HERO Forum19
Conference Proceedings

HERO

WHAT'S INSIDE

As we opened HEROForum19 we asked, in Doobie Brothers' fashion, "What does it take to keep those long trains runnin'?" Watch Forum's opening performance and you'll see that Marleece Barber, Stefan Gingerich and Paul Terry think it has something to do with love.

THRIVING ORGANIZATIONS: ACHIEVING WELL-BEING THROUGH COLLABORATION

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

Portland, Oregon has a reputation for "keepin' it weird," and in that spirit one of our opening speakers at 2019 HERO Forum in Portland quipped that "collaboration is an unnatural act between non-consenting adults." As you will see from these Forum Proceedings, that quip is weird indeed: the following pages are filled with examples of successful collaborations that derived from shared visions, mutual trust and lots of passion for advancing individual health and social health. We chose a theme that would feature collaboration and "thriving organizations" because HERO specializes in showcasing exemplary companies and groundbreaking health promotion professionals who consider our shared mission to be nothing less than achieving well-being for all. Indeed, our Forum program promotions referred to our inalienable rights in America of life, liberty and the pursuit of happiness, and we designed a Forum to explore how well the workplace-based health and well-being movement in America is supporting the achievement of these inspired guarantees. Can workplace-based health and well-being initiatives impact both worksite and community health?

HEROForum19 explored that question by suggesting that goals should be judged according to how much collaboration is needed to achieve them. Our hypothesis was that the grander our goals, the more inspired the guarantee, the more vital collaborations become. As you will see in the pages that follow, our faculty were unreservedly generous with ideas that supported our thesis. And, of course, you will learn that our presenters were not only brilliant experts, they were exemplary partners and collaborators!

From Cooperation to Collaboration

Well-being, liberty and independence have been cast by some as best achieved when we are autonomous or shielded from the intrusion of others. But others believe that well-being can only become accessible for all through collective efforts. And related to this, where past iterations of progress in worksite wellness were judged according to individual health improvement, our field is now well positioned to judge our effectiveness at enhancing organizational level well-being and even according to our impact

on society. At HEROForum19 we feature partnerships that have defied traditional boundaries. We invited contributors to these proceedings who had data to share and stories to tell about thriving organizations that understood that healthy cultures are prerequisites to health for individuals. While we cast collaboration as the approach that requires the highest level of complexity and commitment, these proceedings demonstrate that coordination and cooperation are vital precursors to successful collaboration for disciplines and sectors to affect change.

In addition to exploring the interconnections between coordination, cooperation and collaboration, these pages also offer case studies that demonstrate partnering within organizations as well as across organizations. Thriving organizations are those that encourage inter-organizational collaborations between departments such as wellness, facilities management, leadership and organizational development, safety, strategic planning, quality improvement and others. Some of our presenters described what happens when divisions are asked to complete a

health and well-being scorecard and compare results and explained how this kind of coordination can lead to deeper collaborations. Similarly, these proceedings feature organizations that encourage data sharing between an eclectic team of experts from public health, economics, technology development, medicine and architecture; futurists; geographers; social scientists; community organizers; and others. You'll see how this basic form of cooperation also spawns deeper collaborations. And at HEROForum19 we also explored extraordinary partnerships, those where a diverse group convenes to advance truly inclusive well-being initiatives between public and private sectors, for-profit and non-profit organizations, governmental and non-governmental agencies and more.

The Well-being Benefits of Benefits Integration
We are always thrilled when the results of important studies are released for the first time at our conference. At our opening session, we previewed the results of a national survey by the KJT Research Group who consulted with the HERO team as they

designed their 2019 survey asking employees about their views on worksite wellness and other company benefits. Their survey findings showed, for the first time, the deep overlaps between health and well-being initiatives and how aligned employees feel with their company's purpose. Specifically, a representative sample of about 1,000 employees rated, on a 7-point scale, employee views on the value of these company benefits:
• Corporate Sustainability (6.2)
• Volunteer Opportunities (6.2)
• Health and Well-being (6.1)
• Diversity (6.0)
• Social activities (5.9)
• Cause promotion (5.9)
• EAP (5.8)

By studying employee participation in these initiatives and employee perceptions of company support, KJT was able to show that when taken together these benefits related to employees feeling their "company's goals and values are aligned with their own," that employees who participated in same were "more likely to feel safe and connected at work," and that participating employees were "more likely to feel organizational

> **"If you want to go quickly, go alone. If you want to go far, go together."**
> **— African Proverb**

support." Conversely, the KJT Group study showed that "those whose employer does not offer *any of the programs* are more likely to have low goal and low value alignment."

When HERO brings executive leaders and health and human resources professionals together from throughout the nation, we consider it a time to reflect on how we are doing as a profession and to examine new ambitions for our field along with what shifts in priorities are occurring in our field. Several of our speakers referenced the "four pillars" an organization could address if their goal is to build a culture of health. The pillars—consumer health, employee health, community health and environmental health—speak

to the potential for a new era in the workplace-based health and well-being movement where a company's impact and contribution to the world in each of these domains are as overlapping and influential as are those described in the KJT survey. The book by Drs. Quelch and Boudreau, "Building a Culture of Health: A New Imperative for Business," and a Harvard open enrollment (free) course, "Improving your Business through a Culture of Health," provide details on these four pillars. As above, we were thrilled that one of our keynote presenters, Dr. Sara Singer of Stanford, shared her just released national survey results on the extent to which companies are working toward all four pillars. Read on in these proceedings to see Singer's findings on the "pillars baseline" for the nation. As you'll see, we have plenty of room for improvement.

In his book, "Shared Minds," Michael Schrage defines collaboration: "The process of shared creation: two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own. Collaboration creates a shared meaning about a process, a

product, or an event. In this sense, there is nothing routine about it. Something is there that wasn't there before."

It is a definition that relates well to the ambitions behind HEROForum19 given contemporary health promotion has become variously about improving individual health, wellness, well-being,

happiness and engagement between companies and their communities and environments. Thriving organizations are also driving advancements in the health of consumers via supporting cultures and opening up to the effects of gratitude, companionate love and systemic approaches to psychological health and emotional safety.

What Is the Purpose of a Corporation?

For over twenty years HERO has advanced the proposition that good health is good business. Ask most business scholars during these same decades why businesses exist, and they'd most likely give a Milton Friedman-esque answer about the primary if not sole role of increasing shareholder value.

