HERO Forum18
Conference Proceedings

WHAT'S INSIDE

HEROFORUM18 PROCEEDINGS: WE'RE SO GLAD YOU MADE IT!

Paul Terry, PhD, President and CEO, HERO

We are proud to offer our Proceedings from HEROForum18 as a way to reinforce the countless learnings that occurred, to honor the efforts of our speakers and to give back to our profession, especially for those HERO members and our many other friends in the health promotion field who were unable to attend. It has been said that writing is thinking on paper and it's been observed that many writers are essentially talking as they write. If that's true, publishing these Proceedings is HERO's way of letting you "hear" from our speakers and it's our pleasure to provide you with this gift of their thoughts. Indeed, I have sometimes wondered whether public speakers who seldom publish are in effect doing more talking than thinking. The discipline associated with organizing post conference Proceedings is HERO's way of assuring that we capture the best thinking from around the nation. Please share these Proceedings with others as a strategic priority for HERO is to enable more people to hear the stories that are unfolding around the nation relating to advancements and continuous improvement in employee, family and community health and well-being.

And speaking of story-telling, for those who attended the first day **opening of HERO Forum18**, you were transported back to 1980 where we rejoined the Blues Brothers movie during the rendition of Steve Winwood's "Gimme Some Lovin'." One of the refrains is "we're so glad you made it," and the song was superbly belted out by my friends and HERO members Stefan Gingerich from StayWell and Marleece Barber from Lockheed Martin. Besides that joyous chorus proclaiming how glad we were you made it to this learning, networking and celebratory event, the Blues Brothers, you may recall, were on a "mission from God." Like most movies, and story-telling generally, Elwood and Jake and their soul sister Aretha were on a journey that unfolded with fits and starts and surprises along the way. And so it is with the work of worksite and community health promotion. As I said in my opening remarks to kick off the Forum, our learning events are designed to do nothing less than change the direction of our field. A dramatic proclamation? For sure! Our journey, as a profession, should hold drama because continuous change will always evoke questions and predictions about what will happen next as we explore new frontiers together.

After I took off my Elwood Blues hat, I shifted to a more recent tale and likened our journey as professionals to the 270 mile through-hike of the Superior Hiking Trail I did in May of this year. Arduous but gratifying, hiking is a ready analogy for our important work in advancing best practices in support of health and well-being. I asked how we determine how long we should stay on the path we have been most recently exploring. What's more, how and when do we decide it is time to forge new trails? There are countless ways to rise to our next challenges, but two that we focus on at Forum are to expose you to pioneers and visionaries alike.

Pioneers and Visionaries at Forum18

Pioneers are those who have done the hard work of discovery, including hitting some dead ends, so that we can follow the surest path. In keeping with our Forum18 theme, "From the C-Suite to the Shop Floor: Well-being for All," these Proceedings feature articles from presenters who shared compelling results from efforts to build inclusiveness and equity into their company initiatives and research methods. For example, our employer panelists offered

inspiring examples from LabCorp, Lockheed Martin and DHL that demonstrated how engaging shop floor employees most often starts with leaders making time to gain an intimate understanding of the daily work of their lowest paid colleagues. Similarly, other keynote speakers featured stories and studies of worksite wellness initiatives that emphasized how inclusiveness and sensitivity to a diversity of employee needs and values are a vital antecedent to improving health at the population level. As you will also read in the many breakout sessions featured in these Proceedings, practitioners are testing what is working best in both workplace and community settings relative to engaging different population segments. As importantly, they shared stories about what approaches are proving to be a detour, or even a dead end, in advancing a culture of health.

Visionaries are those who bear witness to the vagaries and risks of the path we're on and challenge us to consider an altogether different route, albeit one full of uncertainty and untold risks. As has been our tradition at Forum, we again hosted a research update panel and this year we asked the

question: "When workplace health promotion programs work, and when they don't, what makes the difference?" As you will read in our Proceedings, we learned that a small dose, short-term intervention spread across thousands of employees significantly improved morale but didn't improve health at the population level. You'll also read about other organizations that have long abandoned an approach that focuses on mass screenings followed by elective educational classes. Instead, they are studying social determinants of health and are exploring new routes to health for all. We continue to learn that tailoring interventions based on interests, building a serious investment in culture and making the hard choices about policies are a prerequisite to the effective advancement of health and well-being for all.

Celebrating our Best

Working for a think tank has more benefits than I can think through! One advantage that's always on the top of my list when I'm reviewing how grateful I feel is the many opportunities HERO takes to honor leaders in our profession. We celebrated six national leaders at HERO Forum

and I'd urge you to visit our **HERO Awards page** to learn more about their amazing accomplishments and careers. You'll see all of our 2018 honorees are women leaders. I'm a steadfast supporter of the "Time's Up" movement and believe such harassment issues extend far beyond Hollywood. As you'll see at a glance in reviewing our HERO awardees in recent years, we also believe the time is now to celebrate the amazing women who have for so long led our profession.

Shelly Wolff received HERO's Bill Whitmer Leadership Award, our highest leadership honor. Shelly is a Health and Workforce Effectiveness Leader from Willis Towers Watson who has dedicated her career to health promotion and has contributed in an extraordinary range of ways from disseminating research relating to employee engagement to leading organizations in strategies for reducing unnecessary healthcare claims costs.

For the first time, HERO honored a research partnership with our Mark Dundon Research Award. Drs. Kerry Evers and Sara Johnson are the co-CEOs and co-Presidents of Pro-Change Behavior Systems, Inc.

so it is altogether fitting that they would be the co-winners of our Dundon Award. We were delighted to honor them for their stunningly productive research partnership as federal grant recipients and research collaborators. We were also eager to recognize them because their range of research interests is also extraordinary as they have studied novel ideas such as coaction in behavior change alongside proven concepts such as the transtheoretical model. They have conscientiously applied these concepts and have reported on numerous successful interventions ranging from lifestyle issues like exercise, nutrition and obesity to addiction issues including opioid, tobacco use and many other intractable public health problems.

Gimme Some Lovin in Portland, Oregon in 2019

As much as we couldn't be prouder of this year's HERO volunteers and Forum faculty, the HERO team are through-hikers and we never rest in this journey. At the end of these Proceedings, look for information about HERO Forum19. Our theme for 2019 is: *"Thriving Organizations: Achieving Well-being through Collaboration."* We will be in **Portland, Oregon** on **September 10-12, 2019**. Rumor has it the Blues Brothers and their soulful sister may be back for an encore. Talk about "gimme some lovin'," the HERO team loves to oblige and we hope to see you there. And, yes, besides our usual healthy activities and fare, we'll serve Voodoo Donuts too!

HERO Education Committee

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

Catherine Bass, PhD, Director of Informatics, Onlife Health

Chris Calitz, MPP, Director, Center for Workplace Health Research and Evaluation, American Heart Association

Stephen Cherniak, MBA, Health Management Consultant, Employee Health and Benefits, Marsh & McLennan Agency

Laura Ellison, MBA, CBP, Senior Manager, Benefits, ADT

Rick Fisher, Vice President, Aon Hewitt

Lori Huss, PhD, MEd, Director of Humana Wellness Solutions, Humana

Rebecca Kelly, PhD, RDN, FAND, President & Founder, Element Health, Inc.

Wolf Kirsten, Co-Director, Global Centre for Healthy Workplaces

Karen Moseley, Vice President, Education, HERO

Patti Rittling, PhD, CHES, Health Management Practice Leader, Marsh & McLennan Agency

Bruce Sherman, MD, FCCP, FACOEM, Medical Director, Population Health Management, Conduent HR Services

Paul Terry, PhD, President & CEO, HERO

Susan Bailey, MS, CIC, SHRM-SCP, SPHR, Director, Total Health & Wellbeing, Marsh & McLennan Agency

Healthcare Summit

Tim Butler, MS, MCHES, Co-chair, Sr. Wellness Program Management Consultant, SelectHealth/Intermountain Healthcare

Stephen Doyle, MS, MBA, Co-chair, Sr. Director, Strategic Health Management Solutions, UPMC Health Plan

Cassie Bruce, CWWS Wellness Consultant, Baptist Health

Laura Grubbs, CCWS, Assistant Director, Florida Hospital

Karen Moseley, Vice President, Education, HERO

Dave Schweppe, MPH, CPHIMS, National Vice President, Customer Analytics & Reporting, Kaiser Permanente

Ryan Sledge, MPH, MBA, Director, Onsite Clinics and Wellness, OhioHealth

Paul Terry, PhD, President & CEO, HERO

Kaisa Wieneke, MPH, Assistant Director of Employee Well-Being, Mayo Clinic

Jen Wright, MPH, Director, Working Well, SC Hospital Association

University Summit

Patricia Benson, MEd, Co-chair, Director, Get Healthy Now, University of Louisville

Karen Schmidt, MPH, Co-chair, Director, MHealthy, University of Michigan Health & Well-Being Services

Megan Hammes, MS, MCHES, Director, UI Wellness, University of Iowa

Tamara Iacono, MEd, Senior Program Coordinator, Get Healthy Now, University of Louisville

Mary Imboden, PhD, Membership Manager & Research Associate, HERO

Patty Purpur de Vries, MS, Associate Director, Faculty & Staff Wellness, Stanford University

Anna Threadcraft, RDN, LD, UAB Employee Wellness Director, University of Alabama College of Human Environmental Services

PRE-CONFERENCE HIGHLIGHTS

HEALTHCARE SUMMIT PROCEEDINGS
Ryan Sledge, MBA, MPH, Director, Onsite Clinics and Wellness, OhioHealth Employer Services

It's no secret that rising healthcare costs have impacted providers, payers, employers, and especially consumers of care. As the burden has become heavier, patients have important decisions to make about how they spend their healthcare dollar. Given this climate, it stands to reason that consumerism was on the minds of healthcare professionals gathering prior to HERO Forum 18. In October 2018, the pre-Forum Healthcare Summit convened around the topic, "What do Consumers Really Want? Health System Transformation in the Era of Consumerism." The half day summit explored the transformation of healthcare and how consumerism shapes the future.

Rachel S. Brown, MD, Medical Director of Health and Wellness at Palmetto Health, began the discussion exploring the ways the consumer's mindset has changed related to health and fitness. Dr. Brown especially noted how this mindset impacts the consumer at work, and how employers must adapt accordingly. She aptly noted that to engage these health and fitness-minded individuals, healthy habits must be easy to follow in the workplace. As an illustration, Dr. Brown shared her *Wellness @ Work* program at Palmetto Health, a department-level intervention featuring application to participate, initial assessment, tailored

programming, and holistic support. Dr. Brown's experience highlighted that in this era of consumerism, consumers must be engaged in multifaceted ways to drive program success.

The theme of consumerism continued with a discussion entitled, "Personalized Communications and Real-Time Interventions Using Consumer Health Informatics," sharing successful strategies in engaging consumers. Ellen Beckford, PhD, MPH, explained the "lever" concept in driving behavior change. According to Dr. Beckford, the length of the lever needed to drive change is directly related to how far an individual is from

the strategy. Robert J. Krzys, JD, detailed his long lever approach (policy/environment level) of Value Based Intelligent Benefit Design (VBID). This strategy helped coordinate care for the State of Connecticut's health plan members and drive them to services providing the most value. Karen Possidente-Leibiger, MBA continued, informing the group on how using a technology platform pulled the short lever (individual level) in executing the State's VBID plan. This platform allowed Karen's organization, Care Management Solutions, to target member and PCP communications to drive utilization of appropriate health services.

The summit's final presentation focused on how the middle managers of an organization can impact a healthy culture. As Kaisa Wieneke, MPH discussed, healthcare workers traditionally focus on the needs of others, even at the detriment of their own well-being. As such, storytelling can be an effective way to demonstrate the necessity for investing in health promotion. This concept that Cristin Cooney calls "the why" is effective in encouraging management and employees alike. Elena Valentine, CEO & Co-Founder of Skill Scout, noted that these stories can be shared in various ways. She and her company have success using video as a medium to bring the stories to life. The climate of consumerism reminds us that hearing the voice of the customer is an important concept that organizations must embrace.

The 2018 HERO Healthcare Summit closed with table discussion synthesizing the learnings of the day. Healthcare consumers may be patients, employees, or even organizations. In this era of increased consumerism, these utilizers of services have choices in how they spend their healthcare dollar. The thoughtful dialogue in this summit demonstrated how targeted solutions, real-time communications and technology, and storytelling can drive consumer buy-in and ultimately behavior. The healthcare industry is transforming, and consumers are in the driver's seat.

This year's speakers included the following experts:
- Tim Butler, MS, Wellness Program Management Consultant, SelectHealth/Intermountain Healthcare
- Stephen Doyle, MS, MBA, Sr. Director, Strategic Health Management Solutions, UPMC Health Plan
- Rachel S. Brown, MD Medical Director of Health and Wellness & Family Physician, Palmetto Health
- Ellen Beckjord, PhD, MPH Associate Vice President of Population Health and Clinical Affairs, UPMC Health Plan
- Robert J. Krzys, JD Principal, Strategic Health Solutions
- Karen Possidente-Leibiger, MBA Vice President, Care Management Solutions
- Kaisa Wieneke, MPH Assistant Director of Employee Well-Being, Mayo Clinic
- Elena Valentine CEO & Co-founder, Skill Scout
- Cristin Cooney, MEd, MS, MCHES Director, Occupational Health Services & Team Member Wellness, Atlantic Health System

ENGAGING SUPERVISORS TO INFLUENCE EMPLOYEE WELL-BEING: WHY, WHAT, AND HOW TO GET THERE

Kaisa Wieneke, MPH, Assistant Director for Employee Well-Being, Mayo Clinic; Assistant Professor of Healthcare Administration and Family Medicine, Mayo Clinic College of Medicine

The perception of employee wellness programs as a necessary expense to reduce future health care spending has shifted to that of a crucial investment for shaping organizational culture, building brand equity, and facilitating the recruitment and retention of top talent.[1] To accomplish such goals, organizations are focusing on the shared responsibility of both the individual employee and the organization itself.[2] This includes the role of supervisors and mid-level managers as key influencers within the work unit for employee engagement.[3,4] An employee with a supervisor viewed as supportive is more likely to have lower stress and higher job satisfaction than an employee without a supportive supervisor.[5] The quality of the relationship has been linked to both employee outcomes and unit performance.[6]

Mayo Clinic has recently taken a bolder, more holistic approach to their worksite wellness program and initiated a more organic approach by exploring the various roles within an organization. A robust well-being champions program was developed and studied based on the theory of social networks.[7] Recent all-staff survey results have demonstrated that having a well-being champion in a work unit, coupled with an organizational commitment to employee well-being, is associated with better employee engagement, job satisfaction, and a greater perception of personal well-being. To build on these findings, Mayo embarked on a novel approach to examine supervisors and how their roles impact employee well-being within a work unit. Particularly, this new research was designed to develop a more precise understanding of the current barriers, needs, and perceived roles of supervisors. Understanding their perceptions can potentially enhance the employee experience and optimize the impact these leaders can have in advancing employee well-being initiatives.

Methods

To understand the supervisors' perspectives, Mayo Clinic employee well-being staff conducted semi-structured interviews with supervisors across the organization. This qualitative method for research was selected to gain depth and richness around key concepts. A semi-structured interview guide was designed to elicit information about how supervisors viewed

their role regarding employee well-being, to identify barriers to participating in wellness initiatives and to determine resources that could better support supervisors in encouraging staff engagement in wellness initiatives.

