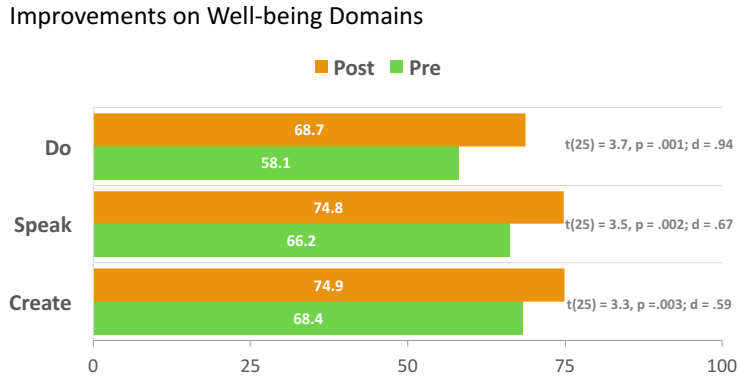
Figure 1. Participant Results

Participant Characteristics



Among those classified as "suffering" or "struggling" at pre-test (n=11), 63.6 percent progressed to "thriving" after participation in Manager on the Move. Statistically significant improvements were also found for each well-being dimension of managerial influence (do, speak, and create), with effect sizes ranging from d=.59 to d=.94 (Figure 2).

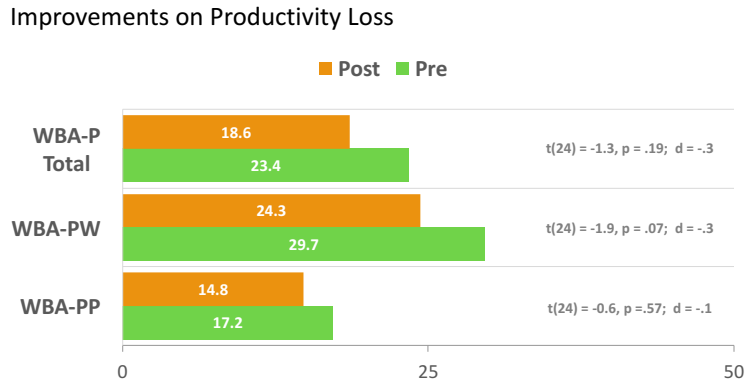
Figure 2. Improvements on Well-Being Domains



(n=26)

A small effect ($d=.26$) was found for presenteeism, with managers reporting reductions in productivity loss attributable to well-being-related barriers at post-assessment (Figure 3).

Figure 3. Improvements on Productivity Loss



(n=26)

The direct-report assessment includes the items from the “do” subscale of the manager assessment, the UWES-9, the Cantril and WBA-P, and the engagement items. Direct report aggregate data will be linked to the data of their manager. Analyses are ongoing.

The Manager on the Move workshop is intended to initiate a movement within an organization. Several follow-up activities (e.g., book clubs) can be implemented to help sustain that movement. It is imperative that the long-term effects of the workshop and the activities introduced to help sustain the movement be systematically investigated.

Sara Johnson is Co-President and CEO of Pro-Change Behavior Systems, Inc. Laura Putnam is CEO of Motion Infusion. David “Crockett” Dale is CEO of Healthstat. Patricia Castle is a Research Assistant for Pro-Change Behavior Systems, Inc.



In 2 days, Manager on the Move inspired Healthstat managers to be agents of change, who in turn, provide care and well being for 750,000 people. Most importantly, it was not a “one and done” for us. Manager on the Move has transformed us, and we have created something that is sustainable!