As it happened, the week before HEROForum19 there were a torrent of business news articles dedicated to the "Our Commitment" message released by the Business Roundtable. Signed by 181 business leaders representing a "who's who" of leading companies in America, this short but pointed message was that today's businesses should, as always, increase shareholder value, but these leaders also pledged

to "invest in our employees" and "support the communities in which we work." Some may ask where the Roundtable has been all these years and others may now focus on words versus deeds, but we at HERO celebrated this commitment as a wonderful affirmation of our longstanding vision (pdf). Indeed, it is no coincidence that many high visibility Roundtable companies are HERO members, and several presented at Forum19, all eager to share the exemplary investments in employee and community health occurring in their companies: JPMorgan Chase, represented by former HERO Board member Lilly Wyttenbach; Goldman Sachs (Laura Young); 3M (Beth Dammann); CVS (Kay Mooney); IBM (Ron Goetzel); Pepsico (Maggie Biscarr); and Delta (Jae Kuller).

What Enables Us to Thrive?

As always, Forum19 was designed to challenge our usual thinking. We reframed a typical question: "How must we cope with our workplaces and society in order to reach our potential?" Instead we asked: "How can we co-create workplaces and a society that enable us all to thrive?" We were honored to have Andrea Walsh, the CEO of HealthPartners as one of our keynote presenters.

Walsh, rated as one of the most influential healthcare leaders in the country, described how vital one private sector anchor institution can be to a community by advancing initiatives ranging from food security to early childhood education. In the pages that follow, you will see we learned how moving from coordination to collaboration is challenging because health and well-being professionals have often worked independently within their organizations, or departments, rather than collaborating with colleagues representing other functions, such as employee assistance, organizational development, leadership development, wellness, occupational health and safety and facilities management. It was also a delight to host [Jody Hoffer Gittel](#), Professor at Brandeis University, as one of our keynote presenters.

Her unique expertise and wonderful teaching acumen showed us how and when diverse teams can outpace traditional specialists in transforming workplaces.

To be sure, different experts have different responsibilities and accountabilities, departments have separate budgets, and teams have histories and traditions to uphold. But at Forum19 we explored what happens at the organizational level when we all rally toward a common purpose rather than stall out over the usual competition for resources. As the new findings unveiled at our conference showed, thriving organizations get high scores from their employees on perceptions of organizational support. Some organizations are even bent on playing an active role in helping their colleagues live a more purposeful life. These are

all ambitious developments in the field that our Forum helps to evolve through shared meanings, ideas that weren't there before.

HEROForum20, Austin, Texas, Sept. 23rd-25th, 2020

As we said above, Portland, Oregon has a reputation for "keepin' it weird." But you may know that Austin, Texas has also laid claim to that moniker for many years. Well, let's settle this once and for all by going straight from Portland to Austin with our HERO Forum. Mark your calendars and let's bring our 2020 vision, collectively, to a decision about which place is weirdest!

A 20/20 Vision for Collective Well-being: How Group Dynamics and Social Connectedness Shape Individual Choices

At Forum20 we will examine

"collective well-being" and ask how groups, organizations and our social spheres shape our destiny, fulfillment and life satisfaction. Forum20 carries forward our learnings from Forum19 where we asked how employers can better achieve well-being through collaboration and we examined tenets of "collective action" and how individuals influence the direction of groups. To be sure, individual and group influences are bi-directional. Still, the worksite wellness movement has been steeped in behavioral psychology and has deployed education programs primarily focused on individual behavior change. This year we examine how well we are employing principles of social psychology to advance well-being and how we are shaping group dynamics to bolster our aims to become the best places to work.

The "IlloBooth" custom illustrated photobooth was a popular feature during Forum's "Playground" event.

Karen Moseley and Paul Terry point the way toward enlightenment.

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A 20/20 Vision for Collective Well-being

HEROForum20:

A 20/20 Vision for Collective Well-being:

How Group Dynamics and Social Connectedness Shape Individual Choices

September 23-25, 2020
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PRE-CONFERENCE HIGHLIGHTS

THINK TANK - HOW EMPLOYERS CAN SOLVE FOR SOCIAL ISOLATION IF LONELINESS IS THE "NEW SMOKING"

Sara S. Johnson, Ph.D. Co-President & CEO, Pro-Change Behavior Systems, Inc. Co-Editor, The Art of Health Promotion

Some have quipped that loneliness is the "new smoking." From a public health perspective, the data are indeed mounting that social connection plays a critical role in longevity.[1-3] And unfortunately, loneliness may be even more prevalent than smoking. Rates of smoking thankfully have declined nationally to about 14%, but about 70% of Americans report loneliness—and more than 30% are experiencing loneliness once a week. The good news is that—like smoking—social connection is a modifiable risk factor, and the workplace is an ideal place to foster meaningful social connections.

We can start by leveraging often overlooked opportunities to build relationships, such as the onboarding process. At Microsoft, a pilot test of onboarding buddies was so successful that the company formalized an internal site to link new hires with an onboarding buddy and to send reminders to the manager, buddy and new hire to consistently take advantage of the opportunity.[4] John Deere has reportedly created a "First Day experience" that includes a welcome email in advance from a colleague who meets the new hire on the first day; a welcome video from the CEO; lunch with a small team of colleagues; and a visit from the department manager who sets

up a meeting later in the week.[5] Even small organizations can take steps to promote social connections among new hires and existing team members. Simple steps such as introducing new team members in terms of their personal interests and passions outside of work as well as their professional experience enables other team members to get to know them and find common interests.[6] It can also be helpful to schedule brief 15-minute "get acquainted" meetings with some or all of the newcomer's colleagues and to emphasize early collaborative assignments.