We conducted twenty interviews which were audio recorded, transcribed, and analyzed in iterative phases by employee well-being staff and trained qualitative research analysts. The analysis included content log development and open coding by a trained analyst to reveal key themes. More formalized content coding using specialized software for qualitative analyses was also conducted.

Results

Supervisor responses were wide-ranging regarding their perceived and desired role in promoting workplace well-being. They perceived their potential role as "being that role model" and encouraging staff to participate in wellness activities. Twelve of the twenty supervisors felt it should be a part of their overall performance assessment. However, others had not considered it prior to the interview or did not feel it was a part of their role for various reasons.

Statements such as "I don't think that I can do that if it's not affecting their performance" indicated some hesitancy to having a formal role.

Barriers from the supervisor perspective included: high current workload, ambivalence about promoting wellness, lack of support from leadership, lack of flexibility and control at work, and difficulty accessing onsite resources. Qualitative feedback expanded on each of these areas to include statements such as employees being "very, very dedicated to the patients. And they don't take breaks." Or, referencing supervisors' perspectives of leadership, noting that "sometimes leadership doesn't stop to look at managers and say, 'Are we trying to implement too many things all at one time?'" That the work culture may not support well-being efforts is indicated by statements such as "I'm not sure how much it would be supported by their work peers." Lack of knowledge about existing resources was often identified as a need, demonstrating the opportunity to increase awareness of current offerings.

Implications

While an individual can impact their personal well-being through their own behaviors and their level of engagement,[8] we must also consider the workplace environment and level of organizational support as programs are engineered to enhance employee well-being.

By gathering supervisor feedback in a methodical manner, we have a deeper understanding of the personal experiences of this employee population which may have been overlooked in a quantitative method of research. The supervisors' personal experiences and stories provided rich data for the employee well-being team to develop meaningful action plans to address supervisor and employee needs.

The action plan was developed based on interview results and focuses on four main themes: *awareness and education, leadership competencies, skill building,* and *prioritizing leadership support*. (See Table for details.) These four areas were developed based on interview results. For example, awareness and education is a primary focus due to the lack of knowledge determined by needs mirroring existing resources. The

team has developed an online "Supervisor Toolkit" to retain ready-made electronic communications, resources, and recommendations for supervisors to integrate well-being into the work unit. Bringing these resources to one location allows for easier access since it is clear that supervisors are limited on time. Supervisors felt disconnected with top leadership; therefore, the toolkit also emphasizes key messages from top leaders to provide further reinforcement. In addition, recommendations focus on issues which supervisors can control within their work unit since lack of control was a stated barrier.

Understanding supervisors have limited time, additional opportunities for skill building should be and have been integrated into existing leadership courses at our organization rather than creating new courses. Organizational policies and safety protocols are included in institutional resources such as the "new hire checklist" and "new manager checklist." These resources have also been updated to include a focus on employee well-being, thus establishing employee well-being as a professional responsibility during the onboarding process of new employees and managers.

In lieu of the incorporation of well-being into a performance review, we recognize other barriers need to be addressed first in order to equip supervisors and establish the culture. Meanwhile, an all-staff survey that Mayo Clinic regularly administers has a greater emphasis on employee well-being with results being utilized to establish priorities for the organization and expectations for supervisors to address areas of concern.

Future efforts aim to replicate previous interventions[2] which will further engage the supervisor. This will include conducting additional focus groups to gather direct feedback from employees within a work unit in order to create a meaningful action plan to address burnout.

The findings from this study are intended to gently provoke practitioners to consider the perspectives of the target audience when developing initiatives and allowing for their perceptions to be combined with those of Mayo Clinic experts and positioned alongside known best practices for advancing employee well-being.

Full results and interview quotes are published in the *American Journal of Health Promotion*.[9]

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Action Plan to Enhance Involvement of Supervisors for Employee Well-Being.	
Awareness and Education	• Online supervisor toolkit with ready-made communications, resources, and recommendations to integrate wellness at the work unit level
Leadership Competencies	• Emphasis of well-being within institutional "new hire checklist" and "new manager checklist"
Skill Building	• Integration of well-being into Leadership and Organizational Development courses • Online supervisor toolkit resources to integrate well-being in the work unit
Prioritizing Leadership Support	• Online supervisor toolkit highlights leadership quotes and videos • Keynote presentations to well-being champions and supervisors • Online videos of top leadership promoting well-being • Engage leaders as executive sponsors for well-being activities

GENERAL SESSION HIGHLIGHTS

RESEARCH PANEL PROCEEDINGS

Colleen Saringer, PhD, MEd, FVP Lead Wellness Consultant, Alliant Employee Benefits

Health and well-being initiatives work; we know that. We also know that it wouldn't be a day in the world of "wellness" if we weren't combatting the naysayers who ever so eloquently stretch valuable research into a "newsy negative" to generate online clicks. It's the reason why, year over year, HERO looks to Ron Goetzel, PhD, VP of Consulting & Applied Research, IBM Watson Health to help us see through the literature to determine what works and what doesn't.

In this year's much anticipated General Research Session, Dr. Goetzel led a panel that included Julian Reif, PhD, Assistant Professor of Finance and Economics, University of Illinois; Kristi Rahrig-Jenkins, PhD, MPH, Research Program Manager, University of Michigan; and Megan Amaya, PhD, CHES, Assistant Professor of Clinical Practice, Director of Health Promotion and Wellness, The Ohio State University. Before looking to the panel to discuss what makes the difference when implementing health and well-being initiatives in the workplace, Dr. Goetzel kicked off the session by sharing a short story of the individuals who devised the field of behavioral economics. Reason being, it allowed for the segue into hearing from Julian Reif, one of the lead researches behind the Illinois Workplace Wellness Study that led to headlines in the news claiming, "once and for all, wellness programs don't work." Dr. Goetzel reminded us that we know this is false, and pointed out there is value in this study right from the start given it's the first randomized control trial (RCT) in a workplace (i.e. the University) to ask the question: "Do these programs work?" To date, studies are often observational in nature which means control groups are not integrated, and participant data is compared to non-program participants.

Dr. Reif began with a high-level overview of the study. In short, employees in a treatment group who were eligible were invited to participate in a wellness program and employees in the control group were not. From a non-significant findings perspective, they learned that average medical spend in the control group was not greater than the treatment group, and that there were no differences in days off (productivity) between the two groups. From a significant findings perspective, it was uncovered that the employee morale in the treatment group was greater than that of the control group. This is an important finding given the constant challenges the industry faces when charged with explaining the value

of a health and well-being initiative within the workplace. In addition to sharing the results, time was taken to discuss the study's limitations. Specifically, the results only took into account the first year of the study. Also, Dr. Reif acknowledged that what was being studied from a program perspective in his university setting should not be generalized to other organizations. These limitations are important for two reasons: 1) we know significant effects in year one of any health and well-being initiative are unlikely; and 2) if companies are intent on following evidence-based initiatives, coupled with the goal to meet the unique needs of their population, we must look deeper into generalization given one size does not fit all.

Following this overview, Dr. Reif rejoined Drs. Rahrig-Jenkins and Amaya to provide feedback on the question: "How do you go about designing and delivering health and well-being programs and what are some challenges?" Dr. Amaya, from The Ohio State University, pointed toward their nine dimensions of wellness, noting that some are harder to tackle than others and that the challenge lies within the opportunity to go deeper within the

dimensions (e.g., financial wellness) at the University through a RCT. At this point, Dr. Goetzel pivoted with a comment to Dr. Reif that leading an RCT in the business world is an extreme challenge; companies will not participate. Dr. Reif agreed, noting that because of this, you often have to turn to the best evidence available, keeping in mind that it may not provide the same level of certainty.

Dr. Goetzel then directed a question to Drs. Rahrig-Jenkins and Amaya about engaging those who are less likely to participate in program offerings and/or are low wage workers. Specifically, he asked "How do you get them involved?" At the University of Michigan, they take the approach of relationship building. In short, they target focused partnerships with units that have a high percentage of lower wage workers and/or high health risks. Leveraging their wellness champions, they work to build trust with the employees who make up the unit(s), which means they don't come in with an agenda on what they'd like to accomplish (e.g., participation; a specific health risk). Instead, they meet the employees/unit(s) where they are at during that point in time, by simply asking,

"What can we do for you?" Over time, many of these individuals will begin to participate. Although not the exact prescription as defined by Dr. Rahrig-Jenkins, Dr. Amaya noted that their approach is similar. Dr. Goetzel extended this question in a slightly altered manner to Dr. Reif, specific to achieving an outcome of interest. His response echoed what was previously summarized: "Meet the employees where they are at/what their individual needs reflect (e.g., paid time off for participation, or host the event where the greatest congregation of employees exists in order to remove attendance barriers)."

As the panel closed, Drs. Amaya and Rahrig-Jenkins addressed where additional needs exist in research (e.g., Wellness Champions), and expressed appreciation to Dr. Reif for his contributing literature. Dr. Goetzel signed off with one final suggestion for Dr. Reif: "Next time, why not reconsider your headline for the news. Rather than 'Wellness Programs Don't work,' how about 'Wellness Programs Significantly Improve Morale'."

FROM THE C-SUITE TO THE SHOP FLOOR: MAKING THE WORKPLACE WORK WELL FOR EVERYONE

Elena Valentine, CEO, Skill Scout • Diana Han, MD, Chief Medical Officer, GE Appliances • Shane Jackson, President, Jackson Healthcare
Reported by Barbara Tabor

Elena Valentine

"I'm Elena and I'm a workplace geek." What I love about exploring careers and the world of work is the people who make up these companies and the stories they have to tell. Somehow, I have finagled a career of researching and celebrating other people's works and have been in every type of workplace as we work with companies around the world to create videos that tell their brand and culture stories to potential employees.

We have grown our business by working with small and mid-sized industrial companies. We have seen employees realize incredible health results because of the culture their leaders have created, which ultimately makes them very loyal to the company. Many of these employers truly "get wellness." They realize it's not a nice to have, it's a must have, especially when it comes to attracting and retaining employees and meeting the needs of workers who are nearing retirement and millennial workers. And the reason they have this understanding of their workforce and of workplace wellness is because they spend a whole lot of time on the shop floor and they know all of the jobs because they've done all the jobs.

People want to bring their whole selves to their jobs because they work so many hours and give so much to their jobs. The separation of work and life is disappearing, so we tend to bring our personal life and well-being to work and vice versa.

While research and data are very important, it only gets us so far because wellness is personal and personally charged. When we look at data, we ask the question: "How can we bring this to life for employees?"

For large employers, spending time on the shop floor isn't always realistic. This is where ethnography comes into play. Ethnography is a research method to help us understand how people live their lives. This, in essence, is what "Undercover Boss" does. This is what we do at Skill Scout and it's what workplace wellness needs.

There are three types of ethnographic mindsets:
1. Get out of the armchair. If you want to understand how a lion hunts, you don't go to the zoo, you go to the jungle. How can you immerse yourself in your workplace environment?

Dr. Diana Han Dr. Han leads the health services team at GE Appliances and is responsible for the onsite delivery of occupational and preventive health services and programs, health benefits, lead management and health improvement. She is trained in internal medicine at Mass General.

GE is a Haier Company that is based in Appliance Park, Louisville, KY with 12,000 US employees and 80,000 global Haier employees at multiple factories around the globe.

"Being on the front line and in the trenches with our employees who could be front-line workers or executives in a manufacturing setting is about either eating my own dog food or drinking my own champagne, depending on the day. We have a very diverse population within our workforce — some who have hourly jobs without flexibility and others who have all the flexibility in the world. We can focus on a single lever to try to shift costs, but if we aren't focusing on improving care, it's a fool's errand."

Elena Valentine, CEO, Skill Scout Elena is a designer by training but has a research background. She is founder and CEO of Skill Scout and is an expert storyteller. Skill Scout's job is to bring jobs to people and to help employers attract the right workforce.

"You cannot be what you cannot see. I represent a generation that ranks industrial jobs as dead last in career choices. We go to schools where shop classes and jobs in these areas are seen as less than. What attracted me to manufacturing is that their leaders have been our biggest advocates and they have wonderful stories and such passion for their industries. I continue to admire that and I look to them as some of the best leaders I've ever known."

2. Zip your mouth and watch and listen. Learn how to sit back and listen and foster space with your workers.
3. Embrace the unexpected. You may come in with one hypothesis and realize that it's wrong or that there are eight potential hypotheses that could be true.

Different methods of ethnographic research:
1) See. Simply watch and take notes and gather context based on how people behave. Sit in the lunchroom and watch how people are selecting their food and what they are doing on their lunch break or before and after the workday starts.
2) Experience it and gain empathy. Be able to feel and inherently understand how others are feeling and what their experience is. This can take the form of "show me" and "tell me." And look at what can be learned from analogous experiences (what can we learn from others who are outside of our daily experience).
3) Walk in their shoes. What if you were to experience what it's like working on the shop floor or visit them at home. When we started Skill Scout, we applied for hundreds of jobs, just to experience the frustration and the journey of people who are in the job market.
4) Drop the pen and pick up a camera. Let people share in their own words what their experience is like so executives can see what employees are saying and how they feel and to bring the data to life.

This approach is already working to improve health outcomes and it all starts with you. As an ethnographer, you are ultimately a storyteller and you are fostering a culture of belonging and sharing. It starts with us and we have to ask ourselves the questions: What are my definitions of wellness? What are my own barriers to wellness?

Diana Han
At GE, we make appliances, but what are appliances these days? Today, appliances are connected and do much more than perform a simple function, thanks to the Internet of Things.

In 2017, we defined a new purpose for our company: To enable happiness and well-being in every home. We had to think about how we were going to achieve this lofty purpose. Since launching this purpose, we have become the fastest growing appliance manufacturer in North America. We're gaining share in a difficult market, so something has changed for our employees as we are tracking to this different purpose.

One of our guiding principles at GE is "Happiness and well-being start with our GEA Family."

Having and communicating a guiding principle is paired with a deeper commitment to all aspects of our employees' health and well-being, including the physical, emotional, social and financial health of employees.

Shane Jackson Shane is president of Jackson Healthcare, which is made up of 17 companies and 1,400 associates. Jackson Healthcare provides temporary and permanent staffing for healthcare workers and services across the country. He was named among the 100 most influential people in the staffing industry. Shane spearheaded a nonprofit organization called "Connecting Kids and Care," and is author of the book "Fostering Culture."

" One thing we apply to our business model is a "return on investment in giving" rather than a traditional ROI. The time we invest in this is a real asset and believe we should hold this to the same standards as a traditional business investment because there can be tremendous value in giving. The business case for volunteering and exposing your people to the gift of service and how these experiences can change your perspective and change your view and perspective on your customers. "

We offer primary care and occupational health onsite, mental health and therapy, onsite physical therapy and personal trainers, case/care managers, an onsite clinic, disability insurance, workers comp and FMLA. WellWithin is the brand for our well-being program and our motto is "Making the workplace work well for everyone." This means:
• Reframing the "why" of work and transcending our purpose.
• Meeting employees where they are.
• And fitting wellness organically into the natural rhythms of the workplace.
Our programming must be culturally tuned to deepen inclusion and diversity and to enhance connectivity among people, and it must be owned by all functions.

