HERO Forum17
Conference Proceedings

WHAT'S INSIDE

ENGAGEMENT AND THE EMERGING WORKFORCE

Paul Terry, PhD

There was a period during the "Great American Eclipse" where I was so absorbed that I lost all sense of time and place. I had driven from Minneapolis to St. Joseph, Missouri, on August 20th so I could experience the "Path of Totality" the next day. It's an aptly named astronomical phenomenon because it is that geographic path where 100% of the sun is blocked and you experience night during the day. The totality term also works because it would seem impossible to be there physically and not be viscerally affected vis-a-vis total mental, emotional and—for many, I'm sure—spiritual engagement. For me, my visceral reaction was spurred in part by the resplendent *corona* (sun's atmosphere) visible to the naked eye. Thousands around me erupted in cheers when they saw it. Most people seemed fixated by the sky but I reveled most watching the shadows on the horizons and the stunning 360-degree panoply of sunsets that can only occur in the path of totality.

During my opening remarks at HEROForum17, I described this experience and mused about becoming an *umbraphile* (eclipse chaser). An eclipse is a reminder of the opportunities that life only occasionally presents. Conferences are like this, too. Professional development is an investment as well as a gift, and I always urge participants to be fully present for the awesome experience the HERO Team works so hard to provide. And as much as we focus on amazing speakers up on stage, much of our learning occurs when we connect with those around us and notice what's changing in their work and lives.

Primarily, though, I reflected on the path of totality because it offers such a compelling metaphor of where those of us working in health promotion are scheming to travel next. We are like umbraphiles researching the next path. Too often, I suggested, when we use the word *engagement*, it's what I call "little e" engagement, meaning how often participants take advantage of wellness program offerings. Participation is a great goal to be sure. But as I emphasized in my opening remarks at Forum16, we are a profession marked by growing ambitions, and engagement is on our agenda as a vital outcome as well as a well-being indicator.

As you will see in these HEROForum17 Proceedings, our faculty and our audience embraced the premise of this year's conference theme on engagement. Totally! Creating environments that evoke "Big E" engagement is about finding that path where health and well-being coexist—totally—with productivity and high performance. As we umbraphiles learn, close is not close enough. Partial eclipses are mediocre, and "little e" engagement is but a precursor to workplaces on the "Big E" path. It was not that long ago that learning tracks in health promotion conferences would have organized faculty according to "fitness interventions, nutrition, stress management or return on investment in wellness." In these Proceedings, you will see that our faculty organized their presentations to respond to our theme that engagement is changing in the emerging workforce. Our speakers reflected on generational differences, racial and ethnic issues, the "gig economy," and other emerging workforce issues in learning

tracks organized around culture change; well-being; measures that matter; skills, motivation, and autonomy; and diversity and workforce engagement.

Our profession's growing influence
Engagement is fundamentally a psychological construct. To that end, I invited a panel of three psychologists to open HEROForum17. David Ballard, an expert and author on psychologically healthy workplaces, shared data showing that the demise of employee engagement has been highly overstated. Sara Johnson, an accomplished scholar who studies the interaction of culture and individual behaviors, showed how our environment can profoundly abet sustainable habit change. Their presentations affirmed the emerging science of well-being, which shows that mental health issues such as anxiety and stress are likely more powerful than physical health problems when it comes to predicting diminished engagement and performance. Our third panelist, Ben Miller, an expert in health policy (and in finding goofy socks), is a self-described "fragmentation fighter." He explained how policies and economic incentives are conspiring to block improvements in mental health services as well as prevent us from getting upstream, where we ultimately need to wage the fight for parity in psychological health promotion.
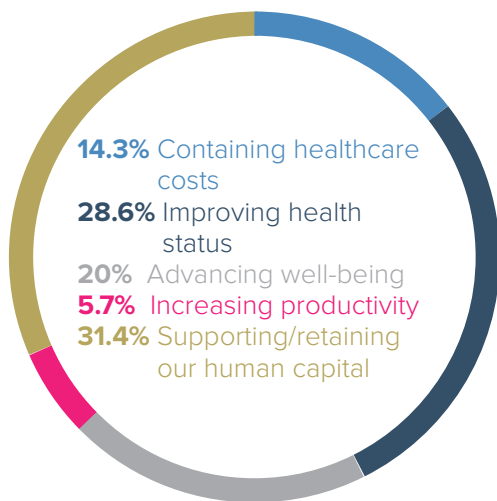
Among the plethora of mental and emotional factors that influence engagement, experiencing organizational support and having control over one's work impressed me as concepts that are taking hold in workplace-based health and well-being initiatives. Speakers reflected on the next generation of employees and a "gig economy," in which loyalty takes a back seat to worker autonomy. This trend may accelerate the shift already underway—from a focus on individual health practices to organizational and environmental strategies

that advance engagement and well-being. One of the opening poll questions for our Forum audience was: "Most agree that individual, organizational, and community health are keenly inter-related. Where do you consider you are able to exert the most influence?" Interestingly, most (43%) felt they had the greatest influence changing "organizational health (i.e., via policy, environmental, and leadership practices)." The next greatest influence (38%) was on "individual health (i.e., via caring and offering support and programs)." Trailing these (19%) was influence on "community and social (i.e., via volunteerism, sustainable corporate practices)." Where worksite health promotion once largely focused on personal choice and lifestyles, this migration toward organizational and community influences of well-being is a compliment to HERO's long-term strategic plan. My hope is that we can affect a professional orientation that affords us equal influence in each of these domains.

Sustainability and our organizational priorities
It has always been the case that health promotion is a dynamic discipline led by eclectic professional teams serving varying organizational priorities. While evidence-based best practices have emerged, there will likely never be a precise mix of interventions, given how organizations naturally have differing priorities relative to employee well-being, productivity, and performance. This variation was apparent in a panel led by Dr. Seth Serxner, Optum's Chief Health Officer and Vice Chair of the HERO Board of Directors. As executives from Shell Oil, Johnson & Johnson and Goldman Sachs all attested, keeping employee well-being initiatives vital and fresh for the long term is not a one-size-fits-all proposition. Based on the content this panel discussed, I polled the Forum audience on this question: "What is the current, most compelling value proposition

for your health and well-being initiatives? (Choose one.)" As the pie chart below shows, retaining human capital followed closely by improving health status are key priorities. If I had offered the choice option "these are all important," I expect it would have garnered the most votes. It is noteworthy though, that this forced choice approach showed that the legacy priorities in health promotion of containing healthcare costs and improving productivity are just that: a legacy that's still relevant but waning in importance relative to other organizational values.

14.3% Containing healthcare costs
28.6% Improving health status
20% Advancing well-being
5.7% Increasing productivity
31.4% Supporting/retaining our human capital

Another noteworthy observation from Serxner's panel discussion relates to the use of financial incentives—or rather, the absence of discussion about same. For a variety of understandable reasons concerning ethics, effectiveness, and culture fit, the use of incentives has garnered considerable attention from the media and from critics of wellness programs. I've long felt that, as but one tactic among many, incentives were getting inordinate attention in our field, so much so that many experts have regularly begun to remind the uninitiated that "the incentive program is NOT the wellness program." It was affirming then, that well into an hour-long discussion about what it takes to sustain a company's health and well-being initiatives, Serxner noted that incentives had not yet been mentioned. I took this to indicate that the positive psychology

movement, culture of health initiatives, and the evolution of the use of incentives has our profession better balancing intrinsic and extrinsic motivations as we design our offerings.

"What's love got to do with it?"
One of our keynote speakers, Dr. Mandy O'Neill, a professor from George Mason University, spoke about channeling the lyrics from Tina Turner when she selected a title for one of her scholarly articles in the *Harvard Business Review*. Her research shows how "companionate love"—that vital mix of friendship, affinity and perceived organizational support in the workplace—all relate to greater performance, productivity and profitably. O'Neill participated in several sessions over the course of four days at Forum, and she reflected often on how she needed to emphasize the hard data as she makes the case for what is too often construed as soft, squishy concepts, such as the business benefits flowing from love and happiness. Similarly, our keynote speaker, best-selling author, and academic researcher Dr. Stephen Post taught us about the health benefits of altruism, particularly volunteerism.

When I have consulted with companies about their wellness program philosophy, I've regularly asked about whether their health and well-being initiatives were integrated with their corporate social responsibility function. Most human resource professionals appreciate the conceptual connection. However, few are yet combining efforts, such as offering the same level of incentives for volunteerism as they do for participating in a wellness offering. Post and O'Neill both offered compelling examples for why our health and well-being strategic plans should include socially connecting employees with each other and coalescing all levels of staff and leaders around community needs. We polled the Forum audience on this

question: "Positive psychology principles are taking hold in the wellness movement. Where do love, gratitude and emotional well-being fit in your plans?" Nearly half (45.2%) say "we are on it," but nearly as many (38.7%) are awaiting better evidence and tools to support such a direction for their offerings.

Thanks to Karen Moseley, the HERO team, and our awesome presenters

We polled our audience on the third day of our sessions, asking: "So far, how satisfied are you with the conference overall?" Of those responding, 70% said they were "highly satisfied" and 30% were "satisfied;" no one indicated they were dissatisfied. My thanks go out to Karen Moseley, HERO's Vice President of Education and Director of Operations, and to all of the HERO Team for their months of hard work and "Big E" engagement in organizing this conference. My gratitude also goes out to our tremendous keynoters, faculty, and the many planning committee members and friends of HERO who made Forum17 such a rousing success.

Paul E. Terry, PhD, is President and CEO, Health Enhancement Research Organization (HERO).

New this year, we partnered with IntelliQuest to record most of the sessions so that you can "attend" those you missed. To order individual sessions or the full HEROForum17 collection, **click here.**

HERO Education Committee
Susan Bailey, MS, SPHR, SHRM-SCP, Marsh & McLennan Agency
David Ballard, PsyD, MBA, American Psychological Association
Catherine Bass, PhD, MS, Onlife Health
Laura Ellison, MBA, ADT
Rick Fisher, AON
Richard Hill, Provant Health
Lori Huss, PhD, MEd., Humana Wellness
Rebecca Kelly, PhD, RDN, FAND, Element Health, Inc.
Wade Pinkard, MS, CHES, Western Kentucky University
Jerry Painter, Community Health Systems
Patti Rittling, PhD, CHES, Marsh & McLennan Agency

CMO Summit
Marleece Barber, MD, Lockheed Martin
Wayne Burton, MD, formerly American Express
K. Andrew Crighton, MD, Prudential
Ron Goetzel, PhD, Johns Hopkins/IBM
Kyu Rhee, MD, IBM
David Shepperly, MD, Bristol-Myers Squibb
Dexter Shurney, MD, MBA, MPH, Cummins

Healthcare Summit
Tim Butler, MS, MCHES, Intermountain Healthcare/SelectHealth
Stephen Doyle, MS, MBA, UPMC Health Plan
Linda McCauley, RN, PhD, FAAN, FAAOHN, Emory University
David Schweppe, MPH, CPHIMS, Kaiser Permanente
Ryan Sledge, MPH, OhioHealth
Michael Staufacker, MA, CHES, Emory University
Jennifer Wright, MPH, South Carolina Hospital Association

University Summit
Nancy Allen, MA, CHES, Michigan State University
Patricia Benson, MEd, University of Louisville
Megan Hammes, MA, CHES, University of Iowa
LaVaughn Palma-Davis, MA, University of Michigan
Michael Staufacker, MA, CHES, Emory University
Joni Troester, MBA, MA, University of Iowa

HEROForum18:
From the C-Suite to the Shop Floor: Well-Being for All
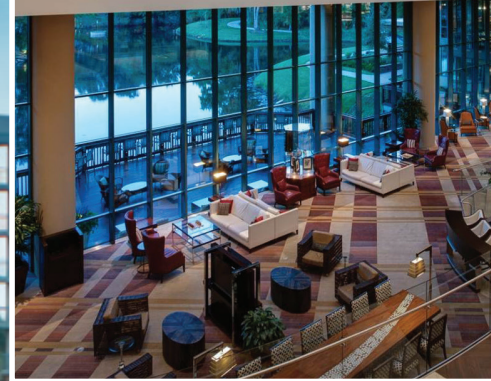
October 2-4, 2018
Sawgrass Marriott
Golf Resort & Spa
Ponte Vedra
Beach, FL

Our conference theme for HEROForum18 is **"From the C-Suite to the Shop Floor: Well-Being for All."** For decades, the success of an employee health promotion effort was tied to population-level health-risk reduction, healthcare cost containment, and for bold companies, a goal of a getting a return on investment from their wellness programs. How things have changed! Successful health and well-being initiatives today are being measured against nothing less than increasing shareholder value, contributing to corporate and community sustainability, and enabling ever-higher levels of employee engagement and performance. The movement from wellness to well-being has full-throttle momentum, and more companies are embracing tenets of positive psychology such as love, gratitude, and kindness to advance emotionally healthy workplaces. There are countless examples nationwide that investing in employee health and well-being is a business imperative, but organizational development strategies, measures, and tools for turning these assets-based approaches into standard practice in workplace health promotion are needed.

HEROForum18 will invite keynote sessions and breakout sessions. We will also host in-depth presentations to explore how organizations can achieve the optimal balance between dual strategies such as reducing risks and strengthening assets, promoting love and accountability, and creating cultures of paternalism and autonomy. We will examine how organizations can satisfy the business objectives of the C-Suite while, as resolutely, co-creating employee-centered health and well-being initiatives that soar in popularity and impact. What's more, we'll ask whether methods for increasing "Big E" engagement are working equally well for blue, pink, and white collar workers. Social divides and—related to this—health disparities by class and race, continue to plague the nation. The opioid epidemic is a grave symptom of unresolved social issues that have left so many feeling disaffected. HERO always asks: "What is the employer's role?" And as we've organized more of our HERO Think Tanks to focus on the "employee experience," we've affirmed our appreciation for how beholden C-Suite strategies are to shop-floor passion around shared vision and purpose.

There is no question that the aims of the C-Suite and the shop floor need to be aligned and congruent; health improvement has always required interconnectivity between the organization and its subgroups and individuals. But here's the big audacious challenge: Health risks and related costs have not abated, and the pathways between well-being and business performance are still being forged in both science and practice. As HEROForum17 demonstrated so powerfully, socio-ecological models for health and the influence of the built environment, families, and communities are vitally linked. At HEROForum18, we are dedicated to elevating the conversation in worksite health promotion by bringing new thinking, open and honest disciplined reflection and, as always, innovative new strategies and tools to make well-being possible for all.

We hope you see you at HEROForum18, in Ponte Vedra Beach, on October 2-4, 2018.

PRE-CONFERENCE HIGHLIGHTS

FROM THE HEALTHCARE SUMMIT

Compiled by Stephen Doyle, MS, MBA, and Tim Butler, MS, MCHES

For the third consecutive year, HERO offered a pre-forum event especially for hospitals and healthcare systems to explore how healthcare systems can improve the health of their employees, families, and their organization.

This half-day symposium included three plenary sessions: "Bounceback: Individual Approaches to Resilience," "Physician Professional Fulfillment and Stanford's WellMD Center," and a reactor panel of healthcare experts reflecting on the challenges and the approaches taken to achieve the quadruple aim and positively affect personal and systemic resilience in healthcare.