— Crockett Dale, CEO,
Healthstat

References

1. Health Enhancement Research Organization and Population Health Alliance. Program Measurement and Evaluation Guide: Core Metrics for Employee Health Management. The Art of Health Promotion. 2014; 28(4):TAHP2-10.
2. Wellness Council of America. Workplace Checklist. Available at <https://www.welcoa.org/well-workplace-checklist/>. Accessed September 23, 2016.
3. National Business Group on Health. Wellness Impact Scorecard. https://www.businessgrouphealth.org/scorecard_v6/index.cfm?event=using
4. Beck R, Harter J. Why great managers are so rare. Gallup Business Journal. March 25, 2014. Available at <http://www.gallup.com/businessjournal/167975/why-great-managers-rare.aspx>. Accessed September 23, 2016.
5. State of the American Manager: Analytics and Advice from Leaders. Gallup. Available at <http://www.gallup.com/services/182138/state-american-manager.aspx>. Accessed September 23, 2016.
6. Robinson J. How to create a culture of organizational well-being. Gallup: Washington, DC, 2013. <http://www.gallup.com/businessjournal/159080/create-culture-organizational-well-being.aspx>
7. Cantril H. The pattern of human concerns. New Brunswick, NJ: Rutgers University Press. 1965.
8. Prochaska JO, Evers KE, Johnson JL, Castle PH, et al. The well-being assessment for productivity: a well-being approach to presenteeism. JOEM. 2011;53(7):735-742. DOI: 10.1097/JOM.0b013e318222af4
9. Schaufeli WB, Bakker, AB. Salanova, M. The measurement of work engagement with a short questionnaire: a cross-national study. Educational and Psychological Measurement Volume. 2006;66(4):4701-716.

HEALTH COACHING: INTO THE FUTURE

Erin L. D. Seaverson, MPH
Aubrey Olson

Health coaching programs have had a longstanding presence in the health and well-being field, evolving over the past 25 years to become a key component of comprehensive programs that target higher-risk segments of a population. Although many think of coaching as solely the individualized lifestyle change support delivered over the phone, health coaching can be delivered through a variety of modalities. Research has shown that coaching programs are effective at managing disease conditions,^{1,2} changing lifestyle behaviors, and reducing health risks.³⁻⁶ Based on the substantial evidence supporting its efficacy, combined with an extensive literature on similar clinic-based programs, health coaching is considered a best-practice element of health and well-being programs.⁷

Despite this considerable evidence that health coaching is effective in helping individuals change unhealthy behaviors and reduce their health risks, a recent Society of Human Resource Management survey⁸ found that only 37 percent of respondents currently offer coaching, a decrease from 2015. Recent reports indicate some large employers view coaching as expensive and having limited reach. The opinion voiced in some quarters is that “health coaching is dead.” However, it would be foolish to abandon a proven approach to helping individuals change rather than overcoming its limitations. Vendors in the health and well-being industry are introducing a wide array of coaching options to respond to diverse motivation, ability, and preferences. Many are also broadening the reach of

these coaching approaches by creating innovative digital technologies to enhance the participant experience and promote engagement.

The changing age demographic of the US working population is forcing employers to explore new approaches to talent management, retention practices, and benefits design. Employers will need to find new ways to enhance consumer experience (i.e., navigation, personalized choices) and really think differently about how they connect with their people. Technology is evolving at a neck-breaking pace and is at the cornerstone of these changes in business practices. In the health and well-being space, technology-based innovations are fundamentally changing the consumer experience. Health coaching delivery has evolved to keep pace with how people interact with information—and each other—in today’s dynamic and busy world. Changes in health coaching also reflect employers’ expanding definition of employee health and well-being, not to mention the changing demographics of the workforce.

Behavior change is not a simple process. The operationalization of health coaching must include a combination of strategies to support individuals where they are in the change process. Optimizing success implies the need to employ different modalities, intensities, and interaction opportunities to enable people to take action and make changes as they are ready, willing, and able.

Ultimately, at the core of a coaching experience is motivation—understanding and applying strategies and tools to respond to individuals’ needs for autonomy (self-direction), a sense of purpose (personal meaning and value), and mastery (continual improvement).⁹ Motivation is critical not only for individuals to make and maintain positive and healthful behavior changes but for them to use and engage in resources and programs. One approach increasingly being leveraged in our industry to stimulate motivation is gamification tactics—applying game mechanics to motivate individuals to pursue mastery of new, healthier habits. A popular example of gamification in action is through digital dashboards, which have been instrumental in the evolution of coaching programs by applying gamification tactics such as visual progress and reward cues to build beyond the traditional telephonic interaction typically associated with health coaching programs.