One of the reasons I still see patients is so I can continue to "feel the real." Being embedded with your population is incredibly important because when things break down for an employee, you are better equipped to support them because you understand what their work and home situation might be.

At the end of the day, an "office" can be a service delivery person's van, or a salesperson's car, or a home office, or a traditional office or shop floor. This means that what we offer has to be available in different formats, across different channels, and we have to be super culturally tuned so what we do resonates with who people are and where they are in their lives.

We don't approach wellness with the hubris that "we're going to change you," but with the goal to better understand how to work with and support employees and understand what they want, where they come from, and how we can meet the rhythms of their daily lives and the shop floor.

Shane Jackson
The mission of Jackson Healthcare is improving the delivery of patient care for the lives of everyone we touch and that manifests itself in many ways. We are the third largest healthcare staffing companies in the country with 1,400 associates and 6,500 clinicians in all 50 states and we see 6 million patients at 2,000 healthcare facilities nationwide each year.

Jackson Healthcare offers an onsite clinic for employees and families, as well as an onsite pharmacy and mail order Rx, onsite and mobile screening units, virtual care, onsite golf course (mini golf), onsite cafeteria and healthy food with an emphasis on locally grown produce. "Love Lifts" is a community initiative that we embrace as a company and we expect all employees to spend at least one day in community service each year.

One of the questions we get is "Is it worth it?" And while that can be a difficult question to answer, I can point to some specific outcomes, including:
• 82% of employees completed their HRA.
• 70% are fitness center members.

- 80% use onsite clinic and pharmacy.
- Our annual healthcare cost increase is less than ½ the industry average increase.
- We've seen half the amount of employee turnover as the rest of the industry.
- Our growth rate is double average industry growth rate for 10 straight years.

To understand our business, you have to understand my father. My father had what most would consider to be a horrible childhood, bouncing from one housing project to another until his uncle placed him into the foster care system. He eventually ended up with a family that became my grandparents. My dad literally came from nothing and was able to reach great levels of success. When you achieve success that way, you can either have a sense of pride in who you are and what you accomplished or you can have compassion for all human beings and understand how people at different levels of society feel and how people look at them.

As the founder of the company, his personality as a compassionate leader is what was imprinted on the company. We have no class system because no one is any more important than anyone else.

Shane's definition of culture: The atmosphere that results from the actions a group takes to accomplish its purpose. Culture is generated by the decisions we make and the actions we take in the workplace. Our values and beliefs drive the decisions we make, which inform our culture.

Jackson Healthcare values:
- Others first (put the best interests of others before yourself)
- Wisdom (implies a long-term perspective)
- Growth (keep getting better).

We have a lot of people who are really aligned around these values and especially within our leadership. When people work with Jackson Healthcare, they say they have the opportunity to work on something that's bigger than themselves. When you have people who are really aligned and thinking about what's best for other people and thinking about that for the long-term, that creates an atmosphere of wellness.

Of all the levers you have to impact people's behavior, you have to start with their values and beliefs.

HEALTH AND BENEFITS LEADERSHIP PANEL: ACHIEVING WELL-BEING THROUGH COLLABORATION AT ALL LEVELS

Moderator: Seth Serxner, PhD, MPH, CHO & SVP of Population Health, Optum • Panelists: Marleece Barber, MD, CMO, Lockheed Martin • Betty Jo Saenz, MBA, MPH, Director, Benefits, DHL • Kim Beck, Senior Benefits Professional, LabCorp • Reported by: Roshi Fisher, MPH, CPH, CHES, Sr. Consultant, Lockton • Heidi Guetzkow, TRS, National Program Manager, Lockton • Sarah Smith, Sr. Consultant, Lockton

Seth Serxner opened the session by asking each of the panelists to provide information about their organizations and how they approach health and well-being.

Marleece Barber - Lockheed Martin

Lockheed Martin has over 100,000 employees and is the largest defense contractor in the world. Their mission around health and wellness is to create a population of educated healthcare consumers. Communications include how health impacts the employees' bottom lines and their ability to retire and meet personal life goals. Lockheed Martin's well-being strategy 2.0 incorporates emotional and financial wellness as central components of the program.

Betty-Jo Saenz - DHL

DHL is the world's leading mail and logistics group which employs approximately 520,000 employees in more than 220 countries throughout the world. DHL focuses on these well-being themes: live more, do more, play more, learn more, plan more, be more. They take a holistic approach to well-being by integrating health care and ancillary benefit offerings in their wellness, life and disability programs.

Kim Beck - Laboratory Corporation of America, Holdings (LabCorp)

LabCorp is a global life services company with nearly 60,000 employees worldwide. The organization sees more than 115 million patients each year and supports clinical trials in 100 countries throughout the world. The foundation of LabCorp's wellness program is built on rewarding employees for meeting specific goals: to be tobacco free and have a BMI of 29.9 or less. To reach these goals, LabCorp provides a variety of resources and tools including online wellness programs, health coaching, disease management, Weight Watchers, EAP and fitness reimbursement programs. The organization has seen favorable results in employees quitting smoking and managing their weight.

Serxner facilitated the conversation with the panelists with a focus on the Forum's theme, From the C-Suite to the Shop Floor: Well-being for All.

Manager Buy-In and Engaging Leaders

At DHL, both managers and employees needed to know why they are being asked to participate in well-being activities. To gain buy-in companywide, the organization focused on being transparent and using very direct communication strategies. For example, when DHL wanted more employees to have an annual physical, the messaging indicated healthcare costs were increasing and completing preventive care can help lower costs. Transparent messaging provided clarity to employees and gave managers what they needed to allow participation. DHL utilizes more than 15 methods of communication to maximize reach across the employee base. Communications are crafted with the following questions in mind: What is important to employees and why? What is the reason employees would participate in this initiative?

At Lockheed Martin, managers are motivated by productivity; if the well-being program can be tied to getting products out on time they will more likely support the initiatives. Managers listen to messaging relative to occupational health, absenteeism and safety.

Engaging the safety leader has proven to be a successful strategy.

At LabCorp, leading by example is paramount. Leadership was very receptive to show their support of the well-being program by creating videos of them engaging in health and well-being activities. Leadership embraced the need to visibly support the program and honestly share the message that wellness creates company savings.

Diversity in the Workplace

Lockheed Martin's various affinity groups are embraced and supported as part of the fabric of the organization. Recently, the organization invited select members of these affinity groups to join in the benefit planning process. Having employees at the table brought different perspectives to be considered and a new way to view issues of diversity and inclusion.

Embracing Well-Being - What's Next?

Lockheed Martin wants employees to live their best lives and strives to enable them to do so. The approach is mission oriented – employees are asked questions such as: What is your personal mission? How does your mission

help your family life? How does your mission make Lockheed the best company? With the war on talent, it is more important than ever for the organization to score high when employees are asked if the organization cares about their health and well-being.

LabCorp is shifting focus to well-being with a strong tie into the company mission. The well-being program impacts employees' lives and that message should be delivered effectively to employees. Healthy competition is a motivator companywide, therefore efforts are underway to tie the program into business units' performance metrics. LabCorp is currently considering program inclusion of spouses to support employees both inside and outside of work.

DHL is considering how benefits and wellness are unique to each employee. They are also working to align the well-being program to corporate objectives; it is clear the program has improved employee health and productivity, enabling DHL to deliver packages more effectively, on time and with fewer safety concerns.

IS WELL-BEING A SKILL THAT CAN BE TRAINED? HOW THRIVING IS ACCESSIBLE FROM THE C-SUITE TO THE SHOP FLOOR

Eric Langshur, Co-founder and Managing Partner, Abundant Venture Partners; Co-founder and CEO, AVIA • Reported by Barbara Tabor

The human mind is an incredibly powerful thing. The way our brain functions influences how we feel emotionally, which influences the way we feel physically and how we perform in all areas of life. And here's the kicker: By understanding a few basic principles we can retrain our brains to respond to environmental cues in ways that foster good health and well-being.

The beauty of the basics and the idea of neuroplasticity

It's a commonly held belief that we lose brain power and function as we age. However, science has shown us that the brain is, in fact, neuroplastic and can reform itself and generate new neural connections throughout our lifetime. This means the brain has the ability to compensate for injury or disease and to adjust and reshape itself to respond to new surroundings or situations. So, you can, in fact, teach an old dog new tricks.

This is extremely important because humans share three common biological realities:

• Vigilance and anxiety. Our brains are conditioned to be on high alert for danger and to fight or flee things or situations that may harm us.

• Negativity bias. We are conditioned to remember the bad over the good. When it comes to avoiding things that can harm us, this can serve a purpose. However, it also can cause us to fixate on our failings or things that might have been.

• Time travel. Humans are the only species that time travel, in that we're constantly thinking about the future and the past and are constantly running simulations of what went wrong and what could go wrong in various situations.

Add to these shared realities the fact that the average person has 70,000 thoughts per day and that 90 percent of those are recurring thoughts and 80 percent have a negative tinge to them and it's not surprising that many of us are in a constant state of anxiety. And the Modern Secret is: We're all in it together.

This plays out in several ways in society. Take social media, for example. No one plays their B side on social media, which leads us to constantly compare our lives to those in our extended social circles. And if our B side isn't as impressive as our neighbors' it can make us feel anxious and depressed.

As a nation, we are impaired: 1 in 7 people suffer from a sleep disorder, 1 in 10 are addicted to alcohol or drugs, 1 in 5 have an anxiety disorder, and 1 in 4 suffer chronic pain. When we're feeling tired or feeling down, it's natural to look for a distraction or something that will take our minds off the way we feel. For a majority of people today, that distraction comes in the form of our smartphone or mobile device. It's estimated that the average person touches their phone 2,617 times per day. And what happens then? We look at social media and see everyone else's highlight reels playing and we feel bad about ourselves, which causes us to seek more pleasure, more distraction. It's a modern cycle of addiction.

While all humans share these three, potentially limiting, basic biological realities, we also have the capacity to change how we respond to our surroundings and current situation. Remember neuroplasticity? Consider the following concepts that can help us change how we respond to stressful situations or potentially harmful environments.

The notion of being present.
One of the simplest things we can do in life is breathe. When we take the time to practice a "four-by-four breath" we engage our parasympathetic nervous system, which releases hormones that relax us. Taking a four-by-four breath is a beautiful way to become present in a given situation because you're actually focusing on the moment. And, it's completely portable — you can unpack and implement a four-by-four breath anytime, anywhere. To make four-by-four breathing a part of your daily routine, try building cues into your daily routine. For example, when you're waiting in line for coffee or at the grocery store, picking your child up after school or extracurricular activities, or waiting at a stoplight — these are all perfect opportunities to stop, take a four-by-four breath and center yourself.

The idea of engagement.
Engagement is anchored in the concept of flow, which was first identified by Mihaly Csikszentmihalyi. Flow represents the state we're in when we're doing work that is hard enough and ambitious enough that we have to pay attention, but not so hard that we get frustrated. When we function in this state, studies have shown that productivity increases, we're more energized and overall, we feel better. If you've ever heard someone say, "I'm more productive when I'm busy," that's because they are experiencing flow. According to a study by Marty Seligman of 500 high school students, kids who studied hard and were in multiple activities, years later had higher well-being scores and had gone on to college and had higher-paying jobs. Studies have also shown that the part of our brain that is critical or negative and that asks nagging questions is quieted when we are in flow state.

The idea of meaning and purpose.
The average person is interrupted more than 100 times a day and 80 percent of these interruptions are self-imposed. But, it's hard to be purposeful about your work or to not feel anxiety over a to-do list that never gets done when you live in a state of interruption. Thanks to neuroplasticity, we can train ourselves to become more focused and purposeful in our daily work. The idea that we can agree to attend to the things that matter and that we can train our brains is a wildly optimistic message for health and well-being professionals.

And because we understand the science of behavior change, we can develop cues that will trigger better habits.

The three C's of habit change
1. **Cue —** Build cues into your day that support better health behaviors.
2. **Commence small —** Implement small changes into your daily routine and set incremental goals for yourself.
3. **Commit —** Once you decide to make a change in your life, fully commit. If you make a 99 percent commitment, you're leaving room to negotiate your way out of doing something, but when you fully commit to a tiny habit and you respond to the cue you've established, you will be successful.

BREAKOUT SESSIONS

ENGAGING THE C-SUITE BY CONNECTING WELLBEING TO BUSINESS METRICS

Ginny Peddicord, Director, Employee Population Health, Merck • Kristin Parker, PhD, MPH, Partner, Total Health Management Practice Leader, Mercer • Tommy Openchowski, MS, Senior Associate, Total Health Management, Mercer

1. MOVING FROM ROI TO VOI

Health management has always made intuitive sense, but many employers have been challenged to demonstrate a tangible return on their investment. Large employers (5,000 or more employees), who have conducted a formal analysis of the impact on medical plan cost, have been reporting positive ROI from medical plan savings for years. But we are seeing a shift in program evaluation from ROI to VOI – from Return on Investment to Value of Investment.

There is a growing recognition of the potential economic value to organizations of investments to secure and maintain a healthy workforce that drives business outcomes. While employers still do need to show the ROI, the more complex VOI outcomes are what truly tell the full story. This new approach shifts how employers are framing their analytics paradigm to now include the full spectrum of well-being – the physical, emotional, financial, social and environmental and purpose pillars – as well as embracing the interconnectedness of the benefits, workforce and business strategies. This viewpoint aligns with the desire to be seen as an employer of choice.

2. MAKING THE CONNECTION

Demonstrating that a healthy workforce drives an optimized workforce and strong business outcomes, and that an optimized workforce itself leads to positive business outcomes, are key components to making the business case for moving to a VOI model.

Research shows that a healthy workforce positively impacts business performance in a number of ways, including lower medical trend and disability costs, better safety and quality outcomes and even stock value appreciation. At the same time, a healthy workforce can also lead to a fully optimized workforce by reducing absenteeism and increasing productivity, lowering turnover, attracting and retaining employees and increasing engagement. When a workforce is healthy and operating at its fullest potential, companies experience several positive outcomes: first, revenue and profitability tend to increase; second, and perhaps more importantly, employees feel like they can be more innovative and strategic, which helps the employer both in the short and long term. See Figure 1 on next page for references.

Said another way, the connection between a high performing workforce and positive business outcomes is complex and operates on multiple connected levels: individual, organization and

Figure 1 (top)

Figure 2 (bottom)

Figure 1 (top):
1. Gallup
2. Grossmeier J, Fabius R, Flynn JP, Noeldner SP, Fabius D, Goetzel R, Anderson, DR. "Linking Workplace Health Promotion Best Practices and Organizational Financial Performance: Tracking Market Performance of Companies with Highest Scores on the HERO Scorecard," JOEM 58 (1) 2016.
3. Goetzel RZ, Chighton KA, et al. Mental Health in the Workplace: A Call to Action Proceedings from the Mental Health in the Workplace Public Health Summit. JOEM Dec 2017.
4. Worline and Dutton. Awakening compassion at work. Berrett-Koehler Publishers, Inc. 2017.
5. Wolfe R, Parker D, Napier N. Employee health management and organizational; performance. J. Appl. Behav. Sci. 1994;30(1):22-42
6. Findings from Gallup's State of the Global Workplace report: http//www.gallup.com/serviecs/178517/state-global-workplace.aspx

Figure 2 (bottom):
Mercer's National Survey of Employer-Sponsored Health Plans 2017

community. *Healthy people* are present and productive, set a social norm and enable innovation; *engaged people* are more focused on their customers, have enthusiasm that is contagious and leave the organization less often.