This year's speakers included the following experts:
• Tim Butler, MS, MCHES, Wellness Program Management Consultant, SelectHealth/Intermountain Healthcare
• Stephen Doyle, MS, MBA, Sr. Director, Strategic Health Management Solutions, WorkPartners/UPMC Health Plan
• Corey Martin, MD, Lead Physician, Physician Resilience, Allina Health
• Chris Calitz, MPP, Director, Center for Workplace Health Research and Evaluation, American Heart Association
• Jennifer Wright, MPH, Director of Working Well, South Carolina Hospital Association
• Terri Flint, PhD, LCSW, Director of Employee Health Services and EAP, Intermountain Healthcare
• Holly Lorenz, MSN, Chief Nurse Executive, UPMC
• Patty Purpur de Vries, MS, Director of Strategic Projects, Stanford Medicine WellMD Center

Healthcare's Rapid Transformation and the Quadruple Aim

Tim Butler, MS, MCHES, provided opening remarks for the summit. Butler noted how healthcare is experiencing a period of exceptionally rapid transformation. He noted the results of surveys among physician and nursing communities, which illustrate the extreme stress the system is experiencing:
• Research conducted by the Mayo Clinic in partnership with the AMA found that 54% of physicians suffered from burnout in 2014, a 10% increase since 2011.[1]
• A recent study of U.S. nurses shows nearly half of respondents are thinking about leaving their profession. Major drivers behind the potential mass exodus include feelings of being overworked and disrespected by their coworkers.[2]

Writing in the *Annals of Family Medicine* in 2014,[3] Drs. Thomas Bodenheimer and Christine Sinsky make a compelling case for addressing caregiver well-being. Butler quoted from their piece: "The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the healthcare workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim.

The authors recommend "that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of healthcare providers, including clinicians and staff."

In fostering the well-being of our physicians, Butler noted, nurses and other caregivers must be among our highest priorities.

Bounceback: Individual and Systemic Approaches to Resilience

Dr. Corey Martin, a founder of the Bounce Back Project, shared his personal connection to this challenge and the "why"

for his drive to help solve this challenge, arising from the loss of two personal colleagues and friends. Corey shared six tools for expressing gratitude and improving organizational resilience that included Random Acts of Kindness, Three Good Things, Gratitude Journaling, Gratitude Letters, Gratitude Booths and Videos. His discussion included brief descriptions of these tools; the resulting impact on driving higher levels of happiness, gratitude, and social connection across organizations; and the creative ways used to implement these solutions within an employer culture.

Reactor Panel: Building Individual and Organizational Resilience In Healthcare
Our reactor panel on clinician burnout and resilience was led by Chris Calitz. The panel included healthcare experts who spoke to their organization's experience with employee burnout and solutions for building resilience, reducing compassion fatigue, and addressing stress management in the healthcare environment.

Jennifer Wright led off the reactor panel and shared a broad perspective that she has in evaluating nine dimensions of well-being across the 100-plus hospitals her organization collaborates with. Among the resilience interventions that she has seen implemented, she has experienced a significant shift in focus toward the quadruple aim over the last few years. South Carolina healthcare providers, for example, have introduced serenity rooms, organic farms at urban hospitals, resiliency training for physicians and patient care staff, wellness break policies, payment for volunteerism policies, and purpose-driven well-being programming.

Next, Terri Flint shared Intermountain Healthcare's experience in supporting the resilience of their caregivers and employees. Coming from the perspective of executive leader of Intermountain's internal EAP provider, Dr. Flint shared that the use of their EAPs exceeds 18%, and that this strong use is largely driven from the tailored programs that are provided to support their various employee constituents. These programs include a Physician Worksite Resource Center that provides support for physicians from an emotional and behavioral health perspective as well as from a work-life services perspective. She also spoke about the resilience training course, crisis debriefing support, teaching communication courses, and the Listen, Act, Develop process available for Intermountain's physician leaders.

Finally, Holly Lorenz spoke to the solutions that UPMC has put in place to address the issue of individual and institutional resilience. Several confounding challenges affect our capacity to build resilience and reduce compassion fatigue/burnout in the healthcare setting. These challenges include the opioid crisis, aggressive competition for staff, and traditional medical training and work models. Lorenz discussed the recently held nurse leadership mindfulness retreat, the customized Nurse Assistance Program, the creation of the Center for Healthy Nursing, the building of community involvement into the nurse career ladder, and the institution of a "reflection map" process that allows staff to collaborate and reflect on difficult patient cases and outcomes.

Upon completion of the presentations by the panelists, Chris Calitz moderated a discussion among the panelists, which explored several of the initiatives in greater depth.

Physician Professional Fulfillment and Stanford's WellMD Center
Patty Purpur de Vries concluded the plenary sessions with a discussion of Stanford's WellMD Center and approaches to address physician burnout. Even as physicians' professional wellness is increasingly recognized as critically important to the delivery of healthcare, national survey data indicate that physician burnout has increased from 45% in 2011 to 54% in 2014. The Stanford Medicine Physician Wellness

Committee conducted its second Physician Wellness Survey in the fall of 2016. The data show a clear need to improve the culture, burnout rates, and attrition rates for Stanford physicians and the full care team.

The Stanford WellMD Center has created a model for professional fulfillment. The model expands the concept of wellness and measures the impact of leadership and business practices that can either support or diminish employee health and well-being. Patty shared 2016 survey data collected from more than 1200 Stanford physicians, along with cohort data from those physicians who participated in both the 2013 and 2016 surveys.

Stephen Doyle, MS, MBA, RCEP, is Sr. Director, Strategic Health Management Solutions. Tim Butler, MS, MCHES, is Wellness Program Management Consultant, SelectHealth/Intermountain Healthcare.

References
1. Shanafelt TD, Hassan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. Mayo Clinic Proceedings. 2015; 90(12):1600–13. Available at http://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/fulltext.
2. RN Network. Portrait of a Modern Nurse Survey Finds Half of Nurses Consider Leaving the Profession. February 2017. RNN-792. Available at www.rnnetwork.com/blog/wp-content/uploads/2017/02/Modern-Physician-Survey-Final.pdf
3. Bodenhiemer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med 2014;12(6):573-6. Available at http://www.annfammed.org/content/12/6/573.full.

FROM THE UNIVERSITY SUMMIT: A GENERAL OVERVIEW

Compiled by Patricia Benson, MEd, and Megan Hammes, MS

For the fifth consecutive year, HERO offered a pre-conference event in support of universities seeking to collaborate and share content on campus wellness programs specifically targeted to faculty and staff.

Patricia Benson, Assistant Vice President, Health, Wellness and Disease Management, University of Louisville, and Co-Chair of the University Summit, welcomed participants and provided historical context, with special recognition of Dr. Robert Winfield, the founder of the University Summit.

The purpose of the summit was to engage key health and wellness leaders and other executives in the identification and discussion of issues integral to university employee health and wellness programs. Specifically, the summit has the following objectives:
• Help universities and colleges with the formation and improvement of programs
• Create a forum for sharing best practices and disseminating new research
• Foster networking and sharing among existing programs to advance the field

The first speaker was Dr. Stephen Post, best-selling author, Professor of Preventive Medicine, and Director and Founder of the Center for Medical Humanities, Compassionate Care, Stony Brook University. In his presentation, "The Science of Giving: Unique Aspects of University Well-being," Dr. Post first asked participants to consider the question: "Is being good, good for you?" He then followed up the question with 12 "good to be good" scientific studies. A few of these findings included the following:
• Rumination and bitterness contribute to depression and physical illness, but they can be overcome by intentional acts of kindness that divert attention and emotional energy from the self with its inward litany of hostility.
• The incidence of heart attacks is highly correlated with the level of self-references (i.e., "I," "me," "mine," or "myself") in the subject's speech during a structured interview.

Dr. Post closed his presentation with a quote from Ralph Waldo Emerson: "It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself."

In focusing on "Living Life with Purpose," Victor Strecher, PhD, MPH, Professor and Director for Innovation and Social Entrepreneurship, School of Public Health, presented on a topic that dovetailed nicely with Dr. Post's presentation. Dr. Strecher quoted Marshall Becker, one of the founding fathers of our field. "The purpose of life is not only to be happy," Becker said. "It is to matter, to be productive, to be dedicated to goals higher than one's own self-indulgence; in other words, to have it make some difference to the world that you have lived at all." Dr. Strecher challenged and inspired the participants to think critically about how we live our daily lives. How do we interact and engage university colleagues in our work days in ways that facilitate a shared sense of purpose and meaning? How do we help students design lives that matter? In his presentation, Dr. Strecher provided a framework for purposeful living, exploring advances in the science and philosophy of well-being at both an individual and an organizational level.

Following Dr. Strecher, Jessica Grossmeier, PhD, MPH, Vice President of Research, HERO, presented her analysis comparing organizations of higher education

against other sectors represented in the national database of the HERO Health and Well-Being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard).

Her presentation identified several areas where organizations of higher education have opportunities to further improve its health and well-being initiatives, particularly practices associated with fostering employee resilience and engagement. A summary of her session is published as a separate article in this Proceedings on page 14.

Following a university networking break, Chip Sernyak, Senior Growth Officer, Health Fitness, brought the attendees together for the final panel presentation of the day, featuring three practicing professionals in the university setting. Each presenter shared examples from their institutions in response to the "Best Practices" framework provided by Dr. Grossmeier. They discussed how they clearly address accessibility, collaboration, and leadership support—all while aligning with overall institutional strategy. The panelists included:
• Jody L. Ensman MS, HR Manager, Health and Wellness Program, University of Kentucky
• Jillian McManus, DBH, LCSW, Senior Director, Organizational Health and Development, Arizona State University
• Megan Hammes, MS, MCHES, Director, UI Wellness/ University Human Resources, The University of Iowa

Both University of Kentucky (UK) and Arizona State University (ASU) shared a best-practice program that tied in with HERO Scorecard areas of Organizational Support and Program Integration. UK paired an optional biometric health screening with a regular compliance test for nurses at its healthcare location as a part of a pilot project. UK successfully communicated this value-add to leadership, and in turn, has seen wellness program participation increase. ASU paired a behavioral health screening by an EAP clinician as a part of a regular biometric event; this embedded program increased EAP program use and value, building a case for increased staff with the EAP.

The University of Iowa launched a "Building Resilience" initiative in 2015 through its Health and Productivity/University Human Resources programs—a programming continuum developed with a blend of already existing resources (such as EAP and health coaching) and new content in the form of workshops and videos. Outcomes such as participation, video views, satisfaction at work, and perceived increase in well-being have been positive. The University measures population impact via its Personal Health Assessment. Following are some 2016 results:
• 85% agree with the statement, "My supervisor supports health and wellness within my unit."
• 83% agree with the statement, "My physical work environment provides opportunities to make healthy choices."
• 68% are "thriving" based upon Gallup Well-Being Index.

Patricia Benson, MEd, is Assistant Vice President, Health, Wellness, Disease Management, University of Louisville. Megan Hammes, MS, is Director, UI Wellness, University of Iowa.

BEST PRACTICES IN SUPPORTING EMPLOYEE ENGAGEMENT AND RESILIENCE IN HIGHER EDUCATION

Compiled by Jessica Grossmeier, PhD, MPH

Colleges and universities (higher ed.) are highly likely to take an evidence-based, data-driven approach to developing, implementing, and evaluating their health and well-being initiatives. They are also highly collaborative and strategic in their approaches. Moreover, higher ed. organizations often have unique resources within its population and organizational infrastructure to contribute to health and well-being programs—such as in-house experts and thought leaders in the form of faculty, researchers and evaluation resources, and rich physical environment opportunities to support wellness. It's no surprise, then, that the higher ed. sector leads all other sectors when it comes to implementing health and well-being best practices.

The HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard)[1] assesses six different areas of practices highly correlated with health, performance, and financial outcomes.[1-2] These areas include (1) strategic planning; (2) organizational and cultural support; (3) programs; (4) program integration; (5) participation strategies; and (6) measurement and evaluation. According to a recent analysis conducted on the HERO Scorecard national database, higher ed. as a sector (n=36 organizations) logged higher scores than all other industry groups assessed (n=777). More specifically, higher ed. organizations had higher scores in all six areas of the HERO Scorecard, particularly in the areas of organizational and cultural support, programmatic practices, and participation strategies. Higher scores mean an organization reports implementing more of the practices listed on the HERO Scorecard.

HERO Scorecard Section	Higher Ed. (n=36)	Nation (n=777)	Max Score Possible
Strategic Planning	11	10	20
Organizational and Cultural Support	28	23	50
Programs	27	22	40
Program Integration	7	5	16
Participation Strategies	25	21	50
Measurement and Evaluation	10	9	24
Overall Score	108	89	200

Even though higher ed. organizations score more highly, there is plenty of opportunity for them to elevate their initiatives to a higher level because there is a wide gap between the average scores for higher education and the total points possible for each domain. This presentation at the HEROForum17 University Summit shared key findings from this analysis and identified several areas where even this over-achieving industry might strive to further improve its health and well-being initiatives, particularly practices associated with fostering employee resilience and engagement.

Strategic Planning

Several analyses of HERO Scorecard data demonstrate that organizations with written strategic plans are more likely to report better outcomes in terms of health improvement, healthcare cost trends, and productivity.[2] This practice is relevant to the areas of resilience and employee engagement because if organizations implement initiatives that aim to influence these outcomes, they will be more likely to succeed if they have written goals and objectives for them. Higher ed. organizations are more likely to have long-term and/or short-term written

strategic plans for their overall health and well-being initiatives compared with other organizations in the national benchmark database (70% higher ed. versus 57% national). Higher ed. organizations are also more likely to have written measurable objectives for program participation and employee morale/satisfaction/engagement data—but no more likely to have written objectives for recruitment and retention outcomes (24% higher ed. versus 25% national).

Another practice assessed in the strategic planning section of the HERO Scorecard is the types of data that are collected and used to guide program decisions. Higher ed. organizations are highly likely to collect employee feedback to inform strategic planning, including use of employee interest surveys (77% higher ed. versus 64% national), employee morale/satisfaction/engagement data (80% higher ed. versus 57% national), and culture or climate assessment data (49% higher ed. versus 40% national). The biggest area of opportunity for higher ed. is to incorporate culture or climate assessment into their strategic planning process. One of the barriers to collecting and using such data is lack of information on appropriate measurement tools. HERO collaborated with many other organizations to develop the Program Measurement and Evaluation Guide,[3] which includes specific recommendations for how to measure organizational and cultural support.