Coaching is not dead. Rather, it is being reinvented with a new set of tools that appeal to more technology-savvy participants whose world has shaped them to have shorter attention spans and higher expectations. Many of these participants will continue to need support from coaches, experts in human behavior who understand how best to guide participants along the challenging path of behavior change. Fundamental change principles based on current behavioral science and best practice will continue to inform the optimal coaching interaction. Innovative integration of traditional “high-touch” health coaching and a fresh “high-tech” digital experience will drive engagement and lead us toward greater success for participants and employers.

Erin Seaverson is Senior Director of Research and Evaluation at Staywell. Aubrey Olson is Product Director at Staywell.

References

1. Pimouguet C, Le Goff M, Thiébaud R, et al. Effectiveness of disease-management programs for improving diabetes care: a meta-analysis. *Canadian Medical Association Journal*. 2011;183(2):E115-27.
2. Wennberg DE, Marr A, Lang L, et al. A randomized trial of a telephone care-management strategy. *New England Journal of Medicine*. 2010;363(13):1245-55.
3. Gold DB, Anderson DR, and Serxner SA. Impact of a telephone-based intervention on the reduction of health risks. *American Journal of Health Promotion*. 2000;15(2):97-106.
4. Eakin EG, Lawler SP, Vandelanotte C, and Owen N. Telephone interventions for physical activity and dietary behavior change: A systematic review. *American Journal of Preventive Medicine*. 2007;32(5):419-34.
5. Terry PE, Seaverson ELD, Stauffer MJ, Tanaka A. The effectiveness of a telephone-based tobacco cessation program offered as a part of worksite health promotion programs. *Population Health Management*. 2011;14(3):117-25.
6. Terry PE, Seaverson ELD, Grossmeier J, and Anderson DR. Effectiveness of a worksite telephone-based weight management program. *American Journal of Health Promotion*. 2011;25(3):186-9.
7. Terry PE, Seaverson ELD, Grossmeier J, and Anderson DR. Association between nine quality components and superior worksite health management program results. *Journal of Occupational and Environmental Medicine*. 2008;50(6):633-41.
8. Society of Human Resource Management. 2016 Employee Benefits. Looking back at 20 years of employee benefits offerings in the U.S. Retrieved from <https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Documents/2016%20SHRM%20Employee%20Benefits%20Full%20Report.pdf>. Accessed September 23, 2016.
9. Pink DH. *Drive: The surprising truth about what motivates us*. New York, NY: Riverhead Books, 2009.

MEASURING AND COMMUNICATING WHAT MATTERS

Jennifer Pitts, PhD
Dee W. Edington, PhD, CEO

For years, evaluations in the workplace wellness field have addressed the question of whether wellness programs reduce costs for employers. In this piece, we explore other meaningful indicators of the value of health and well-being initiatives for organizations and employees. We introduce a broader approach to demonstrating the value of an organizational philosophy that holds health as a shared value, develops healthy and supportive environments and cultures, and fosters healthy and thriving workforces—the value of caring.

Identify measures that matter to everyone—using a broader lens

As we evolve our approaches to support a broader kind of health, wellness, and well-being, we must include not only the outcome measures of healthcare and productivity costs but also measures that represent the full value of health, performance, happiness, engagement, and a life well-lived. We must ask with genuine curiosity about the bottom line interest of all stakeholders: What do they care most about?

Ask better questions

Historically, many of the evaluations used to assess the impact of wellness programs can be thought of as tests of “main effects.” Testing a main effect is statistics-speak for testing the effect of an intervention on a single outcome of interest. Testing a main effect requires us to ask the simplest question we can ask about the relationship between those two things. For example, “Do wellness programs reduce employee healthcare costs?”

But are we asking the right questions? Wellness and well-being programs and initiatives are designed to influence human beings, and by our nature, we are very complex. Organizations, humans, and the programs we design are embedded within very complex social systems. Our questions must evolve to reflect this complexity.