Organizations with remote employees may benefit from following Clevertech's lead to promote virtual connections.[7] They are fostering structured conversation around shared content (e.g., a TED talk, article, online course) by asking remote team members to meet via video conference and take turns reacting to the shared content. Each team member has the same amount of time to share their perspective and then chooses another member of the team to respond. The teams often kick off this book-club inspired meeting with icebreakers (e.g., how you started your day today) that help identify shared interests/preferences that become fodder for later

bonding.[7] These practices leverage a key principle of the development of a close relationship among peers: sustained, escalating, reciprocal, personal self-disclosure.[8] Vivek Murthy used a similar strategy when he was the Surgeon General. In a tradition he referred to as the "Inside Scoop," one team member a week shared something about themselves using pictures for 5 minutes during a staff meeting.[9]

Another great strategy organizations can use to encourage social connection is to facilitate volunteerism. A recent study of nearly 6,000 widowed adults 51 or older revealed that volunteering as little as 2 or more hours a week decreased loneliness. The positive effect on social connection may well be enhanced by volunteering as a team or company. At our company,

we recently went apple picking at a local farm that then donated the apples to local food banks. Over the holidays, we "adopt" and shop for families in need and wrap the gifts together, sharing stories about our own holiday traditions.

Providing a boost to affinity or special interest groups can also advance meaningful social connections. The Whole U program at the University of Washington[10] not only has at least 20 special interest groups, but also enables individuals to form new groups themselves by providing a very detailed "Activity Toolkit" that addresses everything from creating a social media presence and securing space to accessing preferred vendors and communications.

Finally, managers and supervisors can play a key role in promoting meaningful social connections. It is incumbent upon us to ensure that managers are taking the time to know their team members as people, given that anonymity is a leading contributor to disengagement.[11] In fact, even just making eye contact can help meet people's basic need for connection.[12] Thus, at a minimum, managers and supervisors should intentionally create a culture where team members are greeted, greet each other and focus their attention on the person speaking with them. Better still would be for managers to acknowledge their individual team member's efforts publicly so that people feel seen, visible and as if they belong within the organization.

Managers can also:
• Provide platforms for employees to develop inter-organizational networks (e.g., peer supervision, team meetings),
• Encourage colleagues to consult with each other,
• Acknowledge collaborative efforts and achievements, and
• Promote inclusiveness.

Loneliness may not be the only "new smoking," but given the critical role meaningful social connections play in overall health and well-being, any steps we can take to build them are certainly worthy of our consideration.

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UNIVERSITY SUMMIT- MOVING FROM 'WHAT WE DO' TO 'WHO WE ARE': REDUCING THE ZEROTH TYPE OF WASTE™- RELATIONAL WASTE™ TO IMPROVE WORKPLACE WELLNESS

Rita G. Patel, CPA, MPH, CWWPM, Visual and Relational Artist, founder of Experiments in Beautiful Thinking™ and of Relational Waste™ & Tracy Kramer, MBA, Director of Strategic Planning, Business Development, and Project Management for Henry Ford West Bloomfield Hospital | Relational Waste™ Expert

Imagine a work environment where teams function at a level of high performance because everyone has a sense of belonging—as a human being, friend, productive worker and to the larger narrative of the organization. This is a workplace filled with a sense of well-being, not only individual well-being, but also team and organizational well-being. It is a fundamental human need to connect to others, and our work shows that forming human relationships at work is the foundation for improving workplace wellness while delivering outstanding performance.

Many high performing organizations seek performance improvement or lean process efforts to reduce waste in their organizations to move to the next level of success. Waste can be defined as the seven types of waste: overproduction, inventory, waiting, motion, transportation, rework, over processing. Sometimes waste is defined as 8 types including non-utilized talent or even the 8+ types including lack of training.

In our work, we identified the zeroth type of waste: relational waste™ or waste that occurs when team members do not exhibit, or the infrastructure prohibits, the basic building blocks of forming human relationships. This type of waste is the zeroth type because, like the zeroth law of thermodynamics, it was discovered after the other types were defined but it is the most fundamental. Relational waste™ is the waste that is necessary for organizations to reduce to improve well-being while moving outcomes to the next level of success.

With high relational waste™, teams focus on transactional events concentrating on 'what we do' instead of 'who we are'. While this drives a culture focused on delivering results, it often results in a culture that consumes the human aspects of employees resulting in unnecessary burnout, high stress and loneliness, low employee morale, high turnover and, ultimately, unsustained performance. All of these are issues negatively impacting workplace

wellness regardless of the wellness programs the organization may be offering to employees.

By focusing waste reduction efforts first on the zeroth type of waste, we create teams with low relational waste™. These teams form positive social ties leading to an inclusive, psychologically safe environment with greater trust and sense of belonging. They are highly reliable because they are a woven thread of human capital focused on bringing out the best in each other as people and contributors for the organization. These teams choose to not let down their 'best friends at work'. Furthermore, the focus on social connection reduces loneliness and burnout; increases employee engagement and quality productivity; reduces injury, illness, stress; and increases fulfillment. The 19th Surgeon General of the United States urged, "...the workplace calls for companies to make fostering social connections a strategic priority." Organizations can then work with its most powerful resource: profound humanity of their employees.
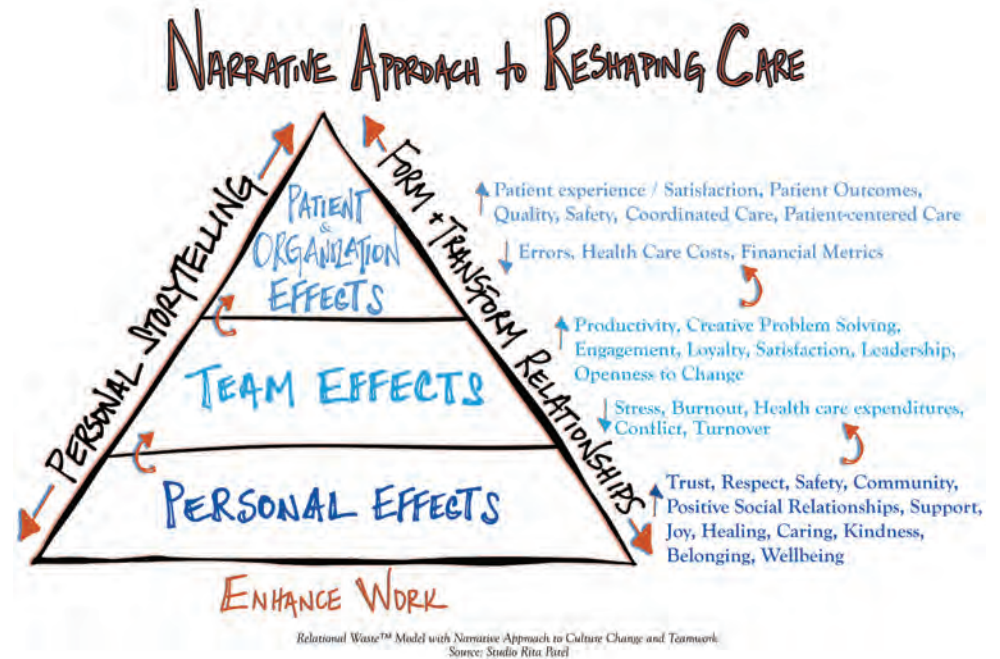
The case study from Henry Ford West Bloomfield Hospital is where we faced a unique challenge of moving our performance to the next level: The team was "high performing" but something was missing. Based on existing research,

we developed a tiered model that demonstrates improving personal relationships leads to increased trust, communication and positive social bonds. As a result, the team effects result in higher productivity, leadership, creative problem solving and reduced stress. Finally, with improved team results, patient and organizational outcomes would ultimately be improved long term.