Organizational and Cultural Support
The second practice domain with significant areas of strength and opportunity for higher ed. is the area of organizational and cultural support, which assesses practices associated with supportive policies, supportive built environment, and supportive leadership practices. There are five policy areas identified on the HERO Scorecard, and higher ed. leads in implementation of all of them. The policy areas most relevant to resilience are allowing work time for stress management

(44% higher ed. versus 35% national); supporting work-life balance by offering, for example, flex time (81% higher ed. versus 55% national); and allowing stress management and mental recovery breaks (67% higher ed. versus 37% national). The biggest area of opportunity for higher ed. is to allow employees to participate in stress management and other offerings during paid work time. For example, with their Well Time policy, Stanford University has a written policy allowing employees up to 8 hours of work time per year to participate in health and well-being programs.[4]

One of the greatest opportunities for higher ed. organizations to foster resilience and drive employee engagement is through supportive leadership practices. Higher ed. organizations are more likely than other sectors to report supportive leadership practices, but at least 60% of higher ed. organizations do not report such support.
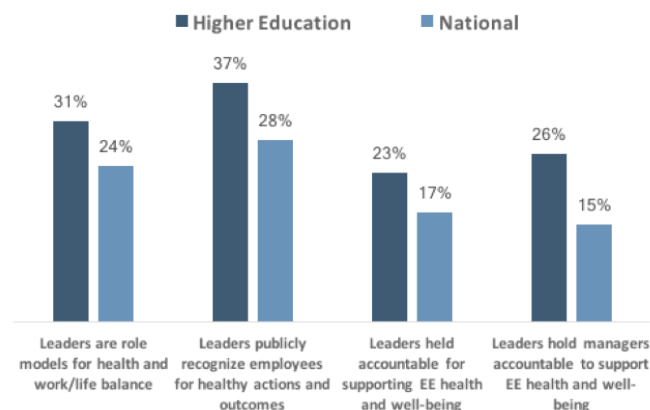
Gallup research demonstrates that managerial support is particularly important for employee performance and engagement.[5] Managerial relationships account for 70% of the variance in employee engagement scores, and 50% of employees say they have left a job at some point in their careers to get away from their manager, according to Gallup studies. Companies need to invest in managers by providing training, resources, and tools they need to support the teams they lead. The University of Michigan recently launched an effort to integrate health and well-being

into their leadership development initiatives, including development of a 4-hour training for supervisors called "Leaders Creating a Culture at Its Best." This and other leadership development initiatives are highlighted in a case study developed on their programs.[6]

national database identifies many practices where colleges and universities have an opportunity to strengthen their practices. Their ability to do so will continue to set them apart as the leading sector in implementing HERO Scorecard Best Practices.

Conclusion

This analysis comparing organizations of higher education against other sectors represented in the HERO Scorecard

Jessica Grossmeier, PhD, MPH, is Vice President, Research, at HERO.

References
1. HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer. Available at http://hero-health.org/hero-scorecard/.
2. Hunt N. Strategic planning as a fundamental step for achieving outcomes. HERO Blog post. March 6, 2017. Available at http://hero-health.org/blog/.
3. HERO-PHA Program Measurement and Evaluation Guide. Available at http://hero-health.org/resources/committee-publications/.
4. HERO Culture of Health Study Committee Values Workgroup. 2017. Culture of Health Case Study: Stanford University. Available at : http://hero-health.org/resources/committee-publications/.
5. Gallup. State of the American Manager. Available at Gallup.com.
6. HERO Culture of Health Study Committee Values Workgroup. 2017. Culture of Health Case Study: University of Michigan. Available at http://hero-health.org/resources/committee-publications/.

FROM THE THINK TANK
Making Diversity and Inclusion Part of a Healthy Workplace Culture
Compiled by Shamayne Braman, MEd, and Karen Lloyd, PhD

HERO's Think Tank meetings are semi-annual, members-only events where Think Tank members meet to brainstorm how to tackle current issues. In this way, HERO creates a close-knit community and promotes the sharing of best practices and building relationships across the industry.

During the Pre-Conference Think Tank, Dr. Karen Lloyd, Senior Director of Behavioral Health and Resilience at HealthPartners, and Shamayne Braman, the organization's Director of Diversity and Inclusion, led a discussion stemming from a single proposal: health promotion activities should reference diversity and inclusion efforts since bias is shown to produce stress that interferes with health and well-being. HealthPartners, the largest non-profit integrated healthcare and healthcare financing system, is convinced that diversity and inclusion efforts are the next frontier for improving employee health, well-being and work performance.

Questions asked and answered during the Pre-Conference Think Tank included the following:
• Does health and well-being research show that bias leads to stress? Is stress associated with poorer outcomes on measures of health and well-being?
• Does my workforce need to work respectfully and collaboratively with each other, with vendors, and with customers?
• Do my workers need orientation, education, or support in order to treat everyone with respect regardless of race, ethnicity, religion, gender, sexual orientation, age, educational attainment, or socioeconomic status?
• How does bias, discrimination, or racism show up in my workplace? Is it subtle, overt, or unintended?

• How does an organization build programs that help create a culture of inclusion in which all are welcomed, included, and valued?

To create the foundation for the discussion, bias was defined as having three dimensions:
• Thoughts, which can manifest as stereotypes
• Feelings, which can manifest prejudice
• Actions, which can be microaggressions (often unintended) or discrimination

The American Psychological Association annually publishes a survey entitled Stress in America.™ The 2015 survey focused on the experience of discrimination. Among American adults, 69% reported the experience of discrimination, with 61% reporting experiencing day-to-day discrimination, such as being treated with less courtesy or being threatened or harassed. About 47% reported major forms of discrimination, such as unfair treatment by police, being unfairly fired or denied a promotion, or receiving unfair treatment when getting healthcare.

Dr. Lloyd provided samples of research that demonstrates correlations between stress and poorer health and well-being outcomes. She presented examples of investigations that experimentally manipulated bias and found causal relationships between (1) the experience of discrimination and (2) physiological emotional and interpersonal impacts. For example:
• At the cellular level, discrimination correlates with excessive oxidation in red blood cells triggered by emotional stress.[1]
• Brain pathways reveal that chronic discrimination is associated with dysregulation of HPA axis (hypothalamic–pituitary-adrenal axis) accompanied by chronically elevated cortisol.[2]

- In the presence of discrimination, there exist increased health risks for depression, anxiety disorder or substance use disorders.[3]
- At the interpersonal level, racial bias impedes empathy for others' pain because empathy is extended to "people like me."[4]
- Experimental manipulation to create interdependent vs. independent self-concept changed brain imaging results and modified in-group racial bias.[5]

Simply put, discrimination is associated with stress and stress leads to poorer health and well-being.

Shamayne Braman reflected on the past few years in which HealthPartners has taken a strategic approach to addressing the impact of race and race-related stressors among the workforce. Through Open Conversations, Team Talks, unconscious bias training and a variety of other initiatives, the organization has seen increased engagement around diversity and inclusion.

Ms. Braman explained how diversity and inclusion has been built into the infrastructure of HealthPartners and has become an integral part of the culture. One example of their initiatives is "Breaking Ice," a theatrical experience commissioned by HealthPartners from the Pillsbury House Theater. "Breaking Ice" provides a multitude of vignettes regarding the ways that bias appears on the job. It was performed live for leaders, including supervisors, and was taped for all employees. The purpose was to raise awareness and sensitize all employees to the experience of bias, which is characterized as being spotlighted as different (and not in a good way). After viewing a video clip of "Breaking Ice" within their team or department meetings, employees held small group discussions that focused on how to manage awkward moments through cultural humility and wholesome curiosity. Later, leaders made departmental rounds, Team Talks, which further enhanced understanding and cultural-building.

Most Think Tank participants agreed that incorporating diversity and inclusion initiatives were an important part of improving workforce health and well-being. While some felt it a worthy goal, some Think Tank participants felt that including diversity and inclusion was "a bridge too far." Many found it valuable to think about how their own approaches to health and well-being can align with their diversity and inclusion efforts.

Karen Lloyd, PhD, is Senior Director of Behavioral Health and Resilience at HealthPartners. Shamayne Braman, MEd, is HealthPartners' Director of Diversity and Inclusion.

References
1. Szanton SL, Rifkind JM, Mohanty JG, et al. Racial discrimination is associated with a measure of red blood cell oxidative stress: a potential pathway for racial health disparities. Int J Behav Med. 2012;19(4):489-95.
2. Berger M, Sarnyai S. More Than Skin Deep: Stress neurobiology and mental health consequences of racial discrimination. Stress. 2015;18(1):1-10.
3. Paradies Y, Ben J, Denson N, et al. Racism as a determinant of health: a systematic review and meta-analysis. PLoS ONE 2015;10(9): e0138511.
4. Mays VM, Cochran SD, Barnes NW. Race, race-based discrimination, and health outcomes among African Americans. Annu Rev Psychol. 2007;58:201-25.
5. Wang C, Wu B, Liu Y, et al. Challenging emotional prejudice by changing self-concept: priming independent self-construal reduces racial in-group bias in neural responses to other's pain. Soc Cogn Affect Neurosci. 2015;10(9):1195-201.
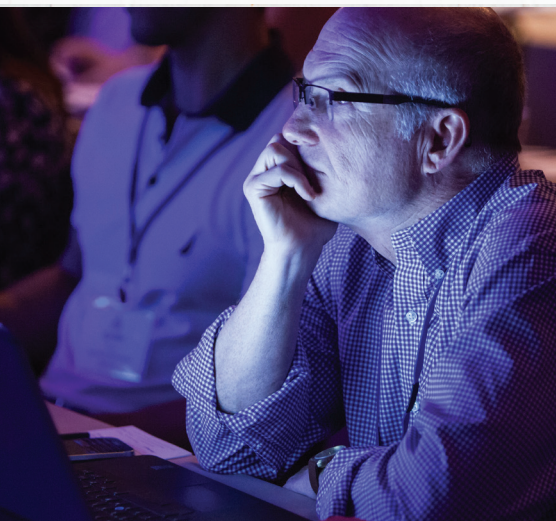
GENERAL SESSION HIGHLIGHTS

WORKPLACES, COMMUNITIES, AND EMOTIONAL WELL-BEING: COALESCENCE OR COLLISIONS AFOOT WITH FUTURE WORKERS?

Moderator: Paul Terry, PhD
Panelists: David Ballard, PsyD, MBA; Sara Johnson, PhD; and Ben Miller, PsyD
Reported by Barbara Tabor

Introductory insights from David Ballard, PsyD, MBA, Assistant Executive Director for Organizational Excellence, American Psychological Association

> **Thought starter:**
> **"It's no measure of health to be well-adjusted to a profoundly sick society."**

We invest a lot in getting people to take ownership for their health behaviors and start improving their outcomes and performance on the job. This is why we need solid, evidence-based resources for individuals—while also focusing on the psycho-social environment at work and in our communities.

The annual workforce survey published by the American Psychological Association found that employees aren't exactly "feeling the love" at work, and that's affecting their overall well-being and their performance.

- Only 44% of people said their employer supported a culture of well-being or promoted well-being opportunities in the workplace.
- When reflecting on their daily work experience, 37% say they're stressed out and feel chronic stress.
- About half of employees say recognition and compensation is out of sync with their efforts and outcomes on the job.
- In general, more employees report feeling hurt and that they don't have a voice. For example, employees don't feel they are being asked their opinion and when they are asked, employers don't truly hear them.

On the flip side of this equation, employers who take steps to consistently reinforce a supportive culture can see positive benefits.

- Employees who say their senior leadership show visible support for well-being are more likely to report job motivation, job satisfaction, loyalty, and improved performance.
- Employees who feel they're treated fairly at work say they are more satisfied with their jobs and would recommend others to work at that organization.
- Employers who show support for employee well-being see lower turnover rates.
- 15% to 20% say it's harder to get their job done and they're not accomplishing their goals because of physical limitations or challenges.

Why do these findings matter? Because employers continue to seek ways to drive deeper engagement among employees. As such, they need to be aware of what the workplace construct is for how and if their employees are engaging. They must remember that there is a difference between "Big E" engagement and "little e" engagement. Big E engagement is a psychological factor. It goes beyond getting people to sign up for something; it reflects whether they are present, in the flow, and committed to what they are doing.

Introductory insights from Sara Johnson, PhD, Co-President and CEO, Pro-Change Behavior Systems, Inc.

> **Thought starter: Can people only change if it's within a supportive culture?**

The answer is, "not necessarily". Both individual and organizational factors—both culture and programs—contribute to employee engagement. For example, having strong social connections at work can reduce anxiety and improve engagement. Outside the workplace, strong interpersonal interactions have been shown to be the single biggest predictor of longevity. In fact, loneliness is a bigger risk factor to longevity than even smoking.

Employers who want to increase engagement should recognize this and create opportunities for employees to form bonds with their peers. Research has shown that having a best friend at work is good for not only individual employees, but also employers: People who report having a work bestie are more likely to say they are happy and satisfied and perform better on the job. How can employers foster friendships at work? Simple changes to processes can make a big difference. Consider the onboarding process. When introducing new employees to your team, include things about their personal interests, strengths, and backgrounds to create conversation starters and connections. This can also set up early opportunities for collaboration between team members.

Aside from lack of connections at work, the main reason people leave their jobs is lack of recognition. In fact, a whopping 65% of people say they receive no recognition for the work they do. But many will continue to work at a company where they aren't happy. For these individuals, the three main drivers of job misery are:

- Irrelevance (not knowing how your efforts contribute)
- Immeasurement (not being able to measure your efforts)
- Anonymity (not being recognized or appreciated)

Employers can begin to shift the negative bias that many employees have by focusing on what's right in the workplace and with their workforce. Using a strength-based approach and mindfulness can give leaders opportunities to showcase the capabilities of their teams and uncover opportunities for them to make personal contributions to the workplace and their community. In the long run, this can fuel a broader sense of mindfulness and well-being.

Introductory insights from Ben Miller, PsyD, Chief Policy Officer, Well Being Trust

> **Thought starter:**
> **In our communities, people suffer every day trying to deal with a system that isn't even a system but rather a bunch of disparate elements strung together. Whether or not we're willing to admit it, there are people who are ready to storm the castle, and I want to be on their side when they come.**

To accomplish a significant physical feat, such as climbing a 14,265-foot peak, you have to first address several other factors. For starters, you have to eat well, you have to get good sleep, and you can't party too much. We can think about health in this same way. Health is the foundation for achievement in all areas of life and work, but there are several things we need to do to achieve an optimal level of health.

There historically has been a divide between mental and physical health. But the fact that we even have language to differentiate between the two is false, because scientific research is irrefutable about the connection between mental and physical health. All of us, as health professionals, have a responsibility to bring the two together.

Our society and system is such that most people interface with healthcare only when they have a trigger event. And during these times, there are usually next steps or actions required by the individual that allow them to get the care they need. Unfortunately, there are often a whole host of reasons why people are not able to take those steps and as a result, their healthcare experience is incomplete.

The solutions to this situation aren't going to be found in the healthcare delivery system. They will be found in everyday social interactions with coworkers and bosses, neighbors, community or religious leaders, or friends and family.

Questions for the panel

How can we apply a social justice lens to workplace health promotion?

Ballard: There are lots of differences in the workplace that bring us together with people we might not normally interact with in a managed way. This increases diversity but it can also increase opportunities for conflict. However, if we manage it well, this can be beneficial.

Miller: You can't look at your own data and not find issues of justice and inequity. Employers need to be aware of this and admit this and not be afraid to put your own data on a map and avoid creating new solutions without understanding your people and their problems.

Johnson: We need to be aware of mechanisms to reach hard-to-reach employees. For example, these individuals often don't have ready access to technology, which can affect your communication strategy and program delivery. Health literacy is another significant factor that can impact an employer's ability to deliver programs that are safe and equitable to all employees.

What are the challenges of an emerging workforce?