3. HOW TO EXECUTE
Considering a new analytical approach means identifying, and potentially developing, new metrics. While employers begin to adopt this approach, there have been promising early results: almost 25% have measured improvement in attraction and retention and the about the same percentage have reported measured improvement in productivity. *(Source: Mercer's National Survey of Employer-Sponsored Health Plans 2017).*

In order to keep this positive momentum around VOI moving forward, it is critical for decision makers to identify guiding principles for their new analytic approach and collaborate with key stakeholders. Key stakeholders could include C-Suite, safety leaders, benefits leaders, employee engagement leaders. Key stakeholders will help to guide the strategy, for example by helping to identify: What do we need and want to know? When do we need to know it? What format do we like the information portrayed in? Furthermore, when it comes time to select the metrics, those stakeholders will be critical to the effort. In addition to creating a deliverable that meets expectations based on the responses to the above questions, for maximum impact the analysis must also be timely, actionable, understandable and business-minded.

4. CASE STUDIES
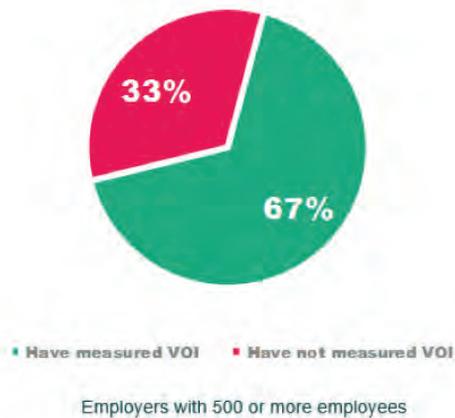There are examples of many types of VOI analytic strategies on which employers have embarked. These approaches range from dashboards (Employer A) to advanced predictive analyses (Employer B).

Employer A
The following dashboards contain data that is for example only. It is not actual data. These dashboards demonstrate a few key best practices when integrating health, career and business data. This

2017 EXECUTIVE OVERVIEW
SAMPLE DATA

DATA SHOW THAT INVESTMENT IN EMPLOYEE WELLBEING FUELS BUSINESS SUCCESS

18,737
U.S. EMPLOYEES[1]

79% ENROLLED in health plan vs. 81% in 2016[1]

45.5 YEARS OLD average age vs. 47 in 2016[1]

56% FEMALE vs. 50% in 2016[1]

77% OF EMPLOYEE POPULATION based in NY & CA[5]

49% PHA completion in 2017, vs. 47% in 2016 (industry benchmark: 46%)[2]

24% HIGH RISK in 2017 vs. 22% of employees in 2016[x] (Manufacturing Benchmark 20.4%)[2]

AGE MIGRATION

	2015	2016	2017
Employees 65+	17%	20%	21%
Employees 35-54	70%	64%	60%
Employees 18-24	11%	13%	15%

Legend: Employees 65+, Employees 55-64, Employees 35-54, Employees 25-34, Employees 18-24

2017 WELLBEING TAKEAWAYS

Investment in Health- $155M[4]

EMPLOYEE WELLNESS

- Increasing prevalence among employees for diabetes, hypertension, and behavioral health conditions, suggesting an opportunity to intervene
- Room for improvement with prevalence of overweight and obesity, though some modest improvements in healthy eating, levels of exercise and
- Increase in EAP utilization (5.2% in 2017, 3.9% in 2018), but opportunities to increase remain
- All preventive screening and vaccinations are above the internal target or benchmark, though room to improve to Healthy People 2020 targets
- About half way to target of being 100% tobacco free locations

PRODUCTIVITY AND ENGAGEMENT

- 69% of employees agree "Senior Leadership is interested in the wellbeing of employees" - goal is 70% by 2020[3]
- Reduction in lost time due to injury and injury rates since 2014

Next steps- Determine correlation of well-being to productivity, engagement & business outcomes

BUSINESS PERFORMANCE

- Stock value increased by 40% since 2015 when well-being was introduced
- 2017 trend was 5.8% for Medical and Rx, versus goal of 5%

Figure 3:
1. Demographic and enrollment data – data warehouse
2. Risk and HA – results; benchmark: 2017 Mercer Employee Sponsored Health plan survey, Manufacturing industry 500+ employees
3. Engagement – Employee Opinion Survey results
4. Internal Finance - 2017 Medical & RX 2016 Spend
5. Internal HR Sales and Non-Sales
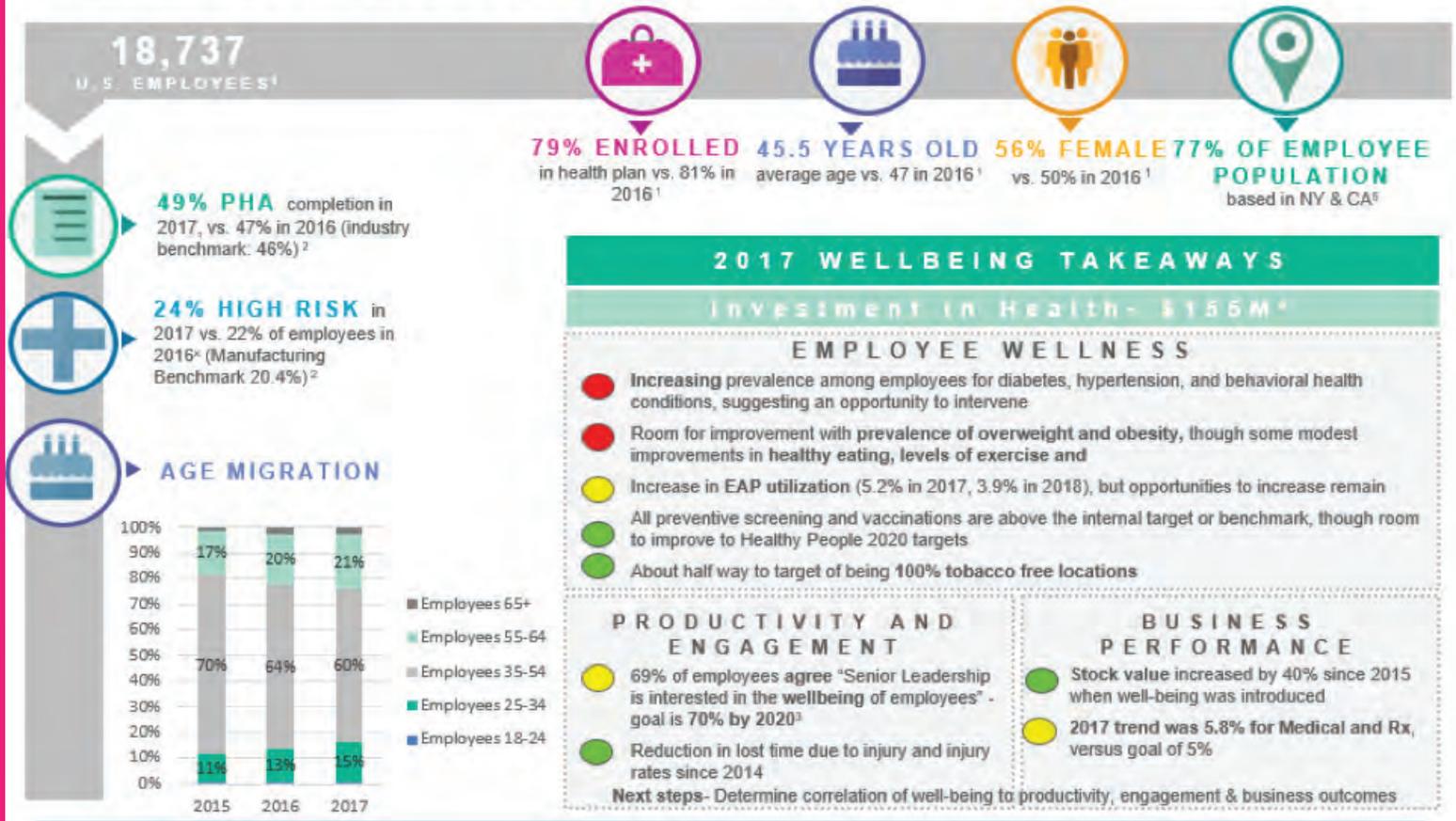
data was timely, understandable, actionable and business minded. Specifically, the 2017 data was pulled as soon as available. The data is also understandable due to the visual nature of the dashboard and the narrative included about key takeaways. Both of these points lead the data to be actionable – data without action is useless. And lastly, the workforce and business outcomes tie to the business metrics that the C-Suite audience is used to. Furthermore, there are supporting slides, such as Figure 4, that allow the presenter to get to the next level of granularity with the target audience, as needed.

Employer B
This case study highlights the point that there is interconnectedness between health and workforce metrics when you apply rigorous predictive analytic methodologies. In this case we can see that team dynamics play into individual health. For example, being on a work team with more women predicts future lower health care claims and risk status. Being on a work team that on average is higher risk predicts future increased claims and health risk. See Figure 5.
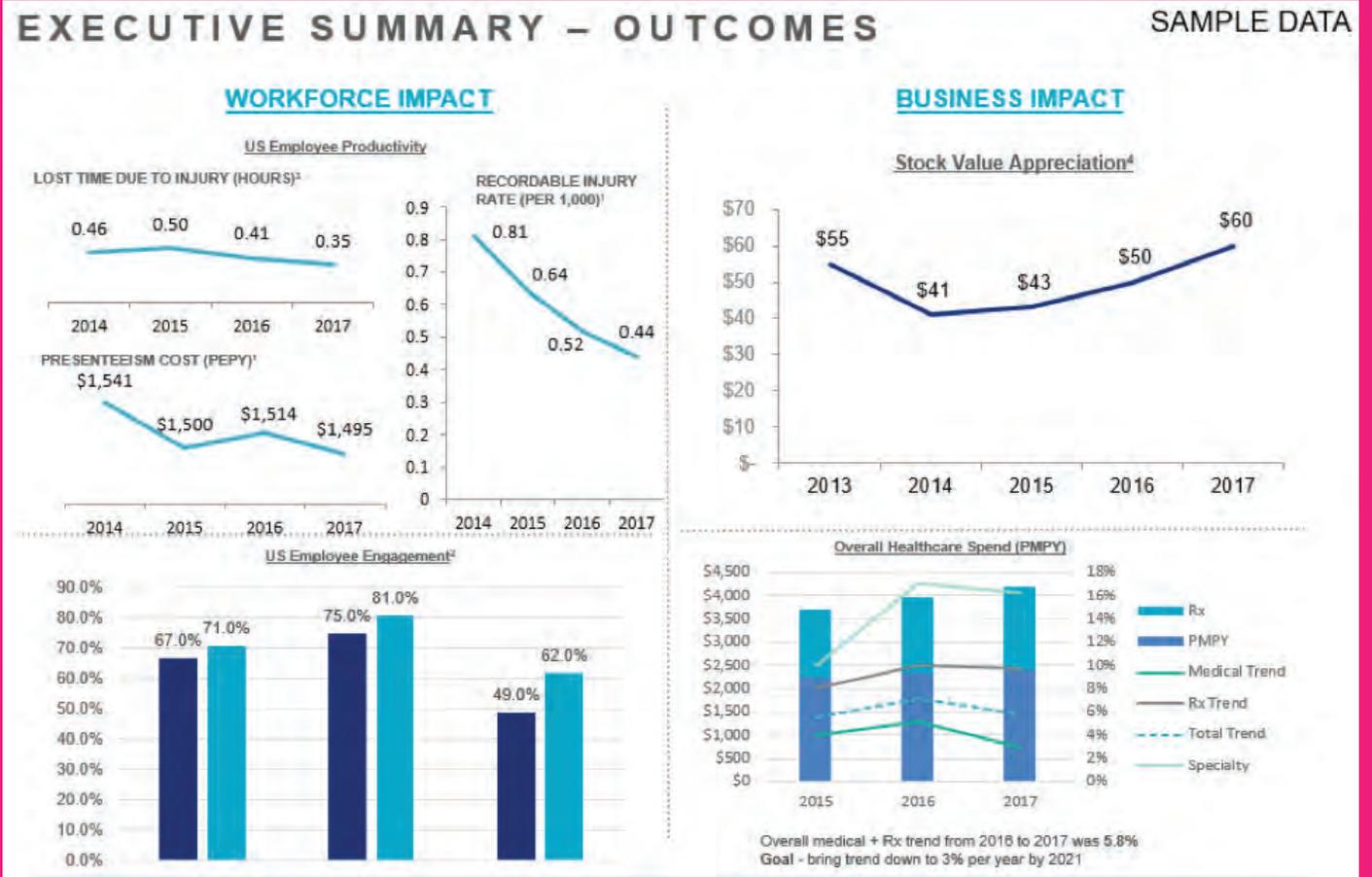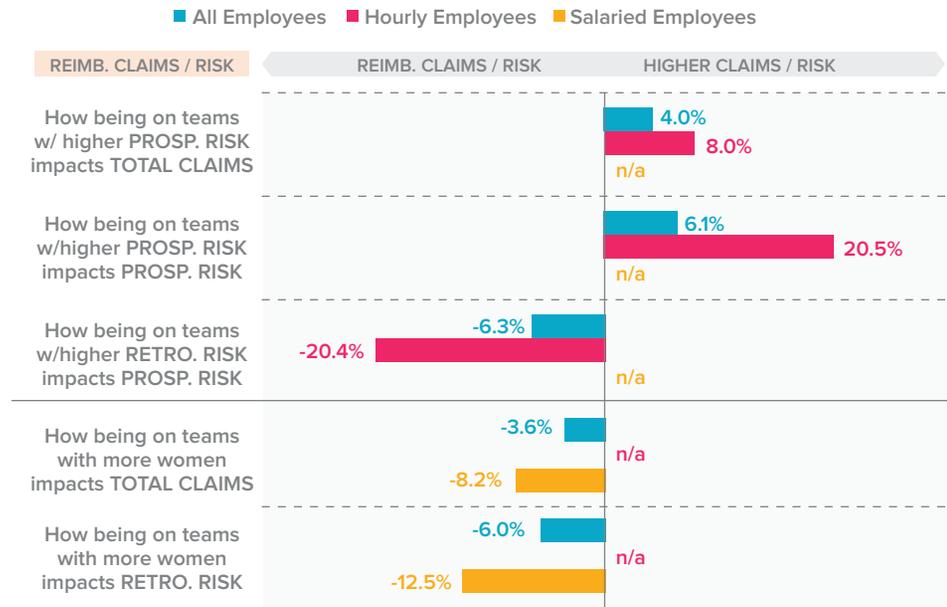
IMPACT OF WORKFORCE DEMOGRAPHICS
"SPILLOVER" EFFECTS SIGNIFICANTLY REDUCE CLAIMS FOR WOMEN IN THIS PRODUCTS ORGANIZATION

■ All Employees ■ Hourly Employees ■ Salaried Employees

REIMB. CLAIMS / RISK	REIMB. CLAIMS / RISK	HIGHER CLAIMS / RISK

How being on teams w/ higher PROSP. RISK impacts TOTAL CLAIMS
- All Employees: 4.0%
- Hourly Employees: 8.0%
- Salaried Employees: n/a

How being on teams w/higher PROSP. RISK impacts PROSP. RISK
- All Employees: 6.1%
- Hourly Employees: 20.5%
- Salaried Employees: n/a

How being on teams w/higher RETRO. RISK impacts PROSP. RISK
- All Employees: -6.3%
- Hourly Employees: -20.4%
- Salaried Employees: n/a

How being on teams with more women impacts TOTAL CLAIMS
- All Employees: -3.6%
- Hourly Employees: n/a
- Salaried Employees: -8.2%

How being on teams with more women impacts RETRO. RISK
- All Employees: -6.0%
- Hourly Employees: n/a
- Salaried Employees: -12.5%

Note: The models upon which these results are based account for multiple factors simultaneously and include active and in-active employee records with non-missing health data during period covered. Effects not marked "n/a" are statistically significant at the 12% level.