Create a guiding framework for evaluation

To better understand and improve the impact of our efforts, we must expand our evaluation approaches to reflect the full character of the impact we intend to make in the health and thriving of our employees and our organizations. A comprehensive impact framework can help shape the development of strategy and guide the interpretation of outcomes findings.

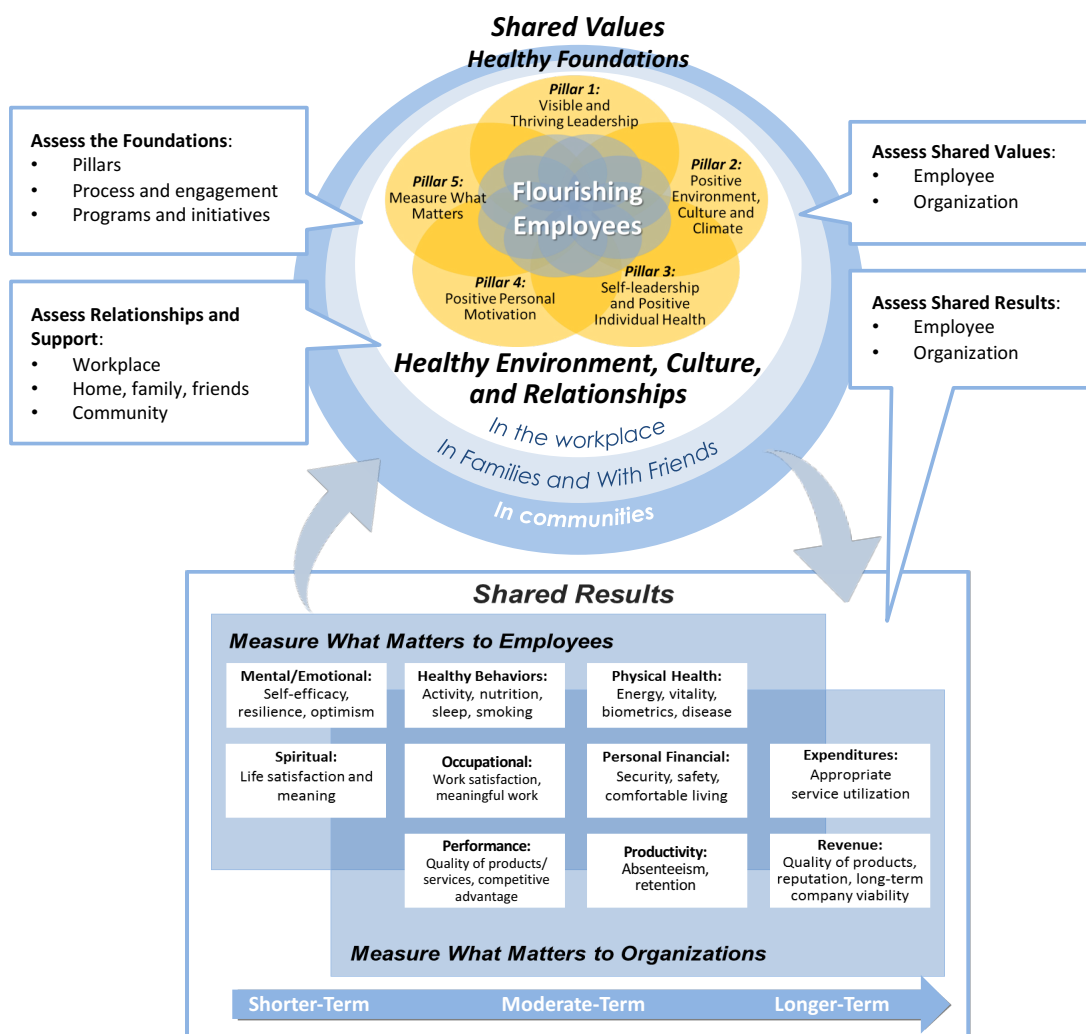
Figure 1 is an evaluation framework that represents areas that can be influenced as an organization evolves a healthier environment, culture, climate, and employee population. Assess the foundations of your approach—how strong are your five pillars? Are the values of the individuals and the organization being lived? Represent a broad set of outcomes that matter to both the employees and the organization, and represent how those might likely evolve over time. When everyone understands how they can benefit, nearly all dimensions are of interest to both employees and the organization.