Ballard: Remote working doesn't necessarily mean less engagement. As an industry, we need to figure out how to work with this arrangement, because managers currently aren't trained in how to train and foster a remote workforce. We have to learn to support knowledge workers with technology and programs that extend a culture of collaboration and engagement while also supporting onsite managers.

Miller: If you haven't visited a shared workplace, do so. This is a key feature in today's workforce and economy. You will find that people are doing their own thing; you will see an environment in which people are connected and feel part of a larger ecosystem. In an office environment, people can actually feel less productive than in a remote environment because of their perception of their employer and the feeling that they're required to be at their desk to be productive.

Johnson: The changing workforce has shown us that employers should be prepared to tackle issues that are traditionally personal but that can create roadblocks to well-being. Challenges such as caregiving issues, end-of-life care planning, and financial and health literacy are all elements that have emerged as our workforce dynamic continues to evolve.

Paul Terry, PhD, is President and CEO of HERO. David Ballard, PsyD, MBA, is Assistant Executive Director for Organizational Excellence, American Psychological Association. Sara Johnson, PhD, is Co-President & CEO, Pro-Change Behavior Systems, Inc. Ben Miller, PsyD, is Chief Policy Officer of Well Being Trust.

PRESCRIPTIONS FOR SUCCESSFUL ORGANIZATIONS: IT'S GOOD TO BE GOOD

By Stephen Post, PhD

We do "good" for the sake of others, but as a byproduct or side effect, the agent of goodness is very likely to discover meaning, purpose, gratification, deeper relationships, resiliency, hope, joy, and even health and longevity. A genuine disposition of concern for others will ordinarily benefit the giver who, free from reliance on any calculated reciprocity (pay back), nevertheless benefits.

Of course, no one gets out of life alive; aging is everyone's disease. Good young people can have a terminal cancer or deadly accident, and bad things can happen to good people, especially when their sense of a shared humanity is perceived as a threat by those who only value some little subset of humanity. But as a reliable generalization, it is still "good to be good," and science says it's so.

Let us quickly note 12 "good to be good" scientific studies, although the list could be a hundred times longer:

1. Rumination and bitterness contribute to depression and physical illness, but they can be overcome by intentional acts of kindness that divert attention and emotional energy from the self with its inward litany of hostility.
2. Alcoholics who are "high helpers" of others in the 12-Step community of Alcoholics Anonymous have a 40% recovery rate after one year of sobriety (and reduced depression rates), while "low helpers" have a 22% recovery rate.
3. Individuals suffering from chronic pain experience decreased pain intensity, levels of disability, and depression when they begin to serve as peer volunteers for others suffering from chronic pain.
4. Among physicians and lawyers taking the Minnesota Multiphasic Personality Inventory (MMPI), a widely-used psychological test, those who, at age 25, scored in the top quartile on questions revealing "hostility" had a 20% mortality rate by age 50 because of heart disease. Those answering in the low quartile for hostility had a 2% rate.
5. Nineteen subjects were given money and a list of causes to which they might contribute. Functional magnetic resonance imaging (fMRI) revealed that their making a donation activated the mesolimbic pathway, the brain's reward center.
6. The incidence of heart attacks is highly correlated with the level of self-references (i.e., "I," "me," "my," "mine," or "myself") in the subject's speech during a structured interview.
7. Adolescents who volunteer regularly have lower levels of physiological factors that predict future heart disease or diabetes in young adulthood.
8. Students were assigned to a control group or an experimental group in which they were asked to perform five random acts of kindness per week for 6 weeks. The students who engaged in acts of kindness were significantly happier than the control group at the end of the 6 weeks.
9. There is a strong correlation between volunteering in older adults and reduced depression and mortality, as well as increased resilience and hope.
10. For 30 years, researchers at Cornell University followed 427 wives who lived in Upstate New York. The researchers were able to conclude that, regardless of number of children, marital status,

occupation, education, or social class, those women who engaged in volunteer work to help others at least once a week lived longer and had better physical functioning, even after adjusting for baseline health status.

11. At the Duke University Heart Center Patient Support Program, researchers concluded that former cardiac patients who make regular visits to help inpatient cardiac patients have a heightened sense of purpose and reduced levels of despair and depression, which are linked to mortality;

12. The 2010 United Healthcare/Volunteer Match Do Good Live Well Study online survey of 4,582 American adults 18 years of age or older revealed profound benefits of volunteering:
   • **41%** of us volunteer an average of 100 hours per year (men, 39%; women, 42%; Caucasian, 42%; African American, 39%; Hispanic, 38%)
   • **68%** of volunteers agree that volunteering "has made me feel physically healthier," **92%** that it "enriches my sense of purpose in life," **89%** that it "has improved my sense of well-being," **73%** that it "lowers my stress levels," **96%** that it "makes people happier," **77%** that it "improves emotional health," and **78%**

that it helps with recovery "from loss and disappointment."
   • Volunteers have less trouble sleeping, less anxiety, less helplessness and hopelessness, better friendships and social networks, and sense of control over chronic conditions.
   • **25%** volunteer through the workplace, and **76%** of them feel better about their employer as a result.

The survey was conducted by TNS (Taylor Nelson Sorfres), the world's largest custom survey agency, from February 25, 2010 to March 8, 2010. Note that this study does not suggest that the more volunteering a person does, the better they will feel. Rather, it points to a "threshold" of a couple of hours a week that allows a "shift effect" to occur in everyday people who volunteer.

Ralph Waldo Emerson, in his famous essay on the topic of compensation, wrote, "It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself."

Stephen G. Post, PhD, is Professor of Family, Population and Preventive Medicine at Stony Brook University Medical School in Stony Brook, New York. He is also President of Unlimited Love Institute and author of Why Good Things Happen to Good People.

THE ART AND VALUE OF LISTENING WELL

By Wendy Lynch, PhD

Listening is powerful. Done with intention and authenticity, listening to another person can relieve their stress, calm upset, instill confidence and build trust—a potent one-on-one intervention.

Business professionals recognize the importance of listening. In a 2013 survey, respondents chose listening as the most important among 40 communication skills. Yet only 2% of us ever receive training in listening skills.

We can assign some blame for ineffective listening to our increasingly technology-enabled communication tools. More interactions are happening via text, email, phone, or video, which diminishes natural human bonding that happens face-to-face. In sheer volume, today's workers process more than 1000 written and spoken interactions daily.

Despite legitimate workload and time constraints, investments in listening can have a profound impact on business relationships and work outcomes. To remain present and listen well, notice ways you interfere with your own listening. This is especially important for accomplished, highly trained professionals who want to be helpful. For example, we may believe that individuals "need" our help, leading us to jump in before allowing people to express their thoughts. Personally, my natural instinct is to inform other people and share my experience. Over time, I have learned that when I speak too soon, I often make incorrect assumptions about what another person wants.

Intentions also shape our conversations. If we set an intention to "find a solution,"

by default, we are listening for problems that need solving. If instead, we hold an intention to reach an understanding, we open the door to learning something new. Even subtle differences in intention can have profound effects. As we think of a conversation as a journey that we take together, we can see that intention is the route we choose.

As we encounter important conversations, the ones where something is at stake for you or someone else, it can be helpful to listen for what matters. By noticing certain aspects of what the other person says, you remain present. Three of those aspects are emotion, level, and direction.

Emotion
Emotion is a signal that something is important. It's natural to want to avoid, ignore, or minimize emotion (especially negative ones) because it is uncomfortable. However, I've learned that people get past an emotional reaction sooner when they have a chance to express it and label it. (e.g. "I am so frustrated with this!" Or "That was so unfair"). Plus, if you notice emotion and acknowledge its importance, it's less likely that you will have your own reaction and take it personality.

Level
People have natural styles for expressing what is important. One aspect of their expression is what we refer to as the level. Along a continuum, people can speak at a big-picture or a very detailed level. The most meaningful level, and often the vaguest, is the motivation level—what matters. As examples, terms like "effective", "employee-centered," or "evidence-based" are motivation-level words. We have a

general understanding of these terms, without knowing exactly what they mean to the other person. Conversely, details such as "larger font," "meeting weekly," or "measured in dollars" are at the specifics level. We probably understand the meaning, but we don't know how they are important.

When listening for levels, take notice of motivation-level words, about which you need more specifics (e.g., How would they know it was effective?). Also notice very specific details, so you can explore how they are important (e.g., How would that detail be useful?). I use these observations to help determine what to explore next.

Direction

When people speak, also notice where their thoughts are focused. One dimension is their focus on the past, present, or future. Notice if they talk about something that already happened or about something that is yet to occur. Along another dimension,

they may be focused on avoiding something they don't want or seeking something they do want. Someone might say, "I don't want this to fail like last time" (what they don't want, focused on the past). Or someone might say, "I'd like to get client buy-in next week" (what they do want in the future). Paying attention to direction helps us nudge the conversation constructively toward a desired, future objective.

Listening for what matters shows respect and builds connection. It also gives people time and space to clarify thoughts. Listen for emotion, and let them express it. Listen for levels and get curious about what else you might want to know or understand. Listen for direction to notice where their thoughts are focused. When you give someone your undivided attention, both of you benefit.

Wendy Lynch, PhD, is Founder, Lynch Consulting, Ltd.
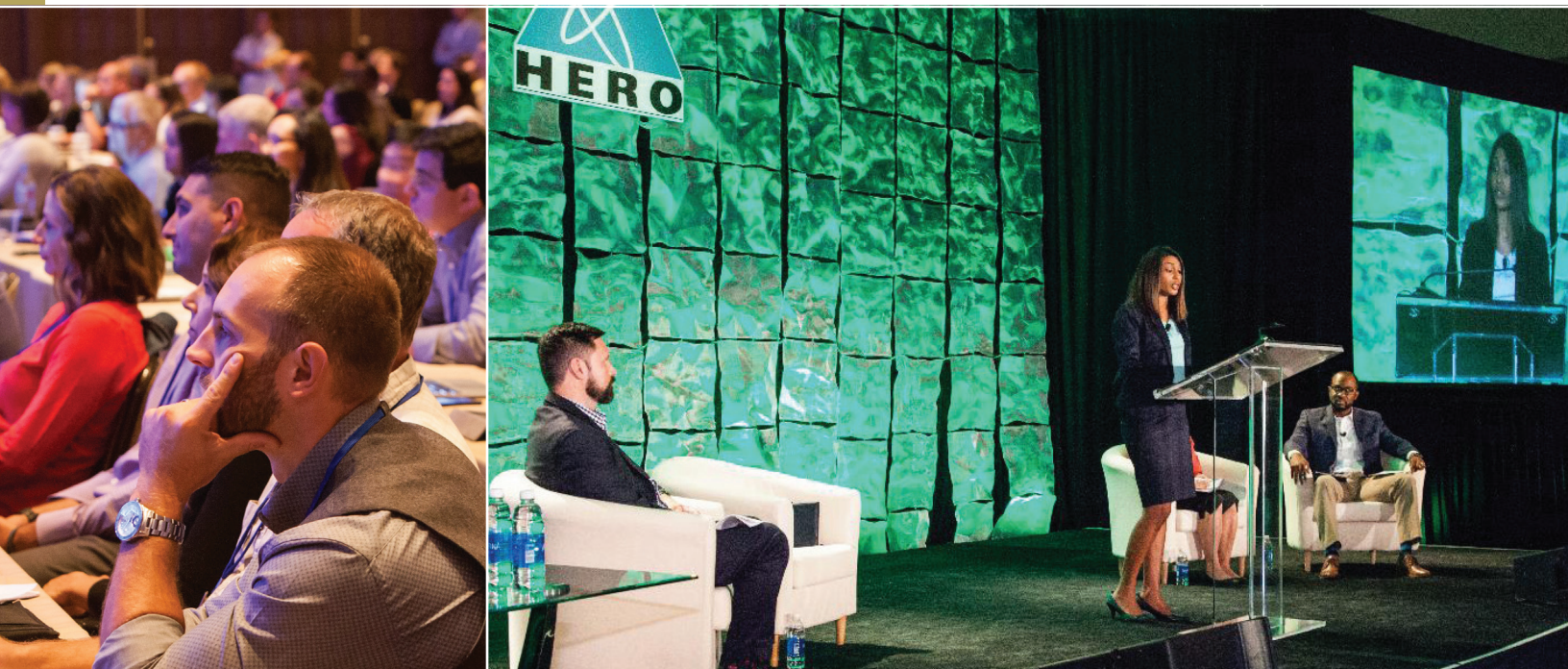
ENGAGEMENT, SUSTAINABILITY, AND WELL-BEING: WHAT DOES IT TAKE TO STAY IN THE GAME FOR THE LONG RUN?

Moderator: Seth Serxner PhD, Chief Health Officer and Senior Vice President of Population Health, Optum
Panelists: Krystal Sexton, PhD; Jennifer Bruno; Laura Young
Reported by Barbara Tabor

An Introduction to The Panelist's Companies

Krystal Sexton (Shell Oil):

Shell Oil has 90,000 full-time employees and 200,000 contractors in offices, off-shore rigs, and manufacturing plants around the world. Shell has had a formal well-being program in place since 2001 and during this time has expanded from one wellness coordinator to a national team of coordinators. When Shell first launched its program, one of their most pressing health problems was obesity, but because of the program, they have seen a decline in body mass index. The company also developed the Care for People program that was initially aimed at contractors overseas but is now available to all employees. This program helps address intangibles such as respect and autonomy, care, and compassion.

Jennifer Bruno (Johnson & Johnson):

With a 130-year history, Johnson & Johnson (J&J) is the No. 1 global leader in healthcare. The company has 130,000 employees in 60 countries and 450 locations around the world. The Global Health Services team at J&J is responsible for a variety of program elements, including energy management, resilience, executive health, EAP and mental well-being, work-life effectiveness, and healthy lifestyles. Well-being has been part of J&J's company credo since the early 1900s because company leaders believe there is a connection between the healthiest employees and the health of the business and their communities and the world. Executive leadership is visible at all levels of J&J and is built into the company's business strategy, as well as their citizenship and sustainability goals. Their current focus areas for employee health are healthy living, healthy movement, and healthy mind.

Laura Young (Goldman Sachs):

Goldman Sachs has 45,000 employees, 80% of whom are millennials. It's not surprising that this demographic mix drives the type of programs they offer. The company offers program elements such as health management (onsite fitness centers, resilience training, disability, patient advocacy) and employee support (work-life balance training, elder care support, community involvement) at locations around the world. Goldman Sachs started its well-being program in 1999 under the Wellness Exchange brand with a flagship fitness center and has progressed to accommodate a wider array of services with about 85% of offerings available onsite for employees. In the company's quest to be an employer of choice, they compete not only with traditional financial services organizations, but also with tech firms.

How do you keep it fresh for employees?

Young: People are our most important asset. Even though our workforce is 80% millennials, we maintain high engagement rates without offering an incentive. We believe this is because we offer highly customized programs that are very convenient. We focus on offering high-quality services and making them easily available where and when employees

need them. For example, our onsite health center treats an employee's immediate need, but also looks at other holistic factors. Our vendors and referral system are all integrated, so employees don't need to research and find their own options. We strive for a very personalized, high-touch experience. An added layer of complexity for our team is that we always have to think about what's happening in the world and economy (i.e., economic downturn of 2008) and be ready to adjust and evolve.