Figure 5:
1. Health Assessment Data
2. 2016 Employee Opinion Survey
3. From Safety & Environment Systems Assurance
4. Additional discussion regarding the positive relationship between stock value and employee well-being can be found here: Douglas W. Dwyer, "Plant-level Productivity and the Market Value of the Firm." Mercer white paper. January, 2001. www.ces.census.gov/docs/cache/paper_contents_101618.pdf

HOW HOPKINS IS GETTING HEALTHY: MOTIVATING & MEASURING CHANGE

Richard Safeer MD, FACPM, FAAFP, Chief Medical Director, Employee Health & Well-being, Johns Hopkins Medicine
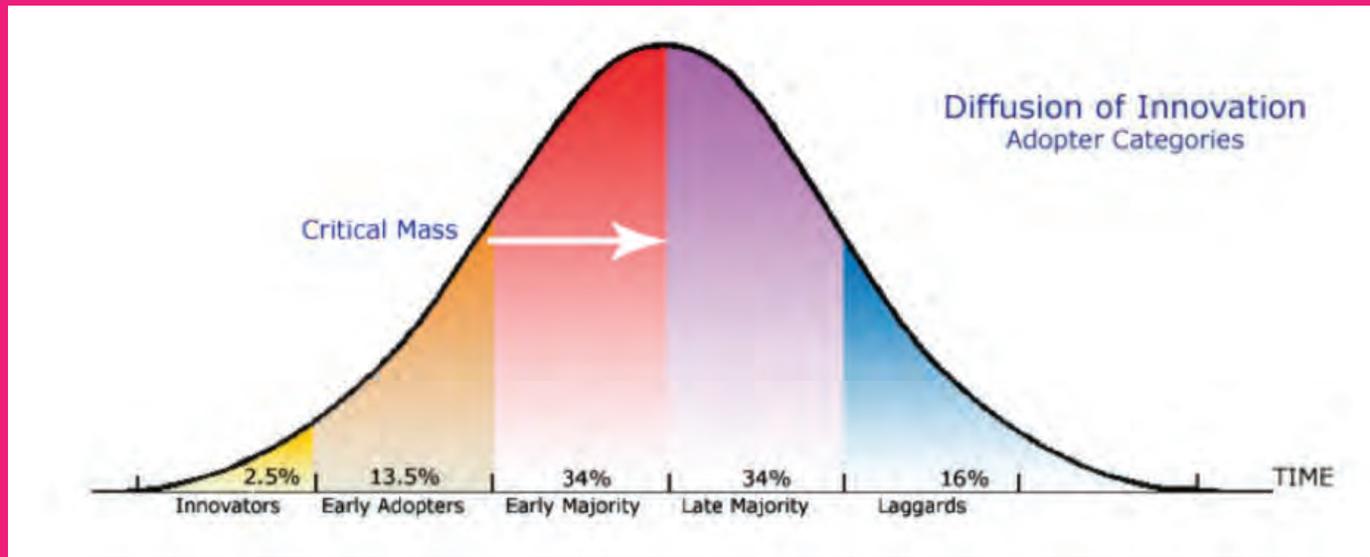
Every employer has a unique culture and set of circumstances which influence the health of its population. While the culture may be unique, strategies to improve the health of the population don't have to be. The same can be said of how to motivate and measure the work effort to support employee health. Applying best practices in customized and creative ways can pave the way for meaningful measurement and motivation strategies. Over the past five years, Johns Hopkins Medicine has evolved its motivation and measurement techniques in order to meet the institution at its stage of change.

In 2012, the *"Healthy at Hopkins"* employee health and wellness program only existed as an annual walk and a catchy tagline and logo. While there was an interest in providing a meaningful and robust employee health and well-being program, the decentralized leadership and management processes that existed at that time made it difficult to organize the largest private employer in the state of Maryland to effectively build and execute a strategy. The intrinsic motivation of a few was not enough to galvanize the many to pool resources and move the institution forward.

While there are many ways to motivate others to action, the decision on which way needs to be chosen based on the audience, the goal and the stage of the project. An audience can be thought of in more than one way. For Johns Hopkins, the audience is both the institution as a leading health care provider and as a group of presidents running multiple hospitals, an outpatient primary care network, insurance plans, an international business, a home care business and other endeavors. For the institution, the simple act of identifying the irony between how we as an employer were providing health care to

the community, yet were not fully invested in supporting our own employees' health, was enough to raise awareness and interest in the problem at hand.

The second piece of motivation for the specific individual leaders, at the early stage, was to draw on the competitive nature of the peer group of Johns Hopkins Medicine business entities previously stated. By openly sharing data on how each of these entities was performing on a quest to improve the beverage environment (making is easier to make healthy beverage choices within the workplace), we leveraged the Diffusion of

Diffusion of Innovation
Adopter Categories

Critical Mass

| 2.5% | 13.5% | 34% | 34% | 16% |
| Innovators | Early Adopters | Early Majority | Late Majority | Laggards |

TIME

Innovation Theory (see above) as a catalyst. In this theory, there is a leader who is willing to go first ('Innovators'), to influence the others to be adopters. There are others who are reluctant and resist change ('Laggards'), who are last to adopt new strategies. Of course there are many in between and there are strategies to hasten this diffusion of ideas and programs.

Our early measurement techniques were rudimentary. The data shared in the aforementioned paragraph merely highlighted which beverage access points (i.e., vending machines, company meetings and events, cafeteria) were following the healthy beverage strategy and which were
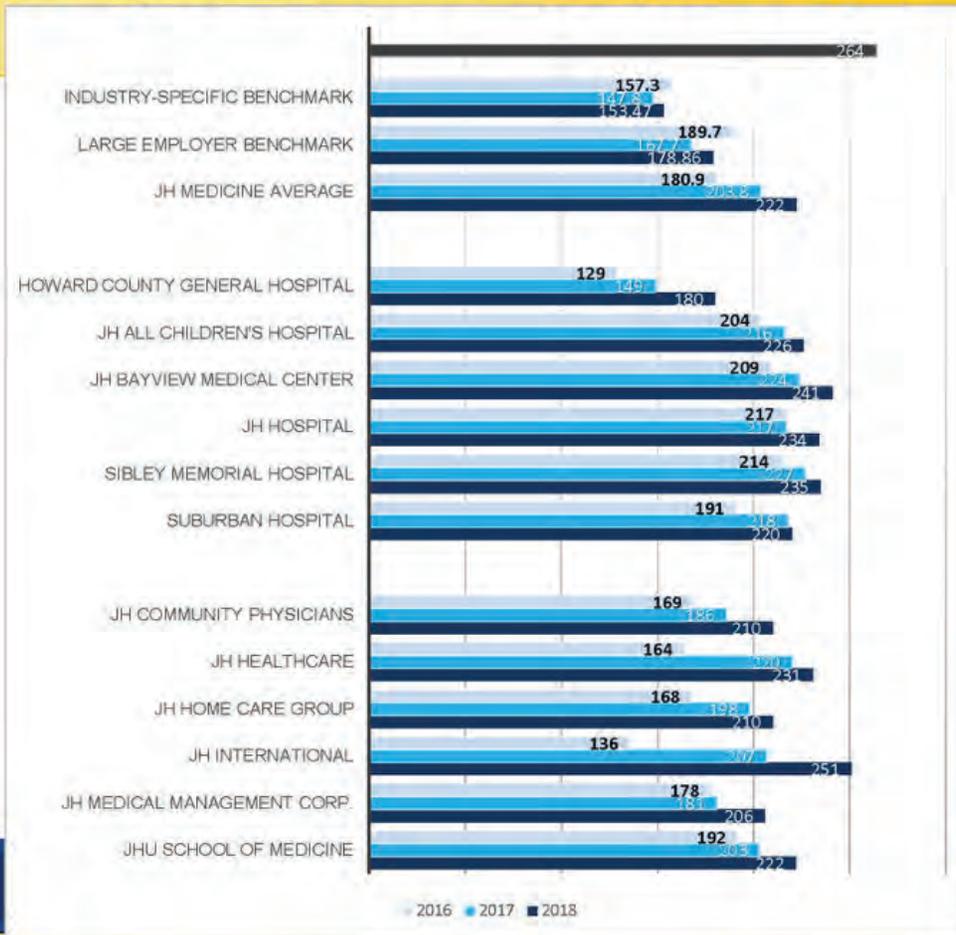
not. This was enough though to know how we were progressing and allowed us to use this data to provide feedback on which entities were lagging in forums which proved to be influential, given the understanding that, as a health care institution, we need to support health. Measurement techniques have gotten more sophisticated on a project basis as well as overall. For the healthy beverages, we did study sales data on a large sample of vending machines to be sure the policy was having its intended effect.

Once we were successful in rolling out a healthy beverage strategy and as we started to unfold other changes to support

our employees (i.e., enhanced tobacco control efforts, lactation support, physical activity during the workday), our method of motivating and measuring change evolved. Johns Hopkins Medicine (JHM) adopted the CDC Worksite Health ScoreCard (CDC WHSC) as both a measurement tool and a blueprint for knowing where we would apply resources. The CDC WHSC is an organizational assessment tool comprised of 125 questions across 15 categories. Points are assigned to each question achieved, based on the strength of the evidence (the research supporting the question) as well as the impact of that question on the population.

By adopting the CDC WHSC, JHM was able to measure the resource effort at each of the twelve JHM entities. This approach provides the autonomy that each entity is allotted, yet also allows us to aggregate our work effort by rolling up the data into a common platform. While adopting this organizational assessment tool made logical sense because of its evidenced-based approach as well as our ability to apply it to both an individual JHM entity and in aggregate, it did not guarantee that the entities would participate in this exercise given the resources needed to succeed in such activities. In order to accelerate our organization's adoption of the CDC WHSC, JHM deployed a best

Summary of Total Scores, FY2016-FY2018

	2016	2017	2018
			264
INDUSTRY-SPECIFIC BENCHMARK	157.3	147.8	153.47
LARGE EMPLOYER BENCHMARK	189.7	167.7	178.86
JH MEDICINE AVERAGE	180.9	203.8	222
HOWARD COUNTY GENERAL HOSPITAL	129	149	180
JH ALL CHILDREN'S HOSPITAL	204	215	226
JH BAYVIEW MEDICAL CENTER	209	234	241
JH HOSPITAL	217	217	234
SIBLEY MEMORIAL HOSPITAL	214	227	235
SUBURBAN HOSPITAL	191	218	220
JH COMMUNITY PHYSICIANS	169	186	210
JH HEALTHCARE	164	220	231
JH HOME CARE GROUP	168	198	210
JH INTERNATIONAL	136	207	251
JH MEDICAL MANAGEMENT CORP.	178	181	206
JHU SCHOOL OF MEDICINE	192	205	222

2016   2017   2018

practice in employee health and productivity management. That is, we tied the completion and achievement of the CDC WHSC to the business plan. The annual performance assessment of the executive teams at each of the JHM entities has been tied to their CDC WHSC score for the past three years and is on course for its fourth (see figure).

Motivation and measurement strategies need to be customized to the institution and leaders at hand. These strategies can successfully be drawn out of theories and best practices that currently exist. To optimize the utility of the strategies being considered, understand your audience, both at a macro level as well as an individual level.

INTENTIONAL WELLNESS IN TRANSPORTATION: ENGAGEMENT FOR C-SUITE, DRIVERS AND NON-DRIVERS

Angela Fish, SPHR, Vice President of Compensation and Benefits, Schneider • Jim Pshock, Founder and CEO, Bravo Wellness

For over 80 years, Schneider has remained strong in its commitment to associates, customers and community. With approximately 19,600 associates worldwide, the talent and market needs vary widely amongst its diverse work groups of drivers, shop mechanics, warehouse and traditional office professionals. Creating a wellness program that addresses the unique challenges of each group has proved that one size does not fit all.

Health and wellness programs are more than an added benefit for employees. They are a path to improving an organization's cultural focus on employee resilience, reducing injuries and helping to decrease health risks that impact costs for all employees. Schneider's intentional approach which aligns with the organization's vision, while helping associates to achieve their personal best, is delivering results.

Changing the Approach
Schneider wanted to include its core values of a healthy and safe workforce into a wellness program that allowed each associate to take personal responsibility for their health. But it had a few challenges to overcome:
• Claims showed a high rate of chronic diseases and unhealthy behaviors.
• Many associates were in remote locations.
• There is a large non-English speaking population among associates.
• Its existing participation-based wellness program had little engagement.
• It consistently faces high industry turnover rates and high driver demand.

Schneider wanted to make sure that its investment in a wellness program would recognize and reward results — in particular, reward health improvements and healthy biometrics. It needed a program that would be **proactive in interventions and help manage diseases** to improve health, lower costs and increase productivity.