The relational waste™ was reduced by addressing and integrating narratives and storytelling to build the basic building blocks of human relationships. The culture transformed due to enhanced relationships and teamwork simply from getting to know the people we work with better and as more than a role or department.

We utilized storytelling forms because the sharing of personal stories is primal of all humans, as we are literally wired for story to reflect, learn, create, heal and forge bonds. In doing so, we know and are known by each other, which leads to healing by listening and being heard. Storytelling shapes culture as it affects behavior by synchronizing the listener's and speaker's brains, creating empathy with emotion, promoting nuanced and critical thinking, enhancing listening and question-asking skills, and inspiring

and inciting change. While building these aspects of well-being, we fostered positive social connection captured by improvements in "Best Friend at Work" in the Gallup Survey (3.80 in 2017 vs. 3.85 in 2018) and we positively impacted the bottom line from team synergies allowing us to achieve and sustain a 5% operating margin in 2018. Focusing on people gets to the heart of what matters, strengthening the cohesion and coherence of why, how and what we do together.

Relational Waste™ Model with Narrative Approach to Culture Change and Teamwork.
Source: Studio Rita Patel

GENERAL SESSION HIGHLIGHTS

RELATIONAL COORDINATION AND THE SCIENCE OF INTENTIONAL CHANGE

Jodi Hoffer Gittell, PhD, Professor of Management at Heller School of Social Policy and Management; Executive Director of Relational Coordination Research Collaborative, Brandeis University; Chief Scientific Officer, Relational Coordination Analytics, Inc.
Proceedings review of presentation by Barbara Tabor, Tabor PR

Growing up on a farm, it became clear to Jodi Hoffer Gittell at an early age how important relationships are and how communication combines with relationships to influence the way things get done. This upbringing carried over to Gittell's professional career where she studies how relationships and communications influence the ability of different industries to achieve basic goals and deliverables. From the airline industry to financial services to manufacturing to healthcare and in multiple countries around the world, academic and business leaders and process improvement experts are studying how relationships and communications can be proactively employed to improve business performance.

This intersection of relationships and communication is what Gittell calls relational coordination, which is defined as a mutually reinforcing process of communicating and relating for the purpose of task integration. Relational coordination is based on shared goals, shared knowledge and mutual respect.

Community wellness is one area where relational coordination is believed to have significant potential to bring together diverse factors and stakeholders to improve health and quality of life for the broader public. Consider, for example, the complex web of factors that can influence community health – such as chronic illnesses, economic inequality, social determinants of health, stress, substance abuse – and couple that with a diverse set of stakeholders and influencers who may have zero experience with collaboration and others who have had negative experiences. Sitting at the center of this web, are individual workers and their families.

According to Gittell, relationships among the stakeholders in any given dynamic will ultimately shape the communication through which coordination and collaboration happen. This concept translates across industries, geographies and cultures and is now being harnessed to improve business and health outcomes.

From the friendly skies to the bed side
As a professor and research investigator, Gittell has studied the interplay between relationships and communication in a wide variety of settings, including the airline

industry. In a nine-site study of flight departures over 12 months of operation at Southwest Airlines, American Airlines, Continental Airlines, and United Airlines, Gittell analyzed the relational coordination among pilots, flight attendants, gate agents, ticket agents, baggage agents, ramp agents, freight agents, mechanics, cabin cleaners, fuelers, caterers and operations agents and found airlines that scored higher on relational coordination also reported more on-time flight departures.

Gittell later conducted the same study across nine hospitals and 893 surgical patients to assess quality and efficiency of workflows and job satisfaction by measuring the relational coordination among doctors, nurses, physical therapists, social workers and case managers. Her findings indicate that hospitals where relationships and communication were a priority also reported better patient outcomes and job satisfaction. This is promising, considering that a 2003 Institute of Medicine Report said of health care systems: "The current system shows too little cooperation and teamwork. Instead, each discipline and type of organization tends to defend its authority at the expense of the total system's function." And, arguably, at the expense of the patient.

According to Gittell, relational coordination research continues in more than 20 industry sectors and 22 countries around the world. This area of study is taking off, in part, because of its ability to influence workplace performance and business outcomes. Specific outcomes of relational coordination that are important to business leaders in all industries include:
• Quality / safety outcomes,
• Efficiency / financial performance,
• Client engagement,
• Worker well-being, and
• Facilitating and fostering innovation.

Why does relational coordination improve performance?
Relational coordination has been shown to influence relationships because the concept relies on shared goals, shared knowledge and mutual respect. This focus on team rather than individual or departmental goals creates a culture that supports process improvement and learning and helps people see how they connect with others in their organization and the people they serve. These positive relationships evoke positive emotions, which enables clear, productive thinking – and that in turn influences a team's ability to make change.

When it comes to workplace well-being, relational coordination works because, by focusing on relationships and how teams work together, employers can reduce or eliminate wasted effort and improve processes. This, along with the focus on improving communications, reduces stress and ultimately, burnout.

Not surprisingly, positive relationships between employees are also key to resilience at every level of an organization, and this is closely connected to the workplace culture. In fact, studies have found that at all levels of organizations there is a tension between an employee's individual self-interests and what they know to be right for the "good of the group." These tensions can be successfully addressed by improving relationships between teams.

Finding the way forward
To improve relational coordination and realize the benefits of improved efficiencies, outcomes and employee engagement, organizations must move from dependence to independence/ autonomy to interdependence. But to accomplish this, do employers start by changing the team and leadership structure, or do they start by repairing and building relationships?