Sexton: The oil industry is also sensitive to industry events; we are currently experiencing a difficult financial time because of gas prices. Resilience training is a key element of our well-being program, but our former training program was long and people don't have the time right now to dedicate that much time away from their jobs. To adjust, we created the Boost 15 program, which offers shorter interactions.

Bruno: Our efforts are less about the specific program and more about what the culture and norm is within J&J. For example, it's about taking walking meetings, leaving work at a reasonable time to be with family, and having healthy food options and access to workout options. Our business leaders truly "own" the culture and we've leveraged technology to deliver the program, so employees now expect and need it. Over the years, we've introduced wearables and personalization and have seen some great success from these changes.

O'Neill: Keeping it real and fresh means being honest and authentic about workplace challenges and vulnerabilities.

As an industry, we need to recognize and understand the challenges that firms face. A growing number of business leaders are making health part of their cultures, but we still need to identify those leaders who are going through the motions but secretly think it's all bull.

What is your one tip for "finding the stuff" to increase program engagement?
Bruno: Create a central place that is a global resource where employees can go to access program materials and opportunities. We've added an element of fun by incorporating a points-based incentive strategy that rewards employees for doing things that matter to them. It's also important to communicate, communicate, communicate. You have to cut through the noise by communicating in lots of ways and different mediums.

Sexton: Focus on customization and instilling ownership for health among business leaders.

Bruno: At J&J, we focus on creating and sustaining cultural awareness and program offerings. When it's engrained in your culture, employees become more aware of what you offer and how to get involved.

Seth Serxner, PhD, is Chief Health Officer and Senior Vice President of Population Health, Optum. Jennifer Bruno is Vice President, Global Health Services, Johnson & Johnson. Krystal Sexton, PhD, is an Epidemiologist at Shell Health. Laura Young is Senior Wellness Director at Goldman Sachs.

PANEL DISCUSSION: OUR FAVORITE RECENT STUDIES AND WHY WE THINK YOU SHOULD LOVE THEM

Moderator: Ron Goetzel, PhD
Panelists: Glorian Sorensen, PhD, MPH; Nathan Barleen
Reported by Colleen Saringer, PhD, MEd

As expected, HERO's most anticipated session, "Our Favorite Recent Studies and Why We Think You Should Love Them," was a success. In a panel setting, Ron Goetzel, PhD; Glorian Sorensen, PhD, MPH; and Nathan Barleen discussed in a "rapid fire fashion," the research studies that should be present in our professional reading queues, continued efforts related to total worker health, and the impact outcomes based incentives can have on wellness program participation and/or improvement in health metrics.

Ron Goetzel, the panel's moderator, initiated the session by applauding the industry of workplace health promotion for advancing the volume and quality of research—through collaboration, innovation, and the ability to use real-life situations. Following this applaud, Ron segued into a high-level overview of "illusion versus reality" as it related to the employer and employee's understanding and awareness of workplace wellness programs. In short, reputable industry surveys report that 80% of companies offer workplace wellness programs. However, in a study conducted by McCleary K, Goetzel R, Roemer EC, et al.[1] that looked at the employer and employee opinions about workplace health promotion in comparison to Healthy People 2010's elements that define a comprehensive wellness program, this percentage dropped to 13%. In addition to this disconnect, only 45% of employees state awareness of their company's wellness offerings. Research continues to advance, and more than half of employees who are aware of programs

offerings are participating. However, an abundance of work remains to be done, specifically in the arena of operationalizing what wellness in the workplace means. The good news is that employees want their employers involved in these efforts.

On the heels of this statement, Ron transitioned into a research study conducted in partnership with the American Heart Association.[2] In Ron's words, "the purpose of this study was to better understand what levers could be utilized by employers to improve the health risk profile of employees, disease prevalence and medical expenditures." As anticipated, employers with a greater emphasis on comprehensive program efforts demonstrated lower population health risks. Puzzling, and under further investigation, was the finding that proved the opposite with regard to disease prevalence and medical cost. Specifically, despite lower scores for heart disease, higher medical costs were prevalent. As Ron closed his remarks, he reminded the audience that "If companies implement workplace wellness programs utilizing best and promising practices, they'll experience a low risk population, lower prevalence of disease, lower costs, and if publicly traded, a better stock price." And yes, although there may be hard dollars returned as a result, Ron reminded the audience that the list for the overall value that can result from comprehensive initiatives continues to grow at great lengths.

Glorian Sorensen, a repeat panelist who successfully implements randomized controlled research in the workplace, initiated her discussion by calling awareness to what she deemed as a "greater infusion" of total worker health within the agenda of HERO (e.g., injury prevention, safety, and health climate associations). What this allows for is collaborative research that will enhance efforts to demonstrate how health affects safety and vice versa. Occurring today in the Center for Work, Health and Well-Being is systems-focused research that aims to arrive at additional clarity specific to the threats of illness related to safety, health, and chronic conditions. In further discussing how leveraging a system can influence safety and health, Glorian highlighted the successes of a patient injury prevention intervention within a hospital. Specifically, by launching a hospital-wide safe patient handling initiative and integrating all aspects of the system (e.g., equipment, leadership, communications, employee trainings), the hospital experienced what they set out to achieve: few patient injuries in addition to a reduction in lifting and exertion injuries. The outcomes experienced through this intervention inform us that worker safety and health outcomes share a similar pathway and that we need continued research efforts that explore what changes within an organization (e.g. leadership, policies) need to take place in order to affect health, absenteeism, turnover, and other related workplace costs.

Finally, Nathan Barleen took the opportunity to lead attendees through the results of much-anticipated research related to outcomes-based incentives. The purpose of RedBrick's study was to better understand the effect that outcomes-based incentives could have on wellness program participation and/or improvement in health metrics. To hone in on the answer to this question, RedBrick singled out employer groups within their book of business that had employees with repeat screening measures and elevated metrics. Once identified, the employees were placed into one of three incentive model categories: participation based, partial outcomes based, and full outcomes based. Although the results may have been a surprise to some, no significant differences were discovered between the incentive models, even when adjusting for areas such as age or incentive amount. What this research and its results should remind us is that incentives are only one factor in a workplace wellness initiative. If we are going to influence the system (e.g., organization) as a whole, extending beyond incentives and into a comprehensive approach is necessary. This theme was present throughout the HEROForum17.

Ron Goetzel, PhD, is Vice President of Consulting & Applied Research, IBM Watson Health, and Professor, Johns Hopkins Bloomberg School of Public Health. Glorian Sorensen, PhD, MPH, is Professor of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, and Director of the Center for Community-Based Research, Dana Farber Cancer Institute. Nathan Barleen is Director of Research, RedBrick Health.

References
1. McCleary K, Goetzel RZ, Roemer EC, et al. Employer and Employee Opinions About Workplace Health Promotion (Wellness) Programs: Results of the 2015 Harris Poll Nielsen Survey. J Occup Environ Med. 2017 Mar;59(3):256-263.
2. Goetzel RZ, Henke RM, Head M, et al. Workplace programs, policies and environmental supports to prevent cardiovacular disease. Health Affairs 2017; 36(2): 229-236.

PATERNALISM INCREASES EMPLOYEE ENGAGEMENT: AN OXFORD STYLE DEBATE

Hosted by Paul Terry, PhD

For the Proposition:
Ryan Sledge, MPH, Ohio Health
Megan Amaya, PhD, The Ohio State University

Against the Proposition:
Roshi Fisher, MPH, CPH, CHES, Lockton
Chris Calitz, MPP, American Heart Association

The following are prepared remarks that opened the final plenary session at HEROForum17:

Paul Terry: Greetings, and welcome to a session that is sure to answer any outstanding questions related to our conference theme this year on "Engagement and the Emerging Workforce."

Our debate proposition is "Paternalism Increases Employee Engagement." In a few minutes, I'm going to be asking you to cast your votes on a question that is a mashup of management philosophy, the science of behavior change and workplace culture trends.

- If you vote as an undecided, it could mean that you're ambivalent about whether paternalism strikes you as a good term or has more negative connotations with respect to the world of work. Or perhaps you think you've seen plenty of evidence about what increases engagement but you're less clear on where paternalistic examples stack up relative to other motivating factors.
- If you vote for the proposition, it likely means you've seen good evidence that unconditional support, even love, plays a positive, even central role in engagement. Perhaps you're already acting on your own family-like workplace instincts and you're cool with how your paternalistic tendencies are positively influencing your health promotion efforts.
- If you vote against this proposition, it may mean that you feel workers chafe at parental tendencies to influence—or

worse—control your personal choices, even at work, and maybe especially at work! Perhaps you even distrust paternalism as something that makes sense in our formative years but seems manipulative or condescending later in life.

An "Oxford style" debates means we'll put a premium on civility, but there will be a winning team. Who decides? You do! We'll count your votes before we begin this debate, and then we're going to ask you to vote on your position again at the end of the debate. Whichever team moves your collective opinions the farthest in their direction will be declared our "HEROForum Debate Champions for 2017."

I'm excited to get into the thick of these arguments for many reasons, but let me share just a few issues:

- Isn't worksite wellness fundamentally paternalistic? For many companies, if not most, offering perks is a foundational strategy for attracting, retaining, and keeping top talent engaged and productive. Silicon Valley and Wall Street, in particular, lavish employees with what is arguably the ultimate in paternalistic fawning: great food, transportation, laundry service, yoga, lactation and fitness rooms, even subsidized housing.
- Isn't it already the case that Henry Ford's "company town" has been supplanted by a well-being movement that unabashedly promotes healthy lifestyles and provides related organizational support that rivals a mother's love? Is the

behavioral economics principle of "choice architecture" just paternalism in disguise?

- Many organizations pride themselves as being like family, with a level of caring and compassion that fosters employee loyalty. Employees still have autonomy, to be sure, but paternalistic organizations don't shy away from choice architecture and benefits intended to keep employee satisfaction high and turnover low. Is paternalism more or less effective in a "gig economy"?
- Some have argued that loyalty is all but dead. Will engagement of the emerging workforce be more like brokering independent entrepreneurs than nurturing future leaders? Is unfettered love and caring compatible, or not, in an economy that puts a premium on employee ownership and empowerment? Do the different generations have different responses to paternalistic offerings?
- One survey shows that millennials are "stridently committed to the environment, social causes, communities, teamwork, and flexible work schedules." Keen observers note, however, that such virtues feel very "back to the 60s." Similarly, while Generation Next is often described as meaning-seeking and purposeful, those who study life's passages also ascribe such attributes to those nearing their retirement years.
- Do different ethnic groups respond differently to paternalism? America is still leading in attracting immigrant brain power and labor, and demography shows our population's minority will soon become the majority. How should this increasing diversity affect changes in workplace policies, environments, and cultural practices? Could paternalistic offerings positively affect employee health but also produce unintended consequences in employee engagement?

With these as just a few issues we'll be debating, it's time to take a vote that shows where the audience presently stands. Remember, the debate team that moves the audience opinions the furthest toward their position will be declared our winner.

Pre-debate voting results:

Agree	15%
Disagree	44%
Undecided	41%

The Case Against Paternalism
By Roshi Fisher, Lockton

I am here today to convince you to vote **against** this proposition. To do so, I will set the stage for our discussion with two key points. First, I will define paternalism and provide examples of its unintended negative consequences. Second, I will define engagement and share what employees need to be highly engaged.

I'll begin with the definition of paternalism. As defined by Merriam-Webster, **paternalism is "a system under which an authority undertakes to supply needs or regulate conduct of those under its control."**

Let's unpack that definition for a moment. There are a few key words and phrases I'd like to isolate: authority supply needs, regulate conduct. I am not convinced that employees look to their employer to be an authority or to supply what the company thinks is necessary in their lives. I am also confident most employees do not want their employers regulating their conduct unless it is necessary for a respectful and civil work environment.

Paternalistic organizations often have a rigid corporate structure and strict rules and regulations by which employees must abide. Despite this, they do tend to provide great benefits and desire to take care of

their employees. It's important to note that paternalism itself is not necessarily bad. However, there can be unintended consequences, which lead to decreased employee engagement.

The first example I would like to share is about a family friend who is employed in the public sector and part of a union. Within his workplace there is a hierarchy, and tenure is a significant part of professional growth. At a certain point, employees are offered a promotion that results in loss of union membership. It turns out several employees turn down the promotion to stay in the union and continue receiving benefits such as healthcare, vacation, and pension. On the surface it may seem like these benefits increase employee engagement. However, in reality, when faced with a choice between benefits and career advancement, employees forego the promotion or in some cases, retire. It seems like employees are more loyal to their benefits than to the organization.

Now, let's bring this back to our field. In 2013, a very large university implemented a wellness program. The university asked faculty and staff to complete a health risk assessment; those who did not would have a significant increase in their premiums. Faculty and staff did not take well to this. They felt the program was coercive and invasive. In the end, faculty petitions against the program resulted in it being canceled altogether. This notion of "coercive wellness programs" has continued to surface in our industry as evidenced by the EEOC levying lawsuits against some employer-sponsored wellness programs.

While paternalistic employers provide great benefits and work perks, in many ways the structure of these organizations restrict an employee's freedom to make decisions, can impede creativity, and may take responsibility away from employees.

Controlling employees can keep them from realizing their full potential and hinder their growth.

Now, let's move on to my second point: employee engagement. There is no definition widely agreed upon, so today I'm referencing the Society for Human Resource Management (SHRM) which states that **employee engagement relates to the level of an employee's commitment and connection to an organization.**

In a few minutes, you will hear from my partner, Chris, about the current state of engagement in the American workforce. There is a lot of work employers must do to engage their employees. Offering benefits and work perks is one small piece of the puzzle. So what do employees need to become engaged?

As we heard from Drs. David Ballard and Sara Johnson on Monday, there are a few important things employees want: the ability to learn and acquire new skills, the capacity to understand how their work contributes to the company or society, the autonomy to make decisions and to be treated fairly. While these needs apply to all generations, they are especially evident in younger generations. Millennials are notorious for short tenure within companies, often because they are looking for the employer that provides all of these things.

Organizations should strive to foster an environment in which employees have autonomy and the ability to learn, grow and earn merit-based promotions. If employees find meaning in their work and are recognized for excellence, they will feel appreciated and connected to the organization, leading to both increased engagement and loyalty. Paternalism is often absent of these critical pieces which employees are looking for.

I propose that paternalism does **not** increase employee engagement. While we need to do more to engage our employees, paternalism is simply not the way to get there.

The Case For Paternalism
By Megan Amaya, The Ohio State University

Paternalism has several degrees I wish to briefly remark on, before defining our argument. Paternalism comes in various forms, such as soft, libertarian, or neo-paternalism; hard paternalism; means paternalism; and ends paternalism. Much of the literature on paternalism is naturally linked with behavioral economics, particularly from the state and federal government perspective. Ryan and I are here to defend the debate angle that yes, paternalism increases employee engagement. It does so for several reasons:

(1) Choice architecture is inevitable in many wellness and benefits programs; however, we are assuming the autonomy and rational decision making of program participants.

(2) Nudges. Offering nudges within the framework of paternalism provides the end user with choice-preserving forms of benefits and well-being programs, therefore increasing engagement.