Schneider sought Bravo as a partner with a similar philosophy and experience in implementing results-based programs. Bravo's ability to appreciate the challenges of Schneider's diverse workforce and to work together on options to best suit the organization's needs became equally important. Bravo's knowledge of the Affordable Care Act, HIPAA and

Driver Population Cohort (2014-2017)

Migration Direction By Number of Risks (1st Year)

Number of Risks	Got Better	Stayed the Same	Got Worse
0		62.8%	37.2%
1	19.1%	57.2%	23.7%
2	49.4%	44.2%	6.5%
3	69.6%	30.4%	
4	100.0%		
5			

■ Got Better   ■ Stayed the Same   ■ Got Worse

Non-Driver Population Cohort (2014-2018)

Migration Direction By Number of Risks (1st Year)

Number of Risks	Got Better	Stayed the Same	Got Worse
0		80.2%	19.8%
1	20.5%	64.8%	14.7%
2	62.5%	32.8%	4.6%
3	87.8%	12.2%	
4	100.0%		
5	100.0%		

■ Got Better   ■ Stayed the Same   ■ Got Worse

Participation Rates For Non-Drivers

44% — Year 1
90% — Year 4

■ Year 1   ■ Year 4
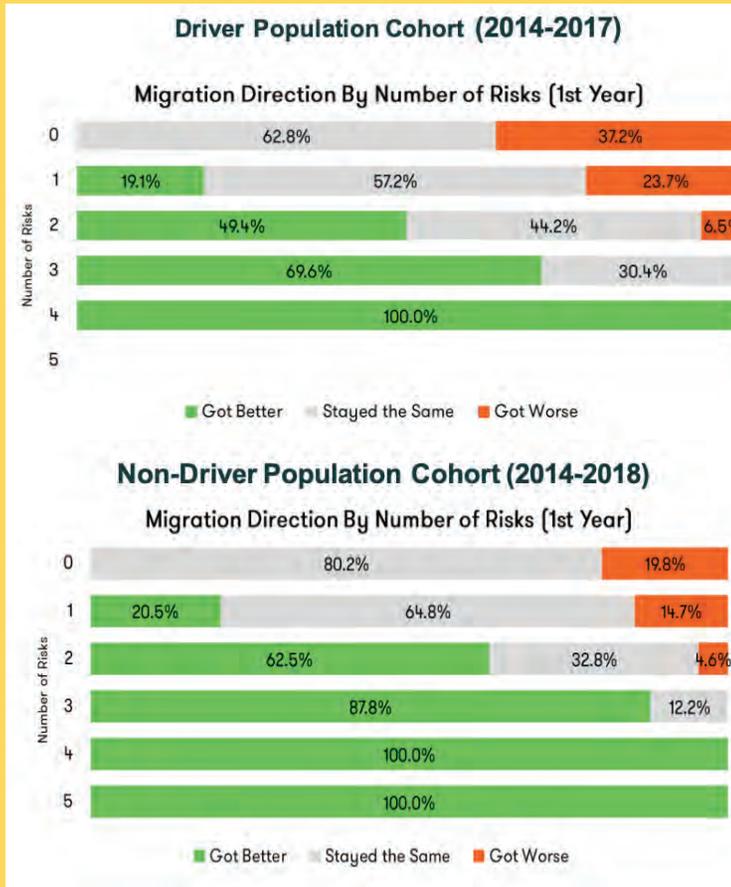
Figure 1:
Increased Non-Driver Engagement

Figure 2:
Migration charts show a decrease in the number of health risks for both driver and non-driver populations. While both charts are impressive, those incented to improve (non-drivers) instead of just participate, improved much more dramatically. Additionally, twice as many of the zero-risk group remained at zero risks.

High Risks Defined As:	
BMI	> 30 kg/m²
BP	> 140/90 mmHg
LDL	> 160 mg/dL
GLU	> 125 mg/dL
TOB	Positive

the Equal Employment Opportunity Commission regulations, along with their culture and commitment to actual results, were evident.

The Plan

Intentionally considering the diverse workforce, two subpopulations for wellness were created. Non-drivers would progressively move to a results-based program that focused on incremental improvement. Drivers would remain participation-based, being incented for completing a health assessment and biometric screening, with special emphasis on elements related to the Department of Transportation physical requirements for a commercial driver's license.

With a strategic focus and leadership support, Schneider started communicating the new program to associates in 2013 and encouraged them to screen so that if they had improvements in 2014, they could earn rewards for the 2015 plan year. Schneider began to focus on helping associates understand **the why** behind the need to change. The change was not just to improve associate health overall, but about the cost share between the organization and what associates pay in premiums. Schneider connected dots between total spend and how mitigating costs helps to keep premiums and out of pocket costs down for everyone.

Schneider's commitment to help associates achieve their personal best included support and resources, not only from Bravo but all their partners, including:

• Stratified interventions and coaching for the highest-risk individuals
• Team challenges
• Targeted communications
• Incentives for activities and results
• Atlas Injury Prevention Solutions
• Best Doctors - Expert Medical Option (EMO), critical care support,

Figure 3:
As the wellness program increases participation, the percentage paid for chronic members within the non-driver population is decreasing.
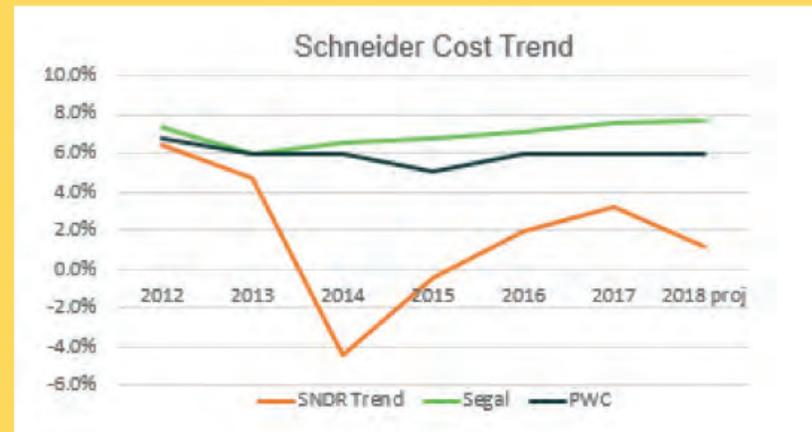
Figure 4:
The impact to total healthcare spend is decreasing.

ask the expert and FindBestDoc
- ComPsych Guidance Resources
- Precision Sleep Solutions
- Real Appeal weight management program
- Case management and care management

The unique nature of the transportation industry is that drivers are constantly traveling from one city to another, making it challenging to attend an on-site health screening or to be screened by their physician. Many Schneider associates and spouses also are not located near company facilities. Bravo's screening logistics team worked to contact over 250 clinics, making sure Schneider's drivers could easily park their large rigs without hassle to complete their wellness exam. The team also expanded access for spouses or others who were remotely located. On-site screening events or physician screenings were made available to associates who worked in the office. The complexities of Schneider's population were challenging but were met with commitment, flexibility and care for those interested in participating.

Results
Since moving to results-based wellness, Schneider has used aggregate data to evaluate the program and identify opportunities for improvement. It has intentionally tightened health goals to encourage associates to achieve healthy metrics while providing resources to help associates do so. Schneider is seeing tremendous results that align with the goals they set out for the program. Participation is increasing (Figure 1) and the number of health risks is decreasing (Figure 2). And the initial challenge of claims showing a high rate of chronic disease now shows chronic disease costs decreasing (Figure 3) which is impacting Schneider's total healthcare spend (Figure 4). Participants even experienced a 0% premium increase in 2017.

The Road Ahead
Schneider's plan design continues to grow and evolve in features and benefits as the adoption of a culture of wellness strengthens each year. To keep their program from stalling, they look to increase engagement and expand their wellness champion network associates in the field. They are also adding resources to help close gaps in care and reduce obesity amongst the non-drivers.

Because Schneider is intentional about advancing wellness, they are committed to being strategic and sensitive in developing programs specific to their diverse workgroups that align with their corporate vision and core values.

ENGAGING HEARTS AND MINDS THROUGH A MODEL OF PROFESSIONAL FULFILLMENT

Patty Purpur de Vries, Associate Director, Faculty and Staff Well-Being, Strategy & Innovation and Director, Stanford LeadWell Network

Imagine an organization where every employee from the shop floor to the C-Suite is professionally fulfilled, contributes to a culture of wellness and has the resources they need to thrive, both personally and professionally.

In 2016, The Stanford Medicine WellMD Center developed a robust, conceptual framework to guide its strategic planning, wellness interventions, measurement tools and future research opportunities for the 3,000 physicians of Stanford Medicine.

The wellness model identifies three domains that are essential to achieve professional fulfillment. This model is based on data collected from Stanford Physicians in 2013 and in 2016 using the Stanford Professional Fulfillment survey. The findings have been replicated in survey data that was gathered in 2018 from clinical and administrative employees of Lucile Packard

Childrens Hospital, Stanford.

Although this Professional Fulfillment Model was initially developed to conceptualize the well-being needs of the Stanford Medicine physicians, its reach is expanding nationally. Since 2016, it has been resonating with front-line employees and C-Suite leaders who wish to expand their vision of wellness in a way that is meaningful to their employees. No longer is it forgivable to assign blame to individuals for their sicknesses when they are confronted daily with a toxic work or living environment and a lack of resources to thrive, either at work or in their community.

The center of the Model speaks to a prime motivator for employees. Employees of all ranks and titles have a desire to be professionally fulfilled. Dr. Mickey Trockel and the Stanford Medicine WellMD team have defined professional fulfillment as "happiness or meaningfulness, self-worth, self-efficacy and satisfaction at work." The term resonates for employees who seek those elusive moments of "flow" (https://positivepsychologyprogram.com/mihaly-csikszentmihalyi-father-of-flow/), when all time stops as we enjoy our work and thrive.

In 2018, Greg Souza, Director of Human Resources for Lucile Packard Children's Hospital (LPCH),

sponsored a bonus-based initiative for all vice presidents. The initiative requires "80% of all work teams, as defined by the Vice Presidents" to make an improvement in one of the three domains. Front-line employees are embracing the Stanford Model as they seek to idenitify ways to find meaning and joy in their work, make a difference with their talents and escape the demands of inefficiency and negativity in the workforce.

About the Professional Fullfillment Model

The two areas in red signify the importance of institutional responsibility to provide resources and leadership. The area in blue, personal resilience, has been the focus of traditional wellness programs since the 1980's. Personal health choices remain critical to health outcomes. However, we are seeing very clearly how organizational elements impact employee health in ways we haven't successfully articulated in the past.

Domain Definitions:
Culture of Wellness
Organizational work environment, values and behaviors that promote self-care, personal and professional growth and compassion for ourselves, our colleagues and those we serve.

Efficiency of Process
Workplace systems, processes and practices that promote safety, quality, effectiveness, positive interactions and work-life balance.

Personal Resilience
Individual skills, behaviors and attitudes that contribute to physical, emotional and professional well-being.

Key focus areas:
1. **Culture of Wellness:** Positive leadership is critical to this domain, along with peer support and community engagement. All members of the community are vital to the creation of a culture of health where all members can thrive. We are expanding this view outside our organization by encouraging our employees to volunteer in their communities. Some may use the 8 hours of "Well Time" that is allocated yearly or they can volunteer for 10 hours in their community to earn a significant portion of their wellness incentive.
2. **Efficiency of Practice:** Wellness advocacy for process improvement towards practice at the top of individual licensure, experience and education. Work by Mihaly Csikszentmihalyi, PhD on "flow" will guide our work along with collaborative working relationships on an internal and national scale. Internally, we are seeking stronger ties with organizational development, technology services, human resources, food service and other operational teams. Nationally, we are seeking reciprocal relationships to reduce documentation burdens for our clinical teams.
3. **Personal Resilience:** Creation of additional programs and tools to promote and evaluate self-compassion and improve sleep quality. Research by Monica Worline, PhD, Alia Crum, PhD and Mickey Trockel, MD will guide our efforts to increase self-compassion in our workforce. Industries that require perfection within the reality of human limitations (none of us are perfect) require self-compassion to avoid burnout.

It is time to focus on the professional fulfillment of each employee and highlight, not only what we currently offer, but collaborate across organizations to improve the work culture and eliminate joy-draining inefficiencies in our organizations.

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WEIGHING IN: ADDRESSING EMPLOYEE OBESITY AND NUTRITION IN THE 21ST CENTURY WORKPLACE

Lauren (Schulte) Remspecher, MPH, CHES, Senior Director, Member Engagement & Communications, St. Louis Area Business Health Coalition

With one in four meals consumed at the workplace, businesses play an important role in creating a nutrition environment that encourages healthy eating among employees. In fact, a recent survey by the Centers for Disease Control and Prevention found that on-the-job food intake contributes an additional 1,300 calories to employees' diets each week. By implementing policies, programs, and environmental supports that make the healthier choice the easier choice, employers can curb health care costs and productivity losses associated with the obesity epidemic and weight-related chronic conditions.

To assess the current state of workplace nutrition practices among Missouri businesses, a survey was developed by the St. Louis Area Business Health Coalition with support from the American Heart Association. The survey was electronically distributed to 103 employers from January 4, 2018 through March 2, 2018, with a total of 40 unique company responses included in the final aggregate analysis.

Participating companies reported that an average of 37% of employees were overweight (BMI 25-29.9) and 27% were obese (BMI > 30). The survey found that 100% of employers had at least one environmental support that could impact employee nutrition, with the average number of environmental supports increasing with employer size (from a minimum of 5.8 among small employers to a maximum of 8.7 among very large employers). Examples included cold storage for food items; onsite vending machines, cafeterias, or water refill stations; or less common options like produce delivery or a workplace garden. Employers also offered a number of nutrition-related services, with written and in-person nutrition education, support groups, and weight-management counseling being most common. Although more companies had onsite vending machines (83%) compared to cafeterias (50%), policies for the nutritional quality, labeling, or pricing of food and beverage items were more common for cafeterias. Meeting policies also represented a low-hanging fruit, with only 23% of companies identifying specific standards for the "healthiness" of catered food and beverages for onsite events or celebrations. The collection of nutrition-related health and behavior data was lagging for most workplaces. While approximately one-half collected information on employee Body Mass Index (BMI)

and weight, companies were much less likely to assess employee fruit and vegetable consumption (35%), nutrition knowledge (23%), or dietary restrictions or preferences (8%). Additionally, although food insecurity affects nearly 40 million Americans, 78% of companies were uncertain if their employee population had reliable access to a sufficient quantity of affordable, nutritious food. When asked about challenges to providing more support for healthy eating in the workplace, employers mentioned time, money, leadership priorities, and food service contracts as top barriers to progress.

The St. Louis Area Business Health Coalition recommends several best practices for companies wanting to improve their workplace nutrition strategies.

(1) Assess your employee population for the prevalence of overweight and obesity, weight loss medications and treatments, as well as key nutrition habits and purchasing behaviors.

(2) Evaluate the workplace food environment (i.e., onsite vending, cafeteria, and catered meeting practices) and define specific nutritional guidelines for vendor contracts and internal ordering procedures.

(3) Implement evidence-based strategies recommended by the Community Preventive Services Task Force, including education programs; nutrition counseling; environmental supports for food prep and storage; policies for healthy vending, cafeteria, and meeting options; and pricing strategies to incentivize healthy food and beverage purchasing.

(4) Utilize free online resources to help with strategy planning, like the American Heart Association's Workplace Food and Beverage Toolkit, National Alliance for Nutrition and Activity's Healthy Meeting Toolkit, or National Health Observance toolkits for annual healthy eating awareness days and months.

Research from the CDC Community Guide shows that by implementing the above strategies, participating employees can achieve statistically significant decreases in weight and BMI, greater employee confidence, improved relationships with supervisors, higher productivity, and decreased medical and disability costs.

DRIVE OUTCOMES WITH A BEST PRACTICE APPROACH TO STRATEGY, CULTURE, AND PROGRAM EVALUATION

Jessica Grossmeier, PhD, MPH, Vice President of Research, HERO

Evidence shows that the most effective health promotion initiatives employ the use of strategic planning, a supportive organization, and ongoing program evaluation, yet many organizations focus more on programs and tactics than on these stalwart tenets for success. Numerous ongoing analyses of data from the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard)[1] identify specific practices that are associated with outcomes. This presentation featured the results of an analysis that compared organizations implementing specific practices to organizations not implementing those practices to assess differences in self-reported outcomes. The main research question aimed to understand how organizations with strong program scores, but weak program implementation supports, compared to organizations that had strong programs and implementation practices. The organizations falling into each group were compared with respect to four outcomes: participation rates, employee perceptions, health impact, and health care cost impact.