According to Gittell, the relational model of organizational change calls for:
• *Structural interventions*, which includes things like selecting and training for teamwork, shared accountability, shared rewards, shared conflict resolution, shared protocols and shared information systems;
• *Relational coordination,* which focuses on shared goals, shared knowledge and mutual respect and communication that is frequent, timely, accurate and with the goal of solving problems;
• *Performance outcomes*, which includes quality and safety, efficiency and finance, client engagement, employee well-being and learning and innovation;
• *Relational interventions* that focus on creating safe spaces, providing assessments and coaching; and
• *Work process interventions* that assess the current state, identify

the desired state and support experiments that can close the gap between the two states.

Organizations that desire change can benefit from understanding the "six stages of change," which ultimately represent a cyclical process of building relational coordination, while spreading it throughout the broader organization. The six stages include:

1. *Explore context:* What is the environment you're trying to change?
2. *Create a change team:* Who needs to be at the table? Relational mapping or value-stream mapping helps here.
3. *Measure relational coordination and internal structures:* Assess the current state and be specific about what you're trying to do better.
4. *Reflect on findings:* Report back findings to key stakeholders and apply findings to key stakeholder groups and audiences.
5. *Design interventions:* Create a plan of action and identify who needs to be involved in implementing these interventions.
6. *Implement interventions:* Involve cross-functional teams in the implementation of the identified changes.

According to Gittell, it's not uncommon for organizations to get stuck in the middle stage of independence/autonomy; however, by focusing on continued movement through the six stages of change and assessing how supportive an organization is of relational coordination, wellness and business leaders can influence and guide an organization's ability to change. And that can ultimately improve their performance and benefit not only their employees, but also the communities they serve.

ACHIEVING WELL-BEING THROUGH COLLABORATION: A BUSINESS IMPERATIVE

Sara Singer, PhD, MBA, Professor of Medicine, Stanford University School of Medicine; Professor by Courtesy, Stanford Graduate School of Business
Proceedings summary written by Barbara Tabor, Tabor PR

Despite the level of sophistication that has been achieved by the U.S. medical system, the industry can't accomplish everything on its own. Without collaboration between health care and the business community, we are collectively missing out on so many opportunities to help individuals, families, businesses and communities thrive.

Successful collaboration starts with the basic understanding that every business lays down a health footprint that includes its employees, its physical workplace, the products or services they deliver, and how they interact with the communities they serve. And while business as a market sector can do more to improve health and well-being, doing more will require a new way of thinking about collaboration.

During her presentation at HEROForum19, Sara Singer talked about intra- and inter-organizational collaboration and how organizations that can get this right can not only do well by doing good, they can also:
• Future proof their organization by staying in front of trends;
• Differentiate their organization and thus win business and attract top talent; and
• Solidify future business development efforts by creating relationships that can drive future growth.

According to Singer, organizations that get collaboration right do so by focusing on alignment, capacity, clarity, responsiveness, relationships, flexibility, fit, mutual understanding, mutual embeddedness and constructive ambiguity. In short, collaboration is no small or simple task.

Business collaboration to improve well-being
The current state of well-being, while promising, requires greater collaboration in order to reach its full potential. However, the current business climate is increasingly supportive of employers who want to promote health and well-being in their workplace and community.

For starters, the focus for many is no longer solely on shareholder value and demonstrating an ROI from wellness initiatives, and even investors are now demanding that companies do more than turn a profit. A tight labor market is fueling competition for talent and the new workforce demographic want more than just a job. They want to work for companies that share similar values and that create a caring, flexible and supportive work environment.

And employees are demanding more in the way of workers' rights, which is influencing the benefits and workplace policies that employers offer.

External factors are also supportive of workplace well-being. In addition to legislation that supports well-being benefits and policies, community and political leaders are investing more in prevention and addressing social determinants of health to improve population health. Businesses and communities are also challenging each other to do better, both in terms of community well-being and in hosting companies that care about people, not just profits.

According to Singer, companies that want to improve health and well-being should consider a "Culture of Health: Four Pillars" (CoH framework) that supports employee health, consumer health, environmental health and community health. When applied correctly, this framework encourages companies to think more broadly about their health and well-being footprint.

Measuring corporate engagement in well-being
The *Milbank Quarterly* recently published an article called, "Toward a Corporate Culture of Health:

Results of a National Survey." Singer, who was one of the authors of this article, said that while the setting is ripe for continued growth of workplace well-being, the market is still far from mature. Findings from Singer's work in this area showed that engagement varies widely across employers that offer well-being initiatives, with a nearly four-fold difference between the top and bottom quartiles. And, while more than 50 percent of large companies said they have some type of workplace wellness offer on top of or included with their health plan benefit, only 38 percent of companies said they have a formal, written strategic plan for health and well-being that covers two or more dimensions of well-being.

The actions of these companies were widely varied, particularly in the area of consumer health. Notable trends included:
• 67 percent of companies include improving or maintaining employee health in their company mission or business objectives;
• Fewer employers seek to influence behavior through rewards or surcharges; but rather seek to address social influences directly;
• About 2/3 (61 percent) assign pillars to an executive vice president position or higher;
• About 1/3 choose renewable

energy (32 percent) as a way to change their health footprint;
• More than half (59 percent) pursue opportunities to change their products or services to promote health and well-being;
• Many focus on providing information and education about their products and services that inform consumer choices (62 percent); and
• 45 percent of companies said they partner with government, local communities and other stakeholders to promote community health and well-being.

Other similarities among companies in Singer's study included:
• Mentioning health and well-being in the corporate mission, having a strategic plan for creating a culture of health and perceiving a positive return on investments were all associated with businesses that take action to improve well-being.
• Less than half of businesses reported a positive return on culture of health investments.
• Less than one third have a strategic plan for health and of those that do, only 6 percent address all four pillars in the "Culture of Health" framework.

Achieving well-being through collaboration
To achieve well-being via all four

areas of the CoH framework, companies need collaboration and collaborative leadership. This is accomplished through inter-organizational and intra-organizational collaboration.

Intra-organizational or internal collaboration enables outcomes like creating and executing on a strategic plan, redesigning a product or service that supports better health, or demonstrating a positive ROI. Conditions that support intra-organizational collaboration for well-being include physical and governance structures in place that spur collaboration and having alignment of processes, systems, rewards and practices.