(3) Despite that the opposition argument may include references to, for example, generational differences, millennials through baby boomers state that benefits and access to wellness programs are very important considerations in recruitment and retention in the labor market.

(4) Employers, even those who are not measuring every minute aspect of their benefit or wellness program, are still trying to control cost. They are providing the comprehensive structural platform, then providing the choices within, to increase engagement, and this approach falls within the definition of a paternalistic program.

Now, let me elaborate.
Point #1, regarding assumption of autonomy and rational decision making of a person: Humans can be impulsive. Some of us in the room may know someone who has made an impulsive decision, whether it's texting while driving, eating too much chocolate, social smoking when drinking.[1,2] notes that by carefully controlling the environment around people, people can be moved gently toward socially correct, economically efficient, and personally beneficial ways of behaving. This is paternalism. Offering healthy food choices in the vending machines—choice architecture—is example of how this works. If you can make healthy choices the easier choices, as evidenced from some survey work we have done at The Ohio State University, people choose the healthier options more often than not.

Point #2, regarding nudges: Nudges seek to correct behavioral failures by encouraging individuals to act in their own best interest. Wellness programs rely on participants to make better choices. There's a bit of autonomy in there, right? However, there are socioeconomic and structural factors that may limit an individual's ability to make healthy choices. Martha Fineman[3] has argued that humans are interdependent and often limited by their circumstances. She asserts autonomy, at its core, is a myth. Thaler and Sunstein, in their book *Nudges Improving Decisions about Health, Wealth and Happiness*, state that nudges still allow the individual freedom of choice, within a paternalistic structure, thereby increasing engagement.

Point #3, regarding recruitment and retention: While my partner, Ryan, will detail this next point in his remarks, I want to stress that

health, wellness, benefits, participation, engagement, commitment to an employer—all of these items are important for all generations, including the young to the baby boomers. And to remind everyone, baby boomers are in the workforce for possibly a good 1 to 2 more decades. From an Aon Hewitt study in 2016, 43% of millennials agree that health and wellness programs are the reason they stay at their job. 66% of baby boomers named healthcare/benefits as very important for determining job satisfaction. While 43% is not astronomically high, we can still argue it's an important recruitment and retention strategy. Employees still want, desire, and recognize the value of well-being efforts.

Point #4, the bottom line:
Sure, the changes in workplace demographics will bring about new methods of delivering benefits, and this trend, according to SHRM, is largely a function of employers' desires to reduce costs. Many companies are incorporating health savings accounts and higher deductible packages in order to shift costs to employees. Again, these strategies are "structure with choice"—paternalism.

Paternalism does not restrict choice; it expands it. Structure, containing choices, increases employee engagement.

The Case Against Paternalism
By Chris Calitz, American Heart Association

Thank you, Roshi. It is a delight to be debating with you on this important topic for our industry.

Roshi has made a convincing case for why employer paternalism is unsatisfactory: It has a tendency, despite its best intentions, to be heavy-handed, and it is no surprise that employees perceive wellness and engagement tactics as "top down."

Paternalism is about the employer, not about the employee. Roshi and I are proposing a new model of empowerment that puts the employee at the heart of work.

The tradition of corporate paternalism is being disrupted by technology, cultural shifts, and a new generation of workers that are challenging the status quo.

The following statistics and observations underscore this crisis and malaise:

1. According to the 2017 SHRM Survey, 51% to 61% employees participate in HRAs, and most employers who can afford it resort to expensive incentives or inducements to increase participation. From there, it is rapidly downhill: 14% to 31% participate in stress management programs, with millennials participating the most. 7% to 23% are most likely to engage in an employee assistance program (EAP)—with boomers the least and millennials the most likely to engage.
2. Employees have low trust in employers' motivation for implementing wellness and well-being programs, especially when it comes to sharing their personal health information. According to the 2016 AHA CEO Roundtable/Nielsen Employee Health Survey, only 4 in 10 employees trust employers with their health data.
3. There is a perception that the C-Suite is an ivory tower totally out of touch with the reality of work life of the ordinary man and woman. A good friend of mine works for a Fortune 100 financial company. At a recent Town Hall, a visiting SVP told his audience that he manages his stress by taking a personal day and working out with his trainer. As you can imagine, these words—no doubt meant to inspire the audience—were met with disbelief (and humor) among the rank and file. Now granted, this example may be the exception and is probably not generalizable, but it does speak to the

C-Suite being perceived as out-of-touch and not caring.

Our opponents will try to persuade you that paternalism is benevolent and necessary because humans aren't rational actors and need "nudges" to engage them. And yet, the depressing facts of low participation and paltry engagement tell an inconvenient truth: People know when they are being subtly coerced, and they don't like it. They also know cost-shifting when they feel it in their pocket.

They will also say that the growing burden of disease and poor mental health justifies paternalism to improve employee engagement. Roshi and I do not disagree that employers face health, productivity, and cost headwinds. We completely agree with the diagnosis, but we offer a different prescription:

Instead of turning to the usual fixes of benefits design and financial inducements to entice people to act in their own interest, embark on a much more challenging, and ultimately rewarding, journey:
1. Create a climate of respect, diversity and inclusion that attracts the best talent.
2. Build trust about the common purpose and equitable benefits of work ("we all benefit when we look after each other").
3. Foster a culture of creativity by inviting genuine participation in decision making (the annual climate survey and town hall isn't going to cut it anymore).
4. Nurture a culture of autonomy and meritocracy by incentivizing performance without solely relying on tenure.
5. Develop a culture of resilience by addressing the conditions of work that lead to unmanageable stress and job strain.

Simply stated, paternalism is a model that has outlived its purpose. To be employers of choice, and successful enterprises, employers need to invest in their human capital by empowering them.

The Case For Paternalism
By Ryan Sledge, Ohio Health

Many people consider the 1980s to be the time period that gave birth to employee health promotion in the United States. Over the last 35 years, what had beginnings in things such as executive physicals and onsite fitness offerings has morphed into many comprehensive offerings addressing holistic needs of individuals in the workplace. One of the very first efforts in this space was around tobacco usage in the workplace. In the 1980s, when Boeing, a pioneering organization in the health promotion effort, issued a tobacco use policy, that was a bold move. It was also quite paternalistic. As we've seen over the course of time, both employers and employees have grown to—and even require—a measure of health promotion in the workplace.

As a reminder, our topic for debate is "Paternalism increases employee engagement." The concept of generational differences in the workplace has arisen, and rightly so. Today, there are five generations working side by side in the workplace—more than any other time in American history. They include traditionalists (or the silent generation), baby boomers, Generation X, millennials, and now Generation Z (those born around 1996 or later). Many of you may work on teams with individuals who represent various generations.

Much has been discussed about millennials and the changing of workforce dynamics to adapt to this group. Again, in many ways, this makes sense because millennials make up the single largest segment of the workforce today—around 37%, according to the SHRM. We've all heard

about generational differences in terms of embracing technology and average tenure at an employer.

My partner, Megan, made the point earlier about the commonalities across generations as it relates to many factors in the workplace. Her words are well taken. Compensation and benefits have been demonstrated to be of significant importance to baby boomers and millennials alike. In the Aon Hewitt Consumer Health Mindset Study that Megan mentioned earlier, it was noted that each generation had an overall favorable view of employer-sponsored wellness programs. In fact, the study goes on to demonstrate that millennials have even more favorable views of employee wellness programs than do the other generations. The study states, among other things, that millennials are sound business investments, improve health, and recruit and retain top talent. These wellness programs, which have been paternalistic in nature since their inception and have grown and flourished over time, are viewed favorably overall and growing in demand. It can be reasoned that the overall design and nature of these programs have contributed to this increase in engagement.

In closing, it's been a long time since the 1980s. Workplace health promotion programs have changed and evolved over time. I'll remind you that paternalism doesn't have to be an old an antiquated notion. As Megan has mentioned, neo-paternalism isn't restrictive but rather provides choice within structure. This has led and continues to lead to increase employee engagement.

Debate Results: Paternalism wins!
The winning team was the team that moved the audience views the furthest in the direction of their proposition. The winners were Megan Amaya and Ryan Sledge, for the proposition that paternalism increases employee engagement. Here are the pre-debate and post-debate audience vote results:

The Proposition: Paternalism increases Employee Engagement

	Pre-Debate	Post-Debate	Percentage Point Change
Agree	15%	47%	+32%
Disagree	44%	33%	-11%
Undecided	41%	20%	-21%

Paul Terry, PhD, is President and CEO of HERO. Ryan Sledge, MPH, is Director, Corporate Wellness Operations, at Ohio Health. Megan Amaya, PhD, is Director of Health Promotion at The Ohio State University. Roshi Fisher, MPH, CPH, CHES, is Assistant Vice President, Health Risk Solutions Consultant at Lockton. Chris Calitz, MPP, is Director, Center for Workplace Health Research and Evaluation at the American Heart Association

References
1. Jones R, Pykett J, Whitehead M. Governing Temptation: Changing behavior in an age of libertarian paternalism. Prog. Hum. Greogr. 2011; 35 (4): 483-501.
2. Jones R, Pykett J, Whitehead m. Changing Behaviors: on the rise of the psycological state. Edward Elgar, Cheltenham, UK: 2013.
3. Fineman MA. The vulnerable subject: anchoring equality in the human condition. Yale Journal of Law & Feminism 2008; Issue 1, Article Z.

SELECTED BREAKOUT SESSIONS

ENGAGING TEAM MEMBERS THROUGH ACTIVATED MANAGERS: MANAGERS' INFLUENCE ON WELL-BEING

Sara S. Johnson, PhD; Laura Putnam, MA; David "Crockett" Dale

Employers are faced with the challenge of increasing engagement in well-being offerings. One often overlooked component of increasing engagement is the manager. A growing body of research indicates that managers account for at least 70% of the variance in employee engagement.[1,2]

Managers on the Move is a highly interactive, day-long workshop designed to underscore manager's critical role in promoting multiple domains of well-being within their teams. The workshop emphasizes, that regardless of what is happening in the rest of the organization, each manager has the capacity to create an oasis of well-being within their team by taking three simple steps to become "multipliers" of well-being.

- 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."

A mixed-method sequential approach is currently being used to evaluate the workshop's effectiveness. Qualitative feedback is captured at the end of each workshop from all participants who are prompted with open-ended questions such as, "What did you love?" and "What would you change?" In addition, several objective self-report measures are being administered to managers, and where

possible team members of the participating managers, before the workshop and 3 to 6 months after workshop attendance. To date, matched pre- and post-data are available for 251 participating managers (mean age = 45.7 years; 49% female) and 242 team members (mean age 41.8 years; mean years of employment at the organization = 9.1).

Measures administered to managers assessed productivity (Well-Being Assessment for Productivity (WBA-P)),[3] engagement (Utrecht Work Engagement Scale (UWES-9)),[4] and well-being (i.e., Cantril's Self-Anchoring Striving Scale).[5] In addition, managers responded to a 27-item assessment of the extent to which they were engaging in behaviors that are indicative of doing, speaking, and creating. Responses were made on a 5-point Likert scale ranging from 1=never to 5=always. Alphas for each subscale range from .73 -.79. A sample item from the Do subscale is, "I take time to do things that restore my energy." Team members complete the productivity, engagement, and well-being assessments, as well as the items from the "Do" subscale (i.e., are they engaging in behaviors that embody well-being?).

Among the managers overall, we saw very dramatic effects, including 66% reporting increased productivity, 50% reporting higher engagement, and 37% moving from struggling or suffering to thriving. Specifically, we saw statistically significant decreases in productivity loss due to well-being related barriers at work ($t(246) = -3.7$, $p < 0.001$, Cohen's $d = -0.22$) and personal well-being related barriers ($t(246) = -2.3$,

p = .023; d = -0.11) at post-assessment—
translating to a small effect (d=.26-.30) for
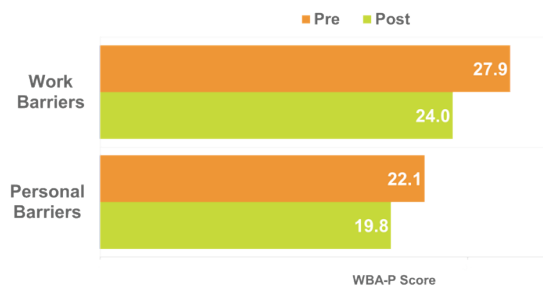presenteeism (see Figure 1).

Figure 1. Managers report higher productivity at post-test

At pre-test, approximately 49% of
participating managers reported low or
average engagement. Among those,
24% were classified as "highly engaged"
on the Utrecht at follow-up. We also saw
substantial increases in well-being. At pre-
test, 40.6% of managers were classified as
struggling or suffering. Thirty-seven percent
of them reported that they were thriving
3 to 6 months after participating in the
workshop. Finally, we also saw statistically
significant improvements in each domain
of managerial influence (do, speak, and
create), with effect sizes ranging from d=.29
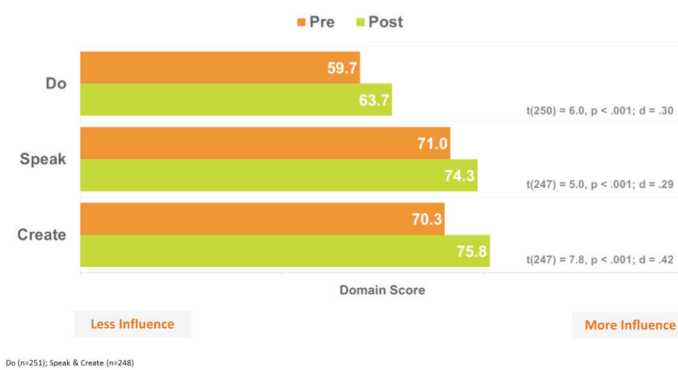to d=.42 (Figure 2).

Figure 2. Managers are doing, speaking, and creating

We also saw encouraging results among
the team members of participating
managers. Although the differences were
not significant, there was a reduction in both
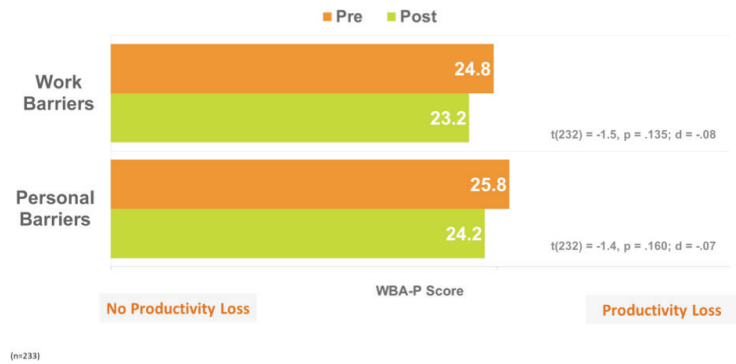work and personal barriers to well-being,
resulting in higher productivity.

Figure 3. Team-member productivity

Among the 64% of team members who
reported low or average engagement
at pre-test, 15% reported being highly
engaged at follow-up. Approximately 50%
of the team members were struggling or
suffering at baseline. Thirty-three percent
moved to thriving at follow-up. Though the
difference from pre- to post-test on the "Do"
subscale items was not significant, about
25% of team members reported increases
in healthy eating, exercise, self-care,
sleeping, and feeling grateful.