Study Methods

The HERO Scorecard assesses six different areas of practices highly correlated with health, performance, and financial outcomes.[2-5] These areas include (1) strategic planning; (2) organizational and cultural support; (3) programs; (4) program integration; (5) participation strategies; and (6) measurement and evaluation. Each of the practices on the Scorecard is associated with varying scores that are higher for the practices associated with the most evidence of their impact on outcomes. The study analysis identified organizations scoring in the top 25% of the 811 organizations in the HERO Scorecard database for each area. If an organization was in the top 25% of scores

for health and well-being (HWB) programs, they were considered to have strong programs. If an organization was in the top 25% of scores for any of the three program implementation areas (strategic planning, organizational support, or measurement and evaluation), they were considered to have strong implementation. Based on these results, organizations were grouped into three best practice categories inspired by the 2018 Olympics, which were taking place during data analysis (see Table 1):

- Bronze organizations had lower program and lower implementation scores;
- Silver organizations had higher

Table 1. Number of organization in each best practice category

Best Practice Category	Category Description*	Program Implementation Area		
		Strategic Planning	Organizational Support	Measurement and Evaluation
Bronze	Lower score in specified program implementation area and lower score in programs	527	519	525
Silver	High score in either programs OR specified program implementation area	158	172	144
Gold	High score in programs and high score in specified program implementation area	122	116	127

* Lower score represents the lowest 75% of organizations in each area; High score represents the top 25% of organizations in each area

Table 2. Organizationally-reported outcomes

	N	Mean or Percent
Health assessment participation[a]	327	51%
Biometric screening participation[b]	319	49%
Employee satisfaction with health and well-being[c]	151	72%
Employee perceptions of organizational support for health and well-being[d]	142	73%
Percent reporting health impact[e]	242	24%
Percent reporting medical cost trend impact[f]	196	17%

a. Percent of eligible employees who completed a health assessment b. Percent of eligible employees who participated in any biometric screenings offered c. Percent of eligible employees who responded "satisfied" or higher to the question: "Overall, how satisfied are you with the employee health and well-being program?" d. Percent of employees who agree with (or responded positively) to the statement: "My employer supports my health and well-being." e. A slight or significant improvement in health risk was reported based on impact evaluation of health and well-being program f. A small or substantial positive impact on medical cost trend was reported based on impact

scores in either program or one of the three implementation areas but not in both; and
• Gold organizations had high program and high implementation scores.

Study outcomes were based on several questions asked in the optional outcomes section of the HERO Scorecard. Responses to these optional questions are not scored so an organization is not awarded more points if they provide data or based on the information they report. Organizations were asked to provide employee participation rates in health assessment surveys and in biometric screening. Data analysis compared the mean participation rates across the three Olympic medal groups. Organizations were also asked to provide employee survey results if they ask employee participants how satisfied they are with health and well-being programs and about employee perceptions that their organization supported their health and well-being. Data analysis compared the mean positive response (e.g., satisfaction and agreement) rates across the three groups. Organizations were also asked to report if their HWB initiatives were associated with a significant impact on health outcomes or a substantial impact on medical cost trends. Data analysis compared the percent of organizations reporting health impact or medical cost impact across the three groups. Table 2 summarizes the responses reported for each of the outcomes.

Results
Table 3 summarizes the results of analysis. Study results varied depending on the program implementation area being examined but all scenarios were directionally consistent in that:
• Gold organizations outperformed silver and bronze organizations on all outcomes examined.
• Silver organizations outperformed bronze organizations on all outcomes examined.
• Health assessment participation rates tended to be slightly higher than biometric screening participation rates across all best practices categories.

- Health impacts tended to be reported at a higher rate than medical cost impacts across most best practices categories.

Conclusion

Organizations interested in optimizing employee participation in HWB initiatives, health outcomes, and medical cost impact need to augment strong programs with strategic planning, organizational support for health behaviors, and evaluation. Likewise, strong implementation practices require strong programmatic elements to drive the best outcomes. This analysis was cross-sectional and based on organizationally reported outcomes, so findings must be interpreted cautiously. For example, it could be the case that organizations with strong programs and strong implementation were more effective than organizations with weak programs and/or implementation in ways that were not captured on the HERO Scorecard. More rigorous research is needed to fully understand if strong programs and implementation are predictive of superior outcomes.

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Table 3. Organizationally-reported outcomes by best practice category

	Strategic Planning and Programs		
	Bronze	Silver	Gold
Health assessment participation[a]	47%	51%	63%
Biometric screening participation[b]	45%	50%	57%
Employee satisfaction with health and well-being[c]	68%	71%	79%
Employee perceptions of organizational support for health and well-being[d]	67%	75%	81%
Percent reporting health impact[e]	78%	81%	87%
Percent reporting medical cost trend impact[f]	60%	75%	87%

	Organizational Support and Programs		
	Bronze	Silver	Gold
Health assessment participation[a]	47%	55%	59%
Biometric screening participation[b]	44%	53%	55%
Employee satisfaction with health and well-being[c]	66%	72%	82%
Employee perceptions of organizational support for health and well-being[d]	63%	78%	83%
Percent reporting health impact[e]	75%	82%	92%
Percent reporting medical cost trend impact[f]	60%	73%	90%

	Evaluation and Programs		
	Bronze	Silver	Gold
Health assessment participation[a]	46%	55%	62%
Biometric screening participation[b]	45%	52%	55%
Employee satisfaction with health and well-being[c]	66%	73%	82%
Employee perceptions of organizational support for health and well-being[d]	67%	72%	84%
Percent reporting health impact[e]	76%	77%	92%
Percent reporting medical cost trend impact[f]	61%	67%	93%

a. Percent of eligible employees who completed a health assessment
b. Percent of eligible employees who participated in any biometric screenings offered
c. Percent of eligible employees who responded "satisfied" or higher to the question: "Overall, how satisfied are you with the employee health and well-being program?"
d. Percent of employees who agree with (or responded positively) to the statement: "My employer supports my health and well-being."
e. A slight or significant improvement in health risk was reported based on impact evaluation of health and well-being program
f. A small or substantial positive impact on medical cost trend was reported based on impact

PRACTICAL STEPS TOWARDS PARITY THROUGH IMPROVED ACCESS AND TREATMENT IN BEHAVIORAL HEALTH

Dorothy Bouley, Senior Director of Benefits & Wellness, Acushnet Company • Heidi Greenberger, PhD, MPH, Senior Director of Clinical Research, AbleTo

Ten Years Post-Parity, Employees Still Struggle

Identifying ways to bring evidence-based and cost-effective behavioral health care to employees has been a top employer priority for more than a decade. Notwithstanding this effort, behavioral health diagnosis and treatment rates remain suboptimal; one in five U.S. adults is living with mental illness, yet fewer than half receive treatment.[1,2] While adults with health insurance coverage are more likely than those without to access mental health services, employers and health plans still struggle to meet the needs of diverse employees even more than a decade after the Mental Health Parity and Addiction Equity Act was signed into law.[3-5]

To better understand current barriers to behavioral health treatment among working-age adults, AbleTo, Inc., a national virtual behavioral health care provider, conducted an online survey in partnership with Survey Sampling International between December 1, 2016 and January 30, 2017. Standardized survey questions ascertained participant characteristics, current behavioral health care utilization, and barriers to behavioral health care. Sampling yielded 2856 adults aged >25 years with self-reported employer-provided health insurance, of whom 665 (23%) had clinically elevated scores for depression, anxiety, and/or stress symptoms as measured by the Depression Anxiety Stress Scales 21, and comprise the final study sample.[6]
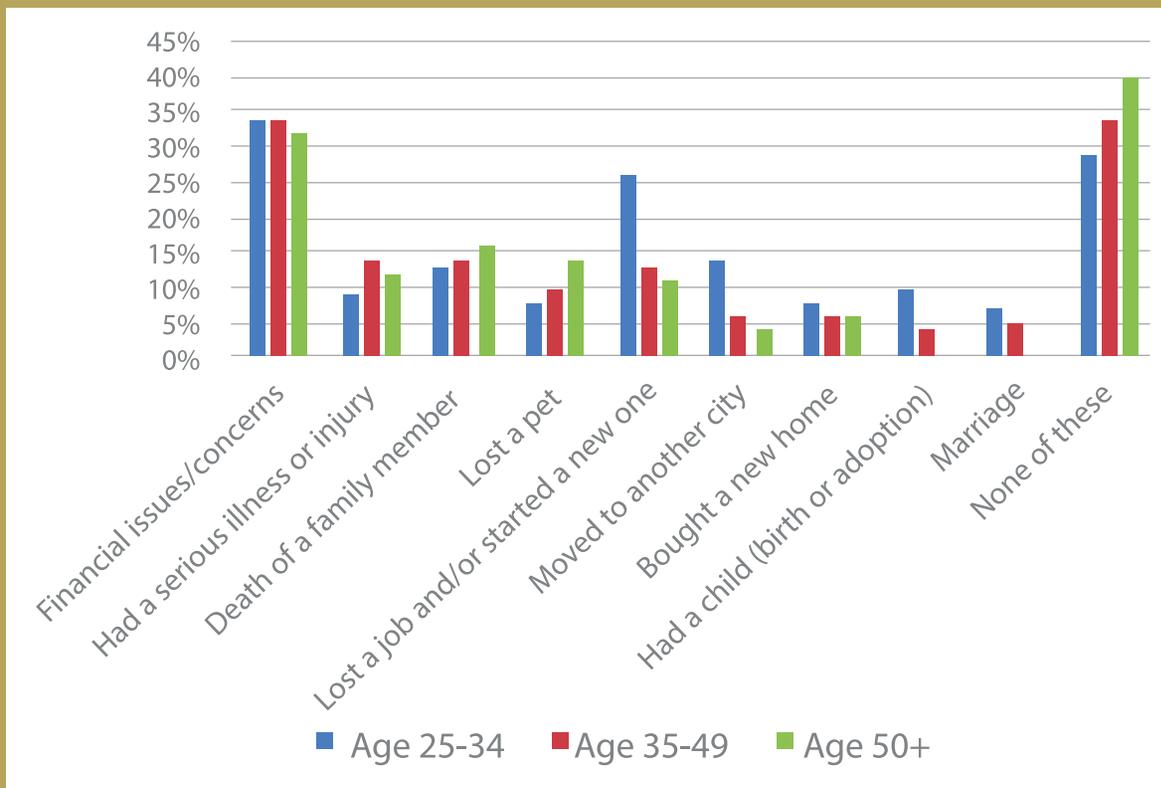
Having Health Insurance Alone Did Not Guarantee Treatment

The survey results showed that fewer than half of participants (49%; 324/665) had been previously diagnosed with depression, anxiety or stress, however, more than two out of three of the never diagnosed considered themselves to have one or more behavioral health conditions. Only half (52%) of those who had been previously diagnosed were receiving treatment from a health care professional.[6]

Physical Health and Mental Health Were Siloed

The behavioral health treatment rate was low (56%) among the subsample of participants with chronic medical conditions despite a higher behavioral health diagnosis rate. While more than half of survey participants were living with one or more medical conditions (in addition

Age 25-34	**Age 35-49**	**Age 50+**							

Chart categories: Financial issues/concerns, Had a serious illness or injury, Death of a family member, Lost a pet, Lost a job and/or started a new one, Moved to another city, Bought a new home, Had a child (birth or adoption), Marriage, None of these

Y-axis: 0% to 45%

Onsite - Psychiatric Mental Health Nurse Practitioner
Total number of Active Patients: 375
Average Visits per Month: 45-50

Gender Distribution	Age Distribution	Location	Shift
Percentage of Men: 45% Percentage of Women: 55%	18-29: 6.73% 30-39: 17.31% 40-49: 34.62% 50-59: 24.04% 60 Plus: 17.31%	Headquarters/Admin: 33% Ball Plant 3: 28% Custom Ball Plant: 12% All other locations: <10%	1st Shift: 70% 2nd Shift: 14% 3rd Shift: 5% Weekend: 11%

to having clinically elevated depression, anxiety or stress symptoms), the majority (81%) rated their overall health to be good, very good or excellent (versus fair or poor), suggesting physical health and behavioral health are being considered as separate issues.

Older respondents were more likely than younger to have comorbid medical conditions and to cite their doctor as their primary information source for behavioral health issues. Younger respondents were more likely than older to indicate one or more life stressors such as financial losses/concerns and job/housing transitions in the past year and to look directly to a behavioral health care provider or the internet for information. These differences indicate a one-size-fits-all approach to behavioral health care may not be sufficient to promote parity among diverse employees.

Traditional Barriers to Behavioral Health Care Remained Evident
When asked what they perceived to be the top barriers to behavioral health care, cost and stigma were most frequently cited. Twenty-seven percent of respondents did not know whether their health insurance provided coverage for behavioral health care.

Virtual Behavioral Health Care Helps Overcome Traditional Barriers to Behavioral Health Care

Traditional Challenges	Virtual Behavioral Health Care Solutions
• Stigma • Privacy concerns • Long travel distance to provider • National provider shortage • Low mental health literacy • Low in-network appointment availability • Financial constraints • Time limits • Physical health limitations • Lack of transportation	• In home-appointments • Lower transportation or childcare costs • Access to providers state-wide • Evening, weekend and lunch-hour appointments • HIPAA compliant • Proactive education and outreach • Collaborative care integration • Care coordination • Covered by health plan • Reduced work time missed

Acushnet is Dedicated to Breaking Down Stigma and Increasing Access for All

Acushnet is the global leader in the design, development, manufacture and distribution of performance-driven golf products. At Acushnet, the mission to be a quality leader in the categories of golf products that they produce has remained consistent since Acushnet entered the golf business in 1932. Today Acushnet has over 5000 associates (2275 domestic and 2888 international; national headquarters Fairhaven, MA) supporting this mission.

This mission of quality carries through to Acushnet's philosophy on behavioral health care and a dedication to removing stigma and increasing awareness, accessibility and education. Acushnet believes:
• Behavioral health issues impact individuals of all ages, cultures and job types.
• "Dis-ease" leads to "disease".
• It is not about who you are, but about where you are in life.
• Behavioral health care is a natural part of a holistic approach to wellness.

A multifaceted and interdisciplinary approach has been leveraged to build and evaluate Acushnet's behavioral health strategy. Key pieces include: 1) a global employee assistance program (EAP) - both onsite and telephonic; 2) formal supervisor training on behavioral health warning signs and employee referral into care including AbleTo virtual behavioral therapy; 3) a global behavioral health communication strategy; and 4) onsite psychiatric nurse services for U.S. employees from the "C-Suite to the shop floor."

Breaking Down Barriers Yields Measurable Success

This approach has yielded tangible and measurable success in easing access to behavioral health care for Acushnet employees. For example, from 2013 - 2017 EAP utilization across employee work sites including packing, distribution, and headquarters has averaged more than double the "All One Health" [Acushnet's EAP vendor] book of business rate. The most frequently accessed clinical services aligned with top-cited employee concerns documented in the AbleTo survey results, including mental, financial/legal and family/couple issues.

Proactively Bringing Behavioral Health Care to the Employee Promotes Parity in Access

Acushnet's behavioral health strategy breaks down barriers to care by bringing behavioral health care to the employee where he or she is. Program evaluation data for Acushnet's on-site psychiatric mental health nurse practitioner demonstrate that psychiatric nurse services are being accessed almost equally by both men (45%) and women (55%) and by employees across age groups and job types.