Incorporate measurement practices that engage all stakeholders

We recommend that the evaluation planning process be collaborative. It is imperative to include all stakeholders in the planning. Most of all, involve employees! Include their voice and engage them as researchers, as distributors of the findings, as meaning-makers, and as brainstormers about potential solutions. Invite them to collect stories and other relevant information from their peers about how working for the organization influences their health and well-being. Allow employees to participate in the assessment as interviewers, to collect information, or even serve as project leads.

Use collaborative and engaging evaluation processes such as experience sampling method (ESM), culture journalism, organizational ethnography, and appreciative inquiry. Measurement conducted from the viewpoint or lens of the group being studied can add deep and rich qualitative information to the more quantitative data we also incorporate into our evaluations. Include all stakeholders in the process of making meaning from the data. Approaches such as collaborative sensemaking and realistic evaluation methods can help ensure the voice of the employee is incorporated into our findings.

Figure 1. Example of a Comprehensive Evaluation Framework



Use frequent communication that engages and motivates

An important part of any ongoing evaluation will be continuously communicating the results to all stakeholders. Start with what is already working well, make it intuitive and personal, invite interaction, use multiple communication channels, and creative visual displays of information. Finally, make it generative; involve all stakeholders in the process of using what you are continuously learning to refine existing approaches and co-create engaging new approaches.

Conclusion

All stakeholders have an interest in the health and well-being of the workforce and of the organization. Measuring and communicating what matters is all about finding ways to get all stakeholders involved in the design, data collection, analyses, interpretation, and communication of relevant findings.

Jennifer Pitts is Chief Science Officer and Co-Founder of Edington Associates. Dee Edington is Co-Founder of Edington Associates.



THE EEOC ENIGMA: FORGING AHEAD WITH MUDDLED GUIDANCE

Barbara J. Zabawa, JD, MPH

Since the Equal Employment Opportunity Commission (EEOC) issued the final rule under the Americans with Disabilities Act (ADA) on May 17, 2016, the wellness community has read and heard a lot about the substance of those rules. Missing from this education, however, has been how, if at all, court cases brought against employer wellness programs may affect the final rule.

The final rule allows wellness programs that collect health information to incentivize participants up to 30 percent of the cost of self-only coverage.¹ This rule creates an exception to the general ADA provision prohibiting employers from requiring employees to undergo medical exams. Medical exams include health risk assessments (HRAs) or biometric screens.²

Recent decisions in *Seff v. Broward County*³ and *EEOC v. Flambeau, Inc.*⁴ found in favor of employer wellness program that “required” employees to participate in HRAs or biometric screens because of the ADA “safe harbor.” The safe harbor allows health plans to underwrite risks, classify risks, or administer risks as long as those actions are not used as a subterfuge to discriminate against employees because of a disability.⁵ Through this safe harbor, health plans may conduct medical inquiries and exams, regardless of their voluntary nature, in order to administer the terms and risks of the plan. Because the wellness programs in both the *Seff* and *Flambeau* cases were tied to a group health plan, the ADA safe harbor applied. As a result, those plans could impose hefty penalties on employees who refused to participate in the

HRA. In the case of *Seff*, employees who refused to participate had a \$20 charge on each biweekly paycheck. In the case of *Flambeau*, employees who refused to participate had to pay 100 percent of the health insurance premium.

The EEOC disagrees with the courts’ reasoning, stating that reading the ADA insurance safe harbor as exempting workplace wellness programs from ADA restrictions renders the ADA’s “voluntary” provision for wellness programs “superfluous.”⁶

Indeed, in the preamble to the final ADA rule, the EEOC chastised the court conclusions. The EEOC contends that it has authority through a legal principle called “Chevron deference” to determine whether the safe harbor applies to incentives used to collect health information through workplace wellness programs.