While additional longitudinal data are
needed, these results suggest that
robust manager-led initiatives have the
potential to create a movement in an
organization—a movement that
not only enhances the well-being
of managers and team members,
but also contributes to important
organizational outcomes, such as
engagement and productivity.

This collaborative initiative is
an example of the power of
iteration leading to innovation. In
addition to making revisions to
the workshop, the assessment
for Managers on the Move has been
updated over time. It began as a lengthy
paper survey that was eventually refined
and implemented in Survey Monkey.
The assessment process has now been
further refined using available data. We
have programmed it on a flexible software
platform that will enable automatic

reminders to participants to complete the follow-up assessment, more streamlined aggregate reporting to participating organizations, and the addition of follow-up text messaging to participants. Such follow-up messages are one of many options being considered to contribute to the sustainability of the momentum that the Managers on the Move workshop creates. Other options include introducing solutions and programs via partners who can build on the movement (e.g., mindfulness platforms, financial well-being programs) and creating or reviving internal mechanisms to support the movement (e.g., book clubs, community service initiatives).

Our team invites you to join our effort to unlock the power of the manager as a linchpin in our multi-pronged efforts to enhance the well-being of our organizations. Keep us posted on your findings, and we'll do the same.

Sara S. Johnson, PhD, is Co-President and CEO, Pro-Change Behavior Systems, Inc. Laura Putnam, MA, is CEO of Motion Infusion. David "Crockett" Dale is CEO of Healthstat.

References
1. 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.
2. 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.
3. 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
4. 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.
5. Cantril H. The pattern of human concerns. New Brunswick, NJ: Rutgers University Press. 1965.

PROVING THE ROI AND PRODUCTIVITY GAINS OF AN EMPLOYEE SLEEP WELLNESS PROGRAM

Dominic Munafo, MD; Lisa Roberson, RD; Mercedes C. Lyson, PhD

Background

Sleep has been described as the third pillar of health along with diet and exercise. Sleep serves numerous vital functions related to health and well-being. Unfortunately, poor or inadequate sleep is highly prevalent among Western adults.[1] Sleep disorders such as insomnia, lack of sleep opportunity, sleep apnea, and circadian rhythm disorders can lead to sleep deprivation and fatigue. Sleep deprivation has been found to have a negative impact on mood, cognition and performance, motor function, and it increases the risk for anxiety and depression.[2,3,4] Sleep deprivation and obstructive sleep apnea (OSA) increase the risk for obesity, heart attack, and diabetes.[5] The prevalence of sleep deprivation among American workers is high, affecting about 40% of the workforce population.[6] The economic costs of sleep disorders to society and businesses are enormous. Insomnia's direct costs, including medical services, sleep medications, and hospitalizations, have been estimated to be about $13.9 billion annually.[7] When one factors in indirect costs, such as presenteeism and resulting depression and substance abuse, the amount skyrockets to about $100 billion.[8] OSA also places a substantial financial burden on the healthcare system, with the cost of untreated OSA in the United States estimated to be $67 to 165 billion.[9]

About the Intervention

The intervention, called ProjectZ, is an internet-based, cognitive behavioral therapy (CBT) designed to help identify and address significant sleep disorders in employee populations. The intervention offers each participating employee an individualized, self-paced, structured, online CBT program of strategy modules to address their particular sleep issues.

Study Objectives

The primary objective of the present study was to assess the effectiveness of the intervention in increasing employee productivity and to determine if there was a positive return on investment (ROI). Secondary objectives were (1) to assess the benefit of the intervention in alleviating symptoms of insomnia and sleep deprivation and (2) to determine the prevalence of significant sleep issues in a diverse workforce population. Employee satisfaction data were also collected. the intervention's outcome measures included the Work Limitations Questionnaire (WLQ), the Abbreviated Insomnia Measurement Scale (AIMS), and the Sleep Deprivation Index (SDI). The WLQ is a validated instrument developed by Debra Lerner and colleagues for calculating the level of workplace limitation or presenteeism.[10] The global score on the WLQ can be used to calculate the ROI for participating employers.

Results

The intervention was offered to 1,125 employees at Morrison Healthcare, a division of Compass Group, as part of their "Eat, Move, Sleep" campaign. Among 815 employees who completed the initial screener, 73.4% had at least one significant sleep issue, 49.7% had two or more sleep issues, and 29.0% had at least three major sleep issues. Insomnia, sleep deprivation, and elevated sleep apnea risk were three of the most important sleep issues and had a prevalence of 21.2%, 48.5%, and 34.7%,

respectively.

Pre-CBT Baseline/Post-CBT Endpoint Findings

A total of 91 employees completed the final assessment, which allowed for a pre/post-CBT comparison on the primary and secondary objectives. Of those who completed the assessment, 68% were female and the mean age was 43.2 years. Median time to complete the intervention was 40.1 days (5.7 weeks). The mean pre-CBT baseline WLQ score was 3.27%, which was reduced to 2.00% by the final assessment. This represents an overall reduction in workplace limitation of 38.8%. When accounting for employee number, salary, degree of productivity improvement, and program cost, the calculated ROI was 8.5x. The number of employees with a positive insomnia score was reduced by 69.2% ,and the number of employees with a positive sleep deprivation index was reduced by 73.0%. The majority of employees found that they learned more about sleep (98.9%), knew how to apply the knowledge to their circumstance (97.8%), felt the program was personalized (97.8%), believed their sleep was improved (83.5%), and believed that their overall health or well-being had improved (78.0%).

Conclusion

In summary, significant sleep issues are quite common in the workforce. Addressing these issues with a comprehensive online sleep CBT program was associated with significant improvements in employee productivity and a positive ROI. The intervention was also effective at resolving symptoms of clinically significant insomnia, and sleep deprivation. The program was very well received by employees and represents a highly scalable and cost-effective solution.

Dominic Munafo, MD, is Chief Medical Officer, Optisom & Sleep Data. Lisa Roberson, RD, is Corporate Director of Wellness & Sustainability, Morrison Healthcare. Mercedes C. Lyson, PhD, is Assistant Professor of Medicine, Tufts Medical Center.

References

1. Léger D, Poursain B, Neubauer D, et al. An international survey of sleeping problems in the general population. Curr Med Res Opin. 2008;24(1):307-17.
2. Dinges DF, Pack F, Williams K, et al. Cumulative sleepiness, mood disturbance and psychomotor vigilance performance decrements during a week of sleep restricted to 4-5 hours per night. J Sleep Res & Sleep Med. 1997;20(4):267-77.
3. Buysse JD, Angst J, Gamma A, et al. Prevalence, course and comorbidity of insomnia and depression in young adults. Sleep. 2008;31;473-80.
4. Johnson, EO, Roth, T, Breslau, N. The association of insomnia with anxiety disorders and depression: Exploration of the direction of risk. J Psych Res 2006;40(8):700-8.
5. Lee W, Nagubadi S, Kryger MH, Mokhlesi B. Epidemiology of Obstructive Sleep Apnea: a Population-based Perspective. Expert review of respiratory medicine. 2008;2(3):349-64. doi:10.1586/17476348.2.3.349.
6. Ricci JA, Chee E, Lorandeau AL, Berger J. Fatigue in the U.S. workforce: prevalence and implications for lost productive work time. J Occup Environ Med. 2007;49(1):1-10.
7. Walsh JK , Engelhardt CL. The direct economic costs of insomnia in the United States for 1995. Sleep. 1999;22(Suppl 2):386-93.
8. Stoller MK. Economic effects of insomnia. Clinical Therapeutics: The International Peer-Reviewed Journal of Drug Therapy, 1994;16(5):873-97.
9. McKinsey & Company and The Harvard Medical School Division of Sleep Medicine. The price of fatigue: The surprising economic costs of unmanaged sleep apnea. Harvard Medical School. Dec 2010.
10. Lerner D, Amick BC, Rogers WH. The work limitations questionnaire. Med Care. 2001;39(1):72-85.

INCREASE WELLNESS ENGAGEMENT BY LEVERAGING BEHAVIORAL ECONOMICS: AN EMPLOYER CASE STUDY

Kathleen Nelson PT, MPH-PHP; Jennifer Kelley, CWPM

Signature Healthcare is a self-insured, non-profit community hospital 22 miles south of Boston. At Signature Healthcare, we seek to foster a culture of health, safety, and well-being of our employees. As a healing healthcare institution, we care for our employees in the same way we care for the well-being of our patients.

About 2,600 employees and spouses are eligible to participate in Signature Healthcare's wellness program. After three years of focusing on providing up to $1,100 in incentive payments, gym rebates, and fitness devices, Signature struggled to increase employee engagement. We soon realized additional monetary, extrinsically driven rewards would not help us achieve our goal of increased employee participation or shift the population toward an intrinsically motivated behavior to live a healthier lifestyle.

In July of 2016, Signature partnered with Sibson Consulting and NFP Corporate Services. Together, we completed a program analysis to identify pathways that would enhance employee engagement and, most importantly, engagement in health coaching. We identified several key areas, including communications, marketing design, leadership buy-in, and privacy and confidentiality. The analysis of the program specifically looked at ways in which we could introduce behavioral economics to enhance engagement and participation in health coaching.

To address the concern about confidentiality, Signature used the EEOC guidelines for worksite wellness programs to customize several communications, assuring employees that their protected health information would remain private and confidential. The communications were submitted in a multi-channel approach, through a letter from the CEO, targeted emails to managers and employees, and a home mailer launch document that outlined the 2017 program plan.

Signature uses a LEAN operational excellence platform. To enhance the buy-in of leadership and improve wellness communications, Signature embedded a 5-year wellness goal within the system's strategic plan. Daily huddles, held in every department, began to include conversations about what could be offered to support the employees' participation in the wellness program and support the systemwide, strategic wellness goal. .

Building upon the Transtheoretical Model of Behavior Change, Bandura's Theory of Self-Efficacy, and the principles of behavioral economics, Signature implemented a plan design to nudge employees through the stages of change and into habitual behavior. Sibson brought forward the principles of behavioral economics targeted to specific areas of the wellness plan design that would enhance engagement.

The new incentive design encouraged early participation with immediate rewards. The design built in a "Meet and Greet" session with a health coach as a requirement to achieve an incentive reward. This 5- to 10-minute conversation with our health coaches offered an opportunity for the employees to realize health coaching could benefit anyone. The plan design to drive engagement offered simple choices and instructions on what was necessary to participate. A new color design and

Principle	Insight from Behavioral Economics
Present Bias	People tend to be much more motivated by immediate, vs delayed, rewards.
Choice Overload	A variety of choices can lead to no action.
Framing Effect	How choices are framed can significantly impact individuals' perception of various options.
Optimism Bias	People tend to perceive their health, and other personal attributes, as better than they actually are. Also, people tend to overestimate their ability to procrastinate and still meet long-term deadlines.
Possibility Effect	Changes in probability do not impact individuals' perception in a linear way. For example, people underestimate the value of small/moderate reductions in risks, and overestimate their ability to win lotteries.
Opportunity Regret	People tend to exert additional effort in order to avoid learning they've missed an opportunity.
Herd Effect	Individuals tend to repeat what they see others do.

icon-driven layout brought attention to the program as something new and exciting. The outcomes of the new plan design exceeded expectations. While reducing the monetary incentive by $200, we realized within the first 3 months of the program that Signature achieved greater level of participation than all of the previous years and a 28% increase in engagement compared with FY16. We reached or exceeded all our goals, with 37% of the population reaching incentive status, 34% of the spouses participating, 48% increase with union nurse participation, and 110% increase in health coaching.

A few key takeaways from this approach are to keep it simple, to increase the impact with immediate rewards, and that everyone could benefit from health coaching. By gaining leadership support and customizing our communications, Signature achieved the goal of enhanced engagement and participation in health coaching.

Kathleen Nelson, PT, MPH, PHP, is Director of Population Health, Signature Healthcare. Jennifer Kelley, CWPM, is Wellness Coordinator, Signature Healthcare.

EXPLORING THE ASSOCIATION BETWEEN ORGANIZATIONAL SAFETY AND HEALTH CLIMATES AND SELECT PRODUCTIVITY MEASURES

Abigail S. Katz, PhD; Nico P. Pronk, PhD; Deborah McLellan, PhD;
Jack Dennerlein, PhD; Jeffrey N. Katz, MD, MSc

Introduction

Within the field of employee health, there is a growing understanding that multiple work factors affect the safety, health, and well-being of employees. A recently published conceptual model[1] provides an innovative approach to thinking about the complex interplay between organizational, environmental and individual factors within workplaces. Not only are these work factors important contributors to individual health, they also have an impact on enterprise outcomes, such as employee productivity.

Methods and Measures

In 2014, we conducted a pilot intervention study in partnership with three medium-sized manufacturing companies located in Minneapolis, Minnesota. An employee health assessment (HA) was administered at baseline and served as the dataset for the investigation. Our final sample consisted of self-report HA data from 959 employees across the three companies participating in the pilot (53% HA completion rate).
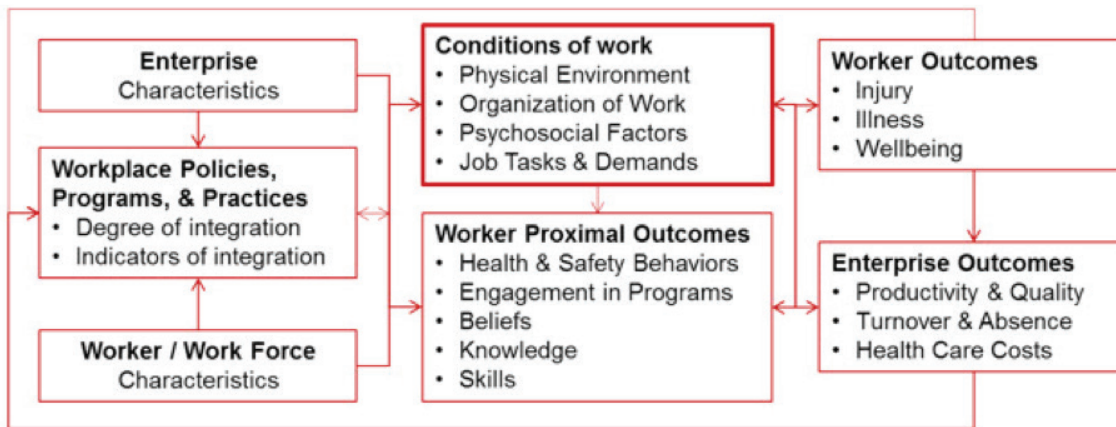

Figure 1. Conceptual model for integrated approaches to the protection and promotion of worker health and safety.[5]
Sorensen G, McLellan DL, Dennerlein JT, et al. 2016. Integrating worksite health protection and promotion: A conceptual model for intervention and research. Prev Med. 91:188-196.

Our recent investigation focuses on two specific components of the model, exploring the conditions of work and their relationship to enterprise productivity outcomes. Our aim was to test the association between organizational safety and health climates and two different productivity indicators: the Work Limitations Questionnaire (WLQ)[2] and Work Productivity and Activity Impairment Scale (WPAI).[3]

Key measures of work conditions included two scale variables indicating employees' perception of (1) the safety climate, and (2) the health and well-being climate at their workplaces. A higher response indicated a stronger safety or health and well-being culture.