Inter-organization or external collaboration puts the focus on developing and implementing initiatives in and with the community that demonstrate tangible outcomes. In order to effectively drive inter-organizational collaboration, companies need to understand the answers to questions like: "What motivates businesses to engage in collaboration? What is the perceived value? What makes a good collaborator? How do organizations effectively manage collaborative efforts?"

When it comes to operationalizing an organizational culture of health and well-being, Singer suggests business leaders incorporate health impact considerations into their business strategy; measure and report on how initiatives impact consumer, employee, community and environmental health; and shift their thinking about health from being a cost factor to thinking about health as a business imperative.

Finding the right partners is also an essential step, and it's important that organizations understand both the nonprofit and public sector perspectives when it comes to collaboration. For companies, know what you're going to say "No" to, and for public entities, know where your boundaries are. Businesses want to be responsive and supportive of their communities, but they also need boundaries in order to be efficient.

Having a relational view of collaboration will make managing these relationships easier and more effective. Being flexible allows the program and the nature and level of support to evolve in a way that is responsive and nimble without being burdensome. There is no single, correct way to structure a business-community collaboration, but Singer notes that bringing together different worlds and the ideal collaborative structure will depend on whether the partnerships follow a philanthropic model; an incubator model or a hybrid model, the continuum in the degree of integration; the tradeoff between ease of collaboration; and the type of impact desired.

According to Singer, the win-win in a collaborative approach comes from engaging beyond cutting checks. And while this can be more demanding on the internal capacity of all collaborating organizations, the right level of constructive ambiguity allows partnerships to establish a common ground that diverse parties can identify with, and that supports varied interests while achieving a common set of goals.

Healthy HERO Award - Keara Vance

HEALTHY PEOPLE 2030 OBJECTIVES FOR THE NATION: THE EMPLOYER'S CHALLENGE AND HOW RESEARCH CAN INFORM PRACTICE

Ron Z. Goetzel, Ph.D. Vice President of Consulting and Applied Research, IBM Watson Health & Senior Scientist and Director of the Institute for Health and Productivity Studies, Johns Hopkins University

Once again, we are challenged to prove that workplace health and well-being (health promotion/wellness) programs "work." I know your immediate reaction is, "ugh, not again."

The latest barrage of criticism comes from reporters and scientists who reference an April 2019 study published in the *Journal of the American Medical Association* (JAMA).[1] Harvard researchers Zirui Song and Kate Baicker conducted a clustered randomized trial in which 20 BJ's Wholesale Club worksites were randomly assigned to a "treatment" condition (they offered a wellness program) and 20 other sites were designated as "controls" and therefore not offering the program. The intervention ran for 18 months, and 80 outcomes were measured, including self-reported health behaviors, clinical measures, health care spending and utilization and employment status. Approximately 4,000 employees were assigned to intervention sites and a similar number to control conditions.

Media coverage, such as a story published in *The Chicago News*,[2] reported, "Workplace wellness programs fail to improve health." However, careful reading of the study reveals more nuanced conclusions: "...Workplace wellness *resulted in significantly greater rates of some positive self-reported health behaviors* among those exposed compared with employees who were not exposed, but there were no significant differences in clinical measures of health, health care spending and utilization, and employment outcomes after 18 months. Although limited by incomplete data on some outcomes, these findings may temper expectations about the financial return on investment that wellness programs can deliver in the *short term.*"

What were some of the limitations in the JAMA study? First, the wellness program offered was, by and large, a traditional 1980s-style intervention relying mainly on classroom healthy eating lectures and group physical activity sessions. The program was certainly not comprehensive in its design nor multi-component as defined by the CDC Worksite Health Scorecard[3] or Health

and Well-Being Best Practices Scorecard in Collaboration with Mercer©.[4] The program was "low dose," touching only about a third of workers (described as participants) who attended at least one 4- to 8-week educational module led by a registered dietician. Further, the program was short duration, hardly enough time to secure active engagement, behavior change or health outcomes. Although the intervention was focused on worksites, and employees there, there were no efforts to establish and sustain a culture of health (CoH) where leadership is engaged, there is a strategic plan, program champions are recruited and employees are involved in decisions in program planning. In short, little was done to affect the culture – most of the work was directed at changing individual behaviors.

Finally, given the large number of outcomes measured and very sophisticated statistical methods which controlled for evaluation of multiple outcomes, the conclusion reached that no significant differences were found does not equate with the headline stating the program did not work. We also were not informed as to how much was spent on the program (a lot or a little), and therefore it is not known whether the program produced a positive return-on-investment (ROI) or, for that matter, a positive value-on-investment (VOI).

Over the past two decades, health promotion practitioners have adopted a more holistic approach to employee health and well-being whereby improving the organization's health is as important, if not more important, than improving individuals' health habits and biometric measures (still important, by the way). Recent studies have shown that organizational health is correlated with employees' health risk profile, medical costs, health care utilization, disease prevalence and stock price. The early evidence suggests that companies with high CoH scores also experience better health outcomes, lower medical costs and superior stock price performance.[5, 6, 7, 8, 9, 10]

So, the bottom line is "buyer beware." When seeing headlines about the value of workplace wellness, either positive or negative, ask the following questions: 1) Was the program based on evidence-based theory and practice? 2) Was it properly implemented with sufficient dose, fidelity and consumer involvement? 3) Was it properly evaluated using a study design well suited to the "real world?"

Improving the health and well-being of individuals is hard enough – improving the health of organizations and the communities in which they reside is harder yet and requires critical knowledge, a finely honed set of skills, ongoing commitment and a heavy dose of enthusiasm.

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A TRAUMA-INFORMED REFLECTION

Alisha Moreland-Capuia, MD, Executive Director of Avel Gordly Center for Healing; Assistant Professor of Psychiatry, School of Medicine, Oregon Health & Science University

The expectation that employees check their trauma and pain at the door of the workplace may be unreasonable. Many of the systems in which individuals work have spoken and unspoken mandates for its members to make adjustments to serve within the confines of the system, but rarely does the system make adjustments to optimally serve its members. The change/adaptability expectation is lopsided. It is now understood that the healing of systems to include communities and workplaces is more likely to occur under conditions where the system and its members are both making adjustments towards wellness and healing. The need for this type of parallel change is more salient than ever.