Chevron deference originates from the 1984 U.S. Supreme Court case, *Chevron U.S.A. Inc. v. National Resources Defense Council*, in which the Supreme Court allowed courts to defer to a federal agency’s interpretation of a statute that it administers.⁷ A prerequisite for Chevron deference to occur, however, is that the statute being interpreted must be “ambiguous.”

According to the EEOC, because it administers the part of the ADA that prohibits employee medical exams, it has authority to interpret that law. Moreover, because neither the *Seff* court nor the *Flambeau* court said the ADA was clear

on how the safe harbor should apply to workplace wellness programs, the courts must defer to the EEOC's interpretation of the law. Under the final rule, the safe harbor does not apply to any workplace wellness program, regardless of whether it is tied to a health plan.

For good measure, the EEOC also points out that the *Seff* and *Flambeau* decisions were wrong, even when using the safe harbor. The EEOC states that in neither case did the employer or its health plan use wellness program data to determine insurability or to calculate insurance rates based on risks associated with certain conditions.⁸

There are two flaws in the EEOC's argument, however. First, the EEOC fails to acknowledge that the employers in the *Seff* and *Flambeau* cases used the HRA to administer risk, which is permissible under the safe harbor. The employer plan in *Seff* used the data to direct at-risk employees to disease-management programs.⁹ The *Flambeau* plan used the HRA results to design a wellness program to address some of the deficiencies discovered through the HRA.¹⁰ The EEOC argument against using the safe harbor focuses only on using data for underwriting or classifying risks.

Second, the EEOC fails to acknowledge that the *Flambeau* court called the difference between when the safe harbor applies and when it does not "obvious."¹¹ According to the *Flambeau* court, the ADA safe harbor applies when a wellness program is tied to a health plan, and the voluntary medical exam exception (and the ADA final rule) applies when the wellness program is not tied to a health plan but instead offered to all employees regardless of their coverage status. Use of the word "obvious" by a court suggests that the statutory language is clear and leaves no room for interpretation by the EEOC.

What's next?

It will be interesting to see whether and how the courts use the EEOC's final rule going forward. The EEOC appealed the *Flambeau* case to the Seventh Circuit Court of Appeals. A decision may happen later in 2016 or sometime in 2017. It is possible that the appeals court will defer to the EEOC's interpretation of the ADA safe-harbor provision, such as the District Court in the Eastern District of Wisconsin did in *EEOC v. Orion Energy Systems*.¹² In the *Orion* case, the court not only adopted the EEOC's position on the ADA safe harbor (i.e., that it should not apply to any wellness program, even if it is part of a group health plan), but it also invoked Chevron deference with regard to the ADA final rule. If the Seventh Circuit Court of Appeals adopts the position articulated in the *Orion* case, this will leave a "split" in the appellate circuits, which often leads to a US Supreme Court decision to resolve the matter.

However, the Seventh Circuit may agree with the *Flambeau* district court and decide that use of the safe harbor is "obvious" and not defer to the EEOC. This decision would result in two federal appeals courts (the Seventh [*Flambeau*] and Eleventh [*Seff*] Circuits) applying the ADA safe harbor to health plan wellness programs. The Seventh and Eleventh Circuits cover the following states: Wisconsin, Illinois, Indiana, Florida, Georgia, and Alabama.

Even though the court cases create uncertainty, a path forward has emerged for workplace wellness program compliance. For those employers outside the Seventh and Eleventh Circuits, the least risky path forward is to follow the ADA final rule unless and until a court in that employer's district rules in favor of the safe harbor or Congress intervenes. Certain members of Congress believe the EEOC has exceeded its authority in issuing the final rules. Senator

Lamar Alexander said he might seek to revive the [Preserving Employee Wellness Programs Act](#), which would allow, for example, participatory wellness programs (as defined by HIPAA/ACA) to offer rewards of any amount.