To measure productivity, we used two validated scales. Several self-report productivity scales are available to measure the impact of health on productivity at work

and in other activities. The scales used in our study are among the most frequently used:

- The Work Productivity and Activity Impairment questionnaire (WPAI) is the most widely used tool and has also been modified to measure productivity loss associated with specific diseases. Here, we used the measure to capture overall health-related productivity loss.
- The Work Limitations Questionnaire (WLQ) has also been used extensively, both in short and long form, and measures both general health impact and impact of specific conditions. In our study, we focused on general health impact and used the short form.

We conducted a series of logistic regression models to explore the relationship between each climate variable and each productivity variable.[4]

Results

Using the WPAI, we found that the odds that an employee will experience productivity loss are lower for those who report a strong culture of worksite safety (OR= .54; 95%CI=0.39-0.75) and culture of well-being (OR=.49; 95%CI=0.36-0.68). The short form WLQ was not associated with either climate variable.

Implications

While both measures of productivity have been used extensively in the scholarship, they did not operate in the same way in our study. One explanation could be that each tool measures different aspects of employee productivity. Indeed, the WPAI is designed to capture overall productivity loss related to both absenteeism and presenteeism, while the WLQ focuses on limitations related to functioning at work. It is possible that culture has more of an effect on overall loss, as compared with work limitations alone.

Recognized as an important proof point supporting workplace safety and health and well-being efforts, productivity measurement is key to capturing the value of integrated approaches to employee health protection and health protection. While the validity and psychometric proprieties of both instruments have been well established, more investigation is needed to understand the utility of each instrument when implementing the measurement as part of an integrated safety and health and well-being program.

Abigail S. Katz, PhD, is a Research Associate, HealthPartners Institute. Nico P. Pronk, PhD, is President of HealthPartners Institute. Deborah McLellan, PhD, is Research Associate, Harvard T.H. Chan School of Public Health, Center for Work, Health & Well-being, and Senior Scientist, Dana-Farber Cancer Institute. Jack Dennerlein, PhD, is Associate Director, Harvard T.H. Chan School of Public Health, Center for Work, Health & Well-being, and Professor at Bouvé College of Health Sciences, Northeastern University. Jeffrey N. Katz, MD, MSc, is Professor of Medicine and Orthopedic Surgery, Brigham and Women's Hospital and Professor of Epidemiology and Environmental Health, Harvard T.H. Chan School of Public Health.

References

1. Sorensen G, McLellan DL, Dennerlein JT, et al. Integrating worksite health protection and promotion: A conceptual model for intervention and research. Prev Med. 2016;91:188-196.
2. Lerner D. J., Amick B.III, & Glaxo Wellcome. 1998. Work Limitations Questionnaire. Boston, MA: The Health Institute, Tufts-New England Medical Center.
3. Reilly MC, Zbrozek AS, Dukes EM. The validity and reproducibility of a work productivity and activity impairment instrument. PharmacoEconomics. 1993;4(5):353-65.
4. Complete results under review for publication in 2018.

MAKING THE LINK BETWEEN HEALTH AND TALENT

Keith Winick and Christine Turner, MHA

Prudential identified a strong link between employee health risks and various productivity measures such as disability duration, presenteeism, employee engagement, retention, and performance ratings. They engaged Truven Health to collect and integrate unique data types and to assist with analyzing the relationships between employee health risk and measures of productivity. Prudential has used this data to provide insight to leaders and business groups within their organization, to create a compelling case to gain leadership buy-in, and to affect the health and talent of their employees.

The Challenge

Prudential wanted to promote a culture of health within their organization. They took a broad approach, looking at five different dimensions—physical, emotional, social, spiritual, and financial. By exploring the links between health and talent, their goal was to build a business case for employee health that would engage and empower business leaders and ultimately have a positive impact on employee health and wellness and overall business performance. Their challenge was determining how to identify connections between health risk factors and employee engagement and how to gain the support of business leaders in promoting the culture of health among their employees and throughout the organization and community.

The Approach

To engage and empower business leaders in promoting a culture of health, Prudential worked with their Truven Health analytic team to develop custom risk profiles for business groups and other organizations within Prudential that (1) track health and lifestyle risk factor prevalence among that group over time compared with Prudential overall, (2) evaluate the impact of presenteeism and disability, and (3) emphasize measures of supervisor support.

To define the connections between health and talent across Prudential, response data from the employee opinion survey (e.g., performance rating, employee satisfaction, work-life balance) was integrated with data from the Health Risk Assessment (e.g., stress risk) and from the Work Limitation Questionnaire (productivity hours lost). The team also integrated HRA data with basic eligibility data to calculate rates of turnover/retention among employees with certain risk factors.

Prudential's Health & Wellness team routinely engages with business group leaders and other stakeholders on how best to address any concerns identified through the risk-profile reporting, usually leveraging existing health and wellness programs and offerings.

The Outcome

Employee health and well-being are integral to business success, and Prudential's ongoing effort to promote a pervasive culture of health has yielded numerous positive outcomes.

Prudential used integrated health risk and productivity data to build custom health risk and productivity profiles for business group leaders to facilitate an ongoing dialogue regarding health and talent. They looked at health risk factors and evaluated how they affected employee performance

and retention. Having identified financial health as a company-wide priority, they established new programs, benefits, and offerings promoting financial health as well as a dedicated financial health task force.

affirmative job satisfaction), lower job stress (86% greater rate without job stress), higher productivity (57% fewer hours lost per employee), and fewer days lost to disability (53% fewer cases per 100, 63% fewer days lost per 100).

Population - Health Quotient Risk Profile
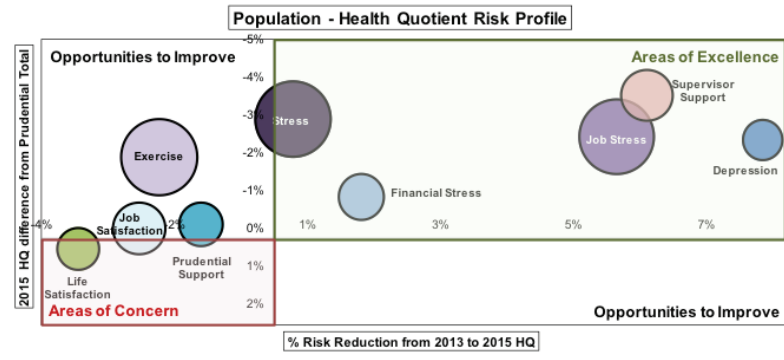
Engaging leadership to identify health as a business imperative and building supervisor accountability requires data that is relevant, reliable, and actionable. The effectiveness of the analysis at hand depends in large part on the robustness of data generated by the health risk assessment. As a further reflection of Prudential's pervasive culture of health, the annual HRA completion rate is consistently upwards of 80%.

Thanks to programs such as budget coaching and expanded child- and adult-care services, the incidence of financial stress at Prudential improved steadily from 2008 to 2015 and has been favorable to their vendor's benchmark in each year since 2012. Financial stress has been linked with lower productivity (120% more hours lost per employee), higher absenteeism, and greater incidence of short-term disability (69% more cases per 100, 70% more days lost per 100). Another focus was to reinforce supervisors' support of employee health initiatives. Favorable supervisor support has been connected to higher job satisfaction (94% greater rate of

Prudential's ability to have interactive conversations with business leaders and to quickly turn around deeper analysis builds a reputation that helps them deliver the message that culture matters and the business can influence it directly. Using other data sources that have been collected by the business, such as employee opinion survey and performance data, solidifies the relationship of health and talent for the organization.

Keith Winick is Director of Health & Wellness Analytics, Prudential Financial. Christine Turner, MHA, is Senior Client Executive, Truven Health Analytics, an IBM Company.

66%	66% of employees who indicated financial stress were also at risk for **general stress** compared to just 40% who did not.
29%	29% of employees who indicated financial stress had **moderate or high overall health risk** compared to just 11% who did not.
39 76%	Employees who indicated financial stress had 39 more **hours lost in productivity** and 76% higher incidence of **short-term disability** than those who did not.
77%	The prevalence of diagnosed **mental health conditions** was 77% higher among those who indicated financial stress than those who did not.

👍	Employees who feel supported are **more satisfied with their jobs.**
	Employees who feel supported experience **less job stress.**
	Employees who feel supported are **more productive.**
	Strong supervisor support is associated with **53% fewer disability cases** and **63% fewer days lost** to disability.

BUILDING A CULTURE OF EMOTIONAL HEALTH: AMERICAN EXPRESS'S HEALTHY MINDS CAMPAIGN

Charles Latarullo, PhD, and Richard Paul, MSW

Healthy Minds is American Express's global mental health strategy. The Healthy Minds program was created in 2013, driven by employee feedback that more hands-on support was needed for behavioral and stress-related conditions. Originally designed as a simple rebrand of the American Express Employee Assistance Program (EAP), Healthy Minds has grown beyond just counseling—to include large-scale mental health awareness campaigns, mindfulness trainings, relocation support, and much more.

A Global Mental Health Strategy

Four major assumptions drive the Healthy Minds strategy, which include:

• The degree to which an organization embeds mental health into the fabric of its culture is the degree to which mental health will improve. This improvement in emotional well-being can be evidenced through improvements in key indicators such as absenteeism and presenteeism. Through frequent, high-visibility, large-scale awareness campaigns that aim to reduce stigma and drive employees to company-sponsored resources, workplaces can become safe spaces and support systems for those experiencing mental illnesses.

Paid PMPM by Level of Care
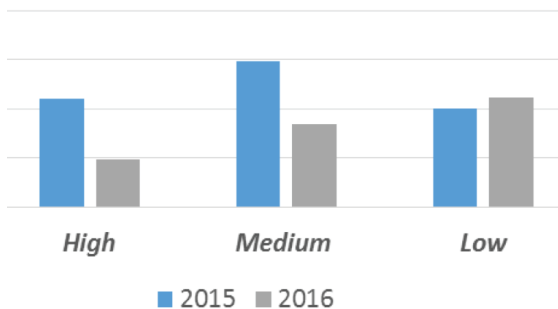
• Resources need to be available and easily accessible.

• Leadership must be visible in promoting mental health to ensure acceptance at all levels of the organization.
• Stop communicating. Start marketing.

The Campaigns

Global and local mental health awareness campaigns occur throughout the year at American Express, addressing the stigma often associated with mental illness and reinforcing mental health at the core of American Express' culture. A few examples are presented below.

Find Your Brighter Side

In 2013, we launched our first Healthy Minds campaign, Find Your Brighter Side, which aimed to highlight the need to catch mental illness early. To address stress before anxiety, and sadness before depression, we let our employees know that company-sponsored mental health resources were available through intranet blogs, local events, emails, posters, and lobby TV screens. The campaign judiciously used bright colors and an upbeat feel to demystify mental illness.

One-In-Four

In 2014, the One-In-Four campaign taught American Express employees that globally, one out of every four individuals experience a mental illness in any given year. We educated our employees through a strong visual message—creating chair covers and coffee sleeves with a specially created One-In-Four/ Healthy Minds logo and placing them in our U.S.-based cafeterias on every fourth chair and coffee cup, respectively.

We promoted the event across the company's intranet site, elevator banks, and at tabling events in our cafeterias to encourage employees to take advantage of the resources available to them.

Healthy Minds Grants

In 2014, Healthy Minds awarded 10 $500 grants to American Express employees looking to enhance the emotional well-being of their colleagues. Awards were granted based on ideas that could benefit the largest number of employees and improve the emotional well-being of our workforce. A couple of winning examples included (1) a meditation/relaxation room in our Florida location and (2) a pathway signed with inspirational messages at our Arizona location.

I Will Listen

In 2015, Healthy Minds launched the global I Will Listen campaign to commemorate World Mental Health Day. The campaign asked American Express employees to sign a pledge in support of mental health and to listen if an employee had a mental health need. Employees who pledged received a Healthy Minds wristband, which let their colleagues know they were willing to listen and were trained to do three simple things, including:
• Tell a colleague-in-need that mental health issues are common.
• Let the colleague know mental health conditions are treatable.
• Guide the colleague to the resources available to them through the Healthy Minds program.

This highly successful campaign yielded the distribution of more than 6,000 wristbands to employees supporting mental health awareness. Employees, including senior

leaders, created more than 1,700 pictures and videos in support of Healthy Minds. This content was shared on the company's intranet site, which receives thousands of views.

Stand Up for Mental Health

In 2016, we kicked off our Stand Up for Mental Health campaign at our New York headquarters with a stand-up comedy act by comedian and counselor, David Granirer. Through humor, David explored recovery and his personal experiences living with depression. More than 400 employees attended the show in-person, and hundreds more tuned into the video replay.

Our campaign continued with a series of global initiatives and events for employees, aimed at shining a light on the importance of talking about mental health issues. These included laughter workshops, mental health seminars, photo-pledging stations, onsite stress level assessments, and much more. Employees' stories and messages of support poured into the company's intranet site.

While the Healthy Minds program addresses the emotional well-being of our employees, the overarching belief at American Express is that to fully advocate for our employees, we must invest in them holistically. With this in mind, companywide well-being initiatives include a host of services such as nutritional counseling, financial planning, wellness coaching, and mental health services.

Charles Lattarulo, PhD, is Global Director of Healthy Minds at American Express. Richard Paul, MSW, is Senior Vice President, Employer Strategy and Development, Beacon Health Options.

THE IMPORTANCE OF RE-TAKING THE HERO SCORECARD:
NEW YOUTUBE VIDEO TO SHARE!

The HERO Health and Well-Being Best Practices Scorecard in collaboration with Mercer© (HERO Scorecard) is designed to help employers, providers, and other stakeholders identify and learn about workplace health and well-being (HWB) best practices. The HERO Scorecard is a free web-based tool available via the HERO website. When employers submit their responses to the online system, they immediately receive a return email containing a free report that includes an overall score and a score for each of the six sections compared with national average scores. The sections represent the foundational components that support exemplary HWB programs. While no inventory of best practices will include all innovative approaches, the HERO Scorecard uses those most commonly recognized as drivers of successful programs among industry thought leaders and in published research.

Ongoing data analysis from the database provides unique insights about organizational use of HWB practices, associations between the six measured domains in the HERO Scorecard, and their relationship with self-reported outcomes. These analyses serve as a foundation for future research because they inform the development of new research questions and identify areas of promising practices that can be systematically tested and validated against other databases. These analyses also support the internal validity of the HERO Scorecard, which may pave the way for more rigorous validation research. For example, one analysis of the normative database indicated that certain practices are associated with superior healthcare cost trends. This analysis based on self-reported data on the HERO Scorecard led to the development of a more formal research study that leveraged healthcare cost and risk data in a third-party database. This formative study demonstrates that companies with higher scores on the HERO Scorecard had better healthcare cost trends and also informed changes in the scoring when the HERO Scorecard was updated in 2014. A more recent study tracked stock performance for publicly traded companies in the HERO Scorecard database and found companies with higher HERO Scorecard scores outperformed the S&P 500 Index over a 6-year period.

For more information about the HERO Scorecard and how it can be a valuable tool in advancing the quality of health and well-being initiatives, check out the YouTube video on the HERO YouTube channel.