Acushnet has also recently made AbleTo virtual behavioral health care available for employees through their covered benefits. Virtual behavioral therapy (i.e., therapy provided by a licensed therapist by telephone or secure video) for depression, anxiety and other common behavioral health conditions has been demonstrated comparable to the same care provided face-to-face and associated with high participant satisfaction.[7, 8] Giving access to evidence-based, standardized, quality assured, virtually delivered, behavioral health care services promotes parity by providing equal access high quality behavioral health care on the employee's schedule, in his/her preferred secure location. It not only addresses stigma and cost concerns, but also tackles time constraints, local provider shortages and transportation issues.

The Journey Towards Improving Parity in Behavioral Health Care

There is still a way to go on America's journey towards behavioral health care parity; employer-insured adults remain impacted by under treatment, siloed physical and mental health care and barriers to access today. Modern, evidence-based solutions such as bringing behavioral health care to the worksite or providing virtual therapy via telephone or video are positioned to solve for many of these obstacles.

Acushnet's behavioral health philosophy and solutions took years to develop and implement and continue to evolve based on learnings from evaluations and employee feedback. No matter where a company is on its journey towards ensuring parity in employee behavioral health, it is important to continue progressing forward and setting measurable goals to track progress. As Acushnet demonstrates, there are practical steps towards parity that all employers can take no matter where they are in their employee well-being journey.

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WORKPLACE HEALTH AND WELL-BEING: THE EMPLOYEE EXPERIENCE

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Methodology

The LightSource Poll was conducted among 1,000 United States adults ages 18+. Of the 1000 adults, 555 were employed part-time or full-time and were asked questions on wellness program offerings. Data were collected via an online panel May 4 – May 14, 2018 from a survey with a median length of 8 minutes.

Overall sample was stratified and targeted based on the US Census demographic profile of adults ages 18+ for gender and race/ethnicity. Data were statistically weighted across these variables to be nationally representative of the US population.

Results

Employee *awareness* of health and well-being offerings and *perceptions of their value* are just a couple of factors influencing the effectiveness of employer-sponsored health and well-being initiatives. To better understand current employee perceptions of wellness plans, we conducted a survey of employed adults regarding employer-sponsored wellness programs, including awareness, participation, and perceptions of physical, mental, and financial well-being programs.

According to our survey, 7 in 10 employees have at least one wellness program or benefit at their place of employment, the majority of which participate in them. These programs are considered important, especially those related to fitness, mental health, and financial well-being. Using Dr. Robert Eisenberger's condensed 8-item Survey of Perceived Organizational Support*, we found just over half of employees surveyed feel their employer really cares about their well-being.

Going back to when these employees first accepted their current jobs, most were not aware their future employer had a wellness program or benefit offerings. However, for those aware at the time of accepting their current job, this information was highly influential in their decision to ultimately accept the job. This is further evidenced by the finding that 3 in 10 employees would leave their current job to work at a company with a more comprehensive wellness program or benefit offerings.
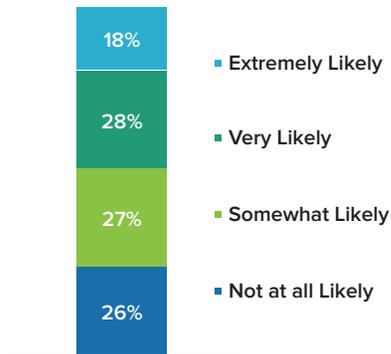
When it comes to the implementation of these wellness programs or benefit offerings, employees are equally likely to have been asked for input or not asked for input, with those being asked for input likely to provide it. Most employees report their employers as very or extremely open to their input. Three in 4

Few employees have personally helped organize a wellness activity, but almost half would be highly likely to do so

Have you Personally Helped Organize a Wellness Program
*All Full and Part Time Employees (n=555)*

- 2%
- 24%
- 75%

■ Yes   ■ No   ■ I do not recall
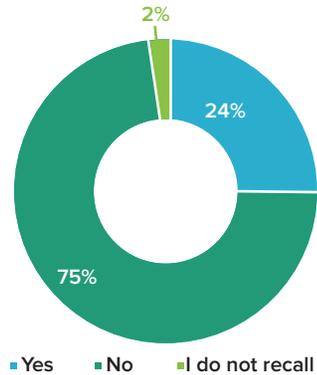
Likelihood to Organize a Wellness Program
All Full and Part Time Employees (n=555)

- 18% ■ Extremely Likely
- 28% ■ Very Likely
- 27% ■ Somewhat Likely
- 26% ■ Not at all Likely

Q380. Have you ever personally helped organize a wellness program activity for your current employer?
Q385. How likely would you be to help organize a wellness program activity at your current employer?

More employees recalled being asked for their feedback on wellness offerings <u>after</u> implementation. The majority of those with an opportunity to offer suggestions did so.
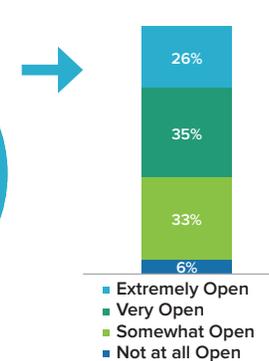
Opportunity to Provide Post-implementation Feedback
Company Offers Wellness Programs or Benefits (n=389)

- 14%
- 42%
- 43%

■ Yes   ■ No   ■ I do not recall
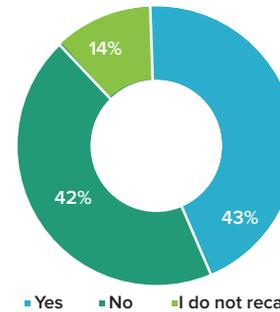
Provided Post-implementation Feedback
Had Opportunity to Provide Feedback (n=154)

- 3%
- 23%
- 74%

■ Yes   ■ No   ■ I do not recall
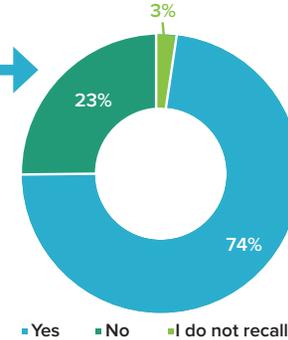
Employer's Openness to Input in Wellness Design/Improvements
Provided Feedback after implementation (n=135)

- 26%
- 35%
- 33%
- 6%

■ Extremely Open
■ Very Open
■ Somewhat Open
■ Not at all Open

Q365. Have you had an opportunity to provide feedback or suggestions for your employer's wellness program after implementation?
Q370. Did you provide feedback or suggestions for your employer's wellness program after implementation?
Q375. How open do you feel your employer is to input in wellness program design/improvements?

employees have not helped organize a wellness program, but just as many are at least somewhat likely to do so if presented with the opportunity.

In terms of specific wellness programs/benefits offered, these vary widely, and most employers offer an average of 3. Currently, the wellness programs with the most participation include *work site improvements, healthy food options at work, online wellness portal/ website, and financial incentives for completing health screenings.* The

wellness programs with the least current participation include *support services for mental health, smoking cessation, and support services for chemical dependency.* Other wellness programs with relatively large proportions of employees having never participated are *financial counseling, dietary program on site, and tools for financial concerns.* Interestingly, the above-mentioned programs with the lowest participation are the most highly valued programs.

Given the wellness programs

offered and how they are valued, most believe their employer's wellness program is at least somewhat superior to those of other companies. The clear majority agree the wellness programs or benefits offered by their employer support the health and well-being of employees and make them feel positively about themselves and their employer. The only factors really preventing employees from participating in wellness program offerings are lack of time and commitment – very few report concerns with employer access

to health information or lack of program effectiveness.

Of course, there are certain wellness program offerings that are more desired by employees than others. Slightly more than 1 in 4 wish their employer offered physical wellness programs like *gym/fitness center membership reimbursement, healthy food options at work, and gym/ fitness center on site,* exactly 1 in 4 wish their employer offered *yoga/ meditation activities on site,* and just under 1 in 5 wish their employer offered *financial counseling.*

In summation, we were able to confirm that wellness offerings make employees feel positively about themselves and their employer. Awareness of wellness program offerings at the time of job acceptance is relatively low, but considered highly important in the job acceptance decision among those who were informed. This suggests an opportunity for employers to attract more talent by simply informing job candidates of the wellness programs they're offering. An opportunity also exists to increase employee participation in and commitment to wellness programs if employers asked for employees' input on these programs before and after implementation – not many do so today. Of the employees who were asked for their input, most took advantage.
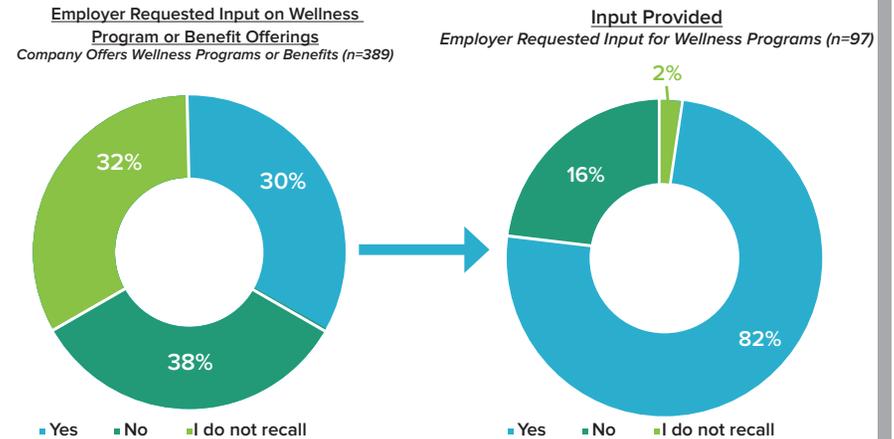
Lastly, in terms of the offerings most valued by employees, those related to physical wellness garnered the most interest. Lack of time and commitment are barriers to participation, which employers will have to think creatively to solve. Programs like financial counseling, disease management, dietary programs, and chemical dependency support are the least commonly offered, but the most

valued, suggesting employers who are not offering these programs, should consider adding them.

All in all, this survey has shown how important wellness programs are to employees' health, happiness, and productivity, as well as their perception of their employers. Involving employees early and often, and adding those offerings most valued, may dramatically improve the results of these programs, and consequently, our businesses and lives.

*Q396 [8-item Survey of Perceived Organizational Support]. Listed below are statements that represent possible opinions that you may have about working at your current employer. Please indicate the degree of your agreement or disagreement with each statement that best represents your point of view about your currently employer (referred to here as "organization").

Three in 10 employees report their employer requesting their input on wellness offerings; but when asked, most provided

Employer Requested Input on Wellness Program or Benefit Offerings
Company Offers Wellness Programs or Benefits (n=389)

Input Provided
Employer Requested Input for Wellness Programs (n=97)

- Yes
- No
- I do not recall

Q355. Did your employer request employee input into the wellness program's design when implementing the wellness program or benefit offerings?
Q360. Did you provide input when your employer requested employee input into the wellness program's design?

TOWARD HEALTH EQUITY AND DIVERSE ENGAGEMENT: HOW THE UNIVERSITY OF MICHIGAN'S WORKPLACE WELL-BEING INITIATIVE IS ADDRESSING SOCIAL DETERMINANTS OF HEALTH

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As one of the largest employers in the state of Michigan, the University of Michigan (U-M) has a unique opportunity to impact the lives of tens of thousands of individuals. With nearly 50,000 benefits-eligible faculty and staff and approximately 100,000 covered lives on its self-insured health plans, the U-M population mirrors that of the nation, in that health disparities and inequities persist. MHealthy, the name for U-M's faculty and staff health and well-being programs, has recently shifted its efforts to focus on mitigating the impact of such disparities. This is in alignment with a university-wide Diversity, Equity, and Inclusion initiative.

Workplace well-being programs have not, historically, focused their efforts in addressing social determinants of health, rather focusing more narrowly on specific health behaviors. For decades, individual-level behavior change efforts have served to secure engagement from a large proportion of an employee population. The University of Michigan's community-wide Diversity, Equity and Inclusion initiative, focused on faculty, staff and students, is reflective of an increase in societal awareness of these issues and, more specifically, their impact on health. U-M's recent creation and promotion of a philosophy of well-being that utilizes a more holistic approach to health signals a shift toward focusing on social and environmental factors as they impact health.

As MHealthy planned a renewed focus on chronic condition prevention and management, as well as addressing high health risks, a clear pattern emerged in the data. This pattern was that specific populations had higher health risks and higher prevalence of chronic conditions than others. There was significant overlap between these populations and U-M's lowest wage-earners. After reviewing the data more carefully, it became clear that U-M would need a new approach that included social determinants of health, such as income levels.

In Spring 2018, MHealthy enlisted the guidance and direction of several experts from within the University community on

this issue. These include John Ayanian, Director of the Institute for Healthcare Policy and Innovation, Luke Schaefer, Director of the Poverty Solutions Center, and Michelle Heisler, Professor of Internal Medicine and Health Behavior and Health Education at the Schools of Medicine and Public Health, respectively. The MHealthy Advisory Committee heard presentations from each of these three experts in their field to further understand how it might redirect its efforts in support of low-wage employee populations. Of particular note was Dr. Ayanian's presentation, which included a breakdown of the health care utilization of different wage-earning groups at U-M. In general, individuals earning less than $45,000 annually utilize fewer preventive health, mental health and substance abuse visits, and use substantially more emergency department visits as well as more inpatient services.

For many years, U-M has sought to address social determinants of health through offering two internal EAPs available to faculty, staff and family members, thereby decreasing barriers to mental health services. In addition, an Emergency Hardship Fund has been a critical resource for employees experiencing emergent financial distress. The majority of applicants seek funding for needs such as utility shut-offs, funeral expenses and rent. This service is funded by individual employee contributions.

Starting in 2016, MHealthy has been working to establish community and cross-university partnerships to translate community-based approaches to addressing social determinants of health to worksite settings. This has manifested in myriad ways, such as an effort to reduce barriers to group exercise classes by offering a new scholarship program and improving access to healthy foods across campus through Farmers' Markets and more. An internal Workplace Ergonomics team assesses and supports units at high risk for injury, which disproportionately impact lower-wage workers.

MHealthy has been engaging in focused partnerships with departments and units that employ high proportions of low-wage workers to tailor programming and services to their unique needs. MHealthy utilizes a participatory approach, seeking first to build relationships and trust, and always leading with the expressed interests of the population of focus.

For example, a recent partnership with the Environmental Services group within Michigan Medicine has led to a series of budget counseling sessions and a renewed relationship within that unit. Plans are underway to implement an Ambassadors program that would assist MHealthy in their efforts to reach shiftwork staff. Furthermore, MHealthy has been working to raise awareness of social justice issues as they relate to health. The Tobacco Consultation Service team recently hosted a panel of diverse speakers that discussed the significant disparity in tobacco use within and among vulnerable communities. MHealthy's work in this area extends to the broader community as well, as the Project Healthy Schools team serves school-age children in lower-income communities state-wide, and has established pathway programs to expose young students to vocational and educational possibilities at U-M.

Future directions for this work include considering workforce development opportunities for individuals in roles at the lower wage levels. Success Coaches have been implemented with positive results elsewhere, and is a promising model. This work is in its early stages. With thoughtful, strategic planning, and a willingness to think beyond individual-level health behavior change, MHealthy seeks to impact health through a more expansive and inclusive social determinants lens.