For employers within the Seventh and Eleventh Circuits, if we assume a decision in favor of the employer in *Flambeau*, it may be possible to impose incentives greater than 30 percent of the cost of coverage for participatory programs. But those employers must consider the risk of causing employee resentment, which is often the cause of employee lawsuits. Any lawsuit, even if one prevails eventually, is costly in time, money, and resources. Even if it may not apply to health plan wellness programs, the EEOC's final rule has significance.

Limiting incentives and requiring programs that are reasonably designed to promote health and prevent disease keep the mission of workplace wellness—to improve employee health—at the forefront. Moreover, the EEOC would not object to health plan wellness programs following their rules.

Barbara Zabawa is Attorney and President of the Center for Health and Wellness Law, LLC.

References

1. 81 Federal Register 31126 (May 17, 2016).
2. 42 USC s. 12112(d)(4)(A).
3. *Seff v. Broward County*, 691 F.3d 1221 (11th Cir. 2012).
4. *Equal Employment Opportunity Commission v. Flambeau*, 131 F.Supp.3d 849 (W.D. Wis. 2015).
5. 42 USC § 12201(c)(2).
6. 80 Federal Register 21659, 21662, n. 24 (April 20, 2015).
7. *Chevron U.S.A., Inc. v. National Resources Defense Council*, 467 U.S. 837 (1984).
8. 81 Federal Register at 31131.
9. *Seff v. Broward County*, 691 F.3d at 1222.
10. *Equal Employment Opportunity Commission v. Flambeau*, 131 F.Supp.3d at 852.
11. *Equal Employment Opportunity Commission v. Flambeau*, 131 F.Supp.3d at 854.
12. *Equal Employment Opportunity Commission v. Orion Energy Systems*, Case No. 14-CV-1019, Dkt. #51 (E.D. Wis. 2016).



THE HERO HEALTH
AND WELL-BEING BEST
PRACTICES SCORECARD
IN COLLABORATION
WITH MERCER®

2016 PROGRESS REPORT



MAKE TOMORROW, TODAY MERCER

RESULTS FROM THE 2016 PROGRESS REPORT FOR HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER® ARE NOW AVAILABLE

During the September 28 HERO Forum, **HERO** and **Mercer** presented a new report based on data from the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer® (HERO Scorecard). The HERO Scorecard asks employers to provide information about organizational and cultural support for employee health and well-being, specific program offerings, integration of health and well-being programs with other areas of the company, strategies to encourage participation (such as communications and rewards), program costs, and outcomes. After submitting the online scorecard, the employer immediately receives an email showing their best practice scores in six areas that contribute to employee well-being, along with benchmarks that show how they compare with employers of their size.

The 2016 HERO Scorecard Progress Report reflects data from more than 500 United States-based employers who have completed HERO Scorecard. Analysis of the data indicate that leadership support, workplace culture, and effective communications strategy are key to effective wellness programs. In addition, the analysis revealed a correlation between a high score on the HERO Scorecard and lower employee attrition rate.

Data highlights from the 2016 HERO Scorecard Progress report showed that:

- 56 percent of HERO Scorecard completers have a formal strategic plan in place to support their wellness program

- In organizations that report the most improvement in health risks, 45 percent say leaders are role models for the program
- 58 percent of high scoring companies use some type of technology or wearable device
- 62 percent of respondents have a distinct brand for their wellness program
- 71 percent communicate with employees about the program year round
- High-scoring companies reported employee turnover of 12 percent, compared with 15 percent in the medium-scoring group and 17 percent in the low-scoring group.

The **2016 HERO Scorecard Progress Report**

features expert commentaries on well-being trends from a variety of employers, research experts, and wellness providers. Trend topics include: technology and engagement, wellness and corporate stock performance, wellness champion networks, the role of organizational support, going beyond physical health in wellness programs, effective wellness program strategy, workplace culture, and a small- versus large-employer comparison of culture and leadership support. In addition, the 2016 Progress Report spotlights case studies from organizations that have completed the HERO Scorecard.

The HERO Scorecard, and 2016 HERO Scorecard Progress Report are available at no cost by visiting the [HERO website](#).