During my recent panel presentation at the HERO conference, I spoke on the subject of *"How to manage Workplace and Community Trauma."* I made the compelling argument that both the workplace and community represent systems, and, further, that these systems are less likely to change unless the members who work within the system are changed/tended to. Human existence revolves around three things: 1) a need to feel safe; 2) being safe; and 3) seeking safety. Knowing that trauma exists in a system is one thing, but knowing what to do about it is another. To this end, I offered a few practical tips that systems might consider in addressing trauma with the goal of improving workplace conditions, member wellness and productivity, broken down into two categories: individual and community.

Individual
• Encourage members of the organization/system to practice good self-care – eat well, exercise, get proper sleep and honor/tend to their emotional needs.
• Connection – cultivate positive relationships outside of work and with loved ones.
• Find a sense of purpose and hope.
• Engage in outside hobbies that bring joy.
• Find peer support within the work place.
• Seek personal therapy.

Community

- Create safety in the workplace and community.
- Establish a sense of belonging.
- Recognize trauma so that you can prevent re-traumatization.
- Collaborate to widen the bench of support to increase hope and lighten the "despair". i.e.- establishing a network of wraparound supports for members of the community.

If systems can employ some of the practices above, then it (the system) is more fulfilling and healthy.

A fulfilled system translates into fulfilled people
Fulfilled people translates into a fulfilled system

A healthy system translates into healthy people
Healthy people translates into a healthy system

POLICY AS A PRESCRIPTION FOR A HEALTHY WORKFORCE

Proceedings summary written by Grace Castillo, MPH; Rachel Locke, MPH, CPH; Brian C. Castrucci, DrPH of the de Beaumont Foundation

In this year's opening session, "Thriving Organizations: Turning Unlikely Partnerships into Sustainable Collaborations", Brian Castrucci, DrPH, President and CEO of the de Beaumont Foundation, highlighted the sheer economic burden that ill health imposes on American employers. Castrucci opened his talk with a sobering fact: workforce illness costs businesses $530 billion annually.

"While it might be tempting to revamp employer wellness programs to combat these costs, evidence shows that these programs – however well-intended – cannot address the root causes of employees' illnesses," Castrucci said. Wellness programs tend to focus on improving individual choices, which account for only 30% of what influences our health.

Castrucci illustrated this with a vivid story about a fictional employee, Adam. Adam is a model worker, and he participates diligently in all the activities run by his employer-sponsored wellness program. Adam doesn't smoke, he has started going to the gym regularly and he makes an effort to have healthy food in the home. Everything is going as planned, right? Maybe not, Castrucci explained. After Adam and his family move to a new rental home, Adam starts missing work. Mold in his family's new rental has exacerbated Adam's daughter's asthma. He's had to drive her to the emergency room multiple times, and she's had to increase use of rescue inhalers. Even when Adam can come to work, he's so tired from the late nights in urgent care that he isn't as productive as he used to be. His boss starts to notice.

In this case, mold in the home – not lack of employer-sponsored wellness perks – is the underlying cause of Adam's absenteeism. There is a policy solution. Communities that have enacted rental inspection ordinances would have helped Adam. Only by focusing on the community conditions that impact our health can employers truly have a healthy workforce.

With the environmental factors of health fresh in the audience members' minds, Castrucci turned to ongoing efforts to improve "upstream" factors of health. CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente, analyzes city policies on a portfolio of essential health policies that can help families like Adam's. CityHealth includes a total of nine policies: affordable

housing; safer alcohol sales; complete streets; earned sick leave; restaurant inspection ratings; healthy food procurement; high-quality, accessible Pre-K; smoke-free indoor air; and Tobacco 21 (T21). Cities can earn bronze, silver, gold or no metal on each of these nine policies and an overall medal. "Even more exciting," Castrucci explained, "is how strongly cities have responded to CityHealth's goals." CityHealth emphasizes helping cities achieve sustainable success, an approach that seems to be working: in the last two years, cities moved 61 policy medals. Currently, five cities have achieved overall "gold" status; nine achieved "silver"; 11 have achieved "bronze"; although 15 remain without an overall medal.

"One key element of CityHealth's success has been business buy-in," Castrucci explained. He cited a recent example from Kansas City, Missouri which recently passed Tobacco 21. In this case, the Greater Kansas City Chamber of Commerce championed this policy change, and this support was a critical driving factor in successfully passing this vital policy. Recognizing that businesses stood to lose more from employees' smoking-related health costs than from reduced tobacco sales, a local commerce group strongly backed T21.

Castrucci connected this example to a larger shift within the field of public health. As public health has increasingly recognized, health-promoting policies hinge on cross-sector partnerships. For cities to implement policies in the CityHealth package and beyond, collaboration with and buy-in from businesses and property owners is essential. Businesses are also realizing that Americans believe companies should help solve challenges in the larger communities they serve, stepping outside the four walls of their office or factory to provide leadership. Recognizing this attitude shift – and the sheer cost of the status quo – means that partnering to promote health makes more sense than ever.
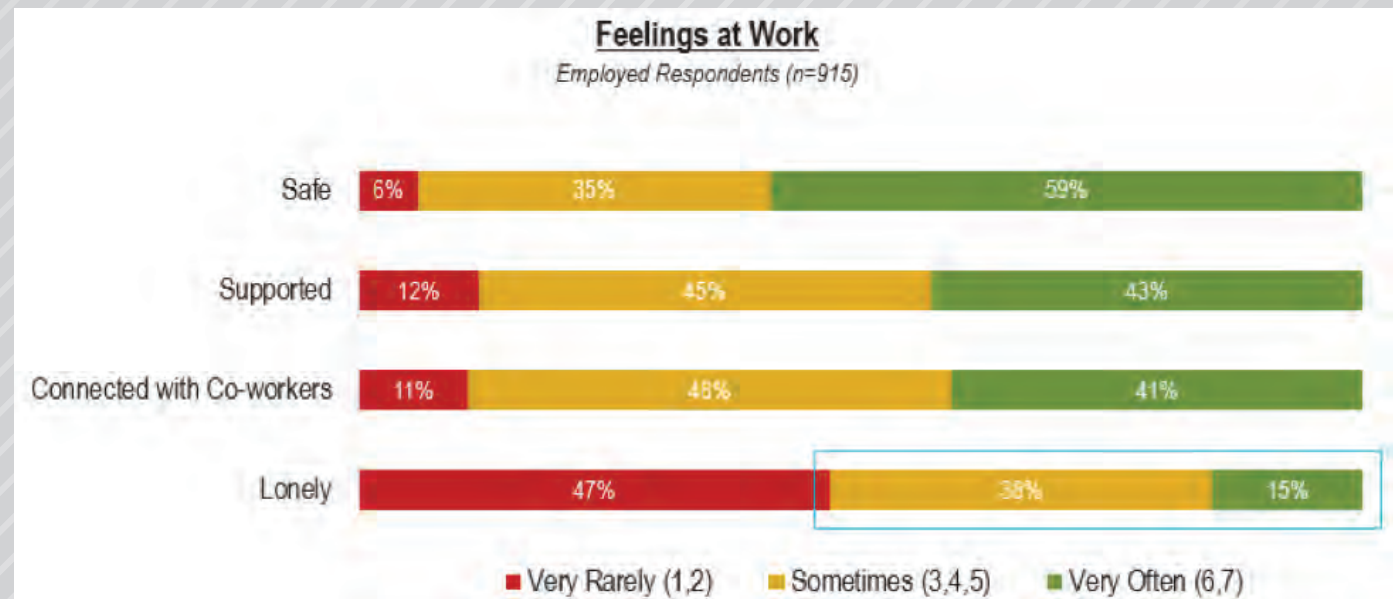
BREAKOUT SESSIONS

EMPLOYEES SPEAK: INTEGRATING HEALTH AND WELLNESS THROUGHOUT THE COMPANY AND BEYOND!

Michelle Soto, MS, Senior Vice President of Research, KJT Group and Lynn Clement, Chief Research Officer, KJT Group

Healthy cultures are prerequisites to healthy individuals. Health and wellness initiatives are not just for the benefit of individuals though. Recent publications have shown a link between corporate profit, employee health and community health.
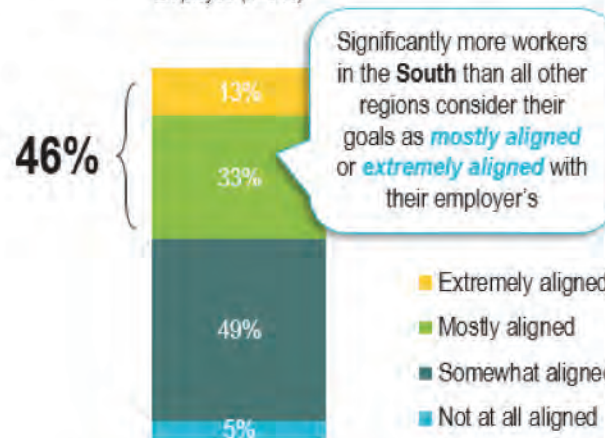
To better understand how to integrate health and well-being throughout companies and into communities, we conducted a survey of employed adults regarding corporate initiatives and their impact on their own personal health and well-being. Additionally, we touched on company and personal goal alignment, loneliness and connectedness in the workplace and the community's role in health and well-being.

According to the survey, most employees feel safe at work (59% very often feel safe at work), but the rest feel safe only sometimes or rarely. Even fewer feel supported (43% feel supported often) or connected with their co-workers (41% feel connected),

Feelings at Work
Employed Respondents (n=915)

	Very Rarely (1,2)	Sometimes (3,4,5)	Very Often (6,7)
Safe	6%	35%	59%
Supported	12%	45%	43%
Connected with Co-workers	11%	48%	41%
Lonely	47%	38%	15%

Alignment of Employer's and Personal Goals
Employed (n=915)

46%
- 13% Extremely aligned
- 33% Mostly aligned
- 49% Somewhat aligned
- 5% Not at all aligned

Significantly more workers in the **South** than all other regions consider their goals as *mostly aligned* or *extremely aligned* with their employer's

Upper management most likely to have *high goal and high value alignment*

Alignment of Employer's and Personal Values
All Respondents (n=915)

49%
- 14% Extremely aligned
- 35% Mostly aligned
- 46% Somewhat aligned
- 5% Not at all aligned

Significantly more **workers with children** consider their personal values as *mostly aligned* or *extremely aligned* with their employer's

Those with **lowest income** most likely to have *low goal and low value alignment*

with Millennials even less likely to feel this way. And over half of employees feel lonely at work (53% feel lonely at least some of the time). Employees are looking to their employer to facilitate a connection to their colleagues. This might include simple activities such as social activities, team meetings or lunches. However, over one quarter of employees surveyed say their employer does *nothing* to promote this connection.

Approximately half of employees feel their employer's goals and values are aligned with their personal goals and values (46% feel their personal goals are mostly or extremely aligned with their employer's, 49% feel their personal values are mostly or extremely aligned with their employer's), yet this is extremely important. Why is this important? Companies and employees with high goal and value alignment are more likely to:
• Have programs available and to participate in company programs,
• Feel the programs have a positive impact on their health and well-being,
• Feel connected and supported at work, and
• Believe they have opportunities for advancement.

Goal alignment is crucial in supporting a positive work environment yet is felt much more strongly among upper management and much less strongly among low-wage earners.

There is also a tremendous opportunity to expand access to employee-offered programs and initiatives, as one-third or fewer of employees surveyed have access to (or are aware of) these initiatives. The employees whose company offers these various initiatives feel a very positive impact on their own well-being, and even more so for those who participate in the programs. They also are:
• More likely to feel their company's goals and values are aligned with their own,
• More likely to feel safe and connected at work, and
• More likely to feel organizational support.

This is especially true when it comes to Diversity initiatives.

Among those *currently participating* in these specific offerings, they all have a **very positive impact** on their health and well-being (mean rating on 7-pt scale):

Initiative	Rating
Corporate Sustainability	6.2
Volunteer Opportunities	6.2
H&W	6.1
Diversity	6
Social activities	5.9
Cause promotion	5.9
EAP	5.8

Those who report a positive impact on their health and wellness from the various corporate initiatives are:

- More likely to feel their company's goals and values are aligned with their own
- More likely to feel safe and connected at work
- More likely to feel organizational support
- *This is especially true when it comes to Diversity initiatives*

Those whose employer does not offer *any of the programs* are more likely to have **low goal and low value alignment**

In summary, it's important for companies, and often expected by employees, to support employee health and wellness and foster connection with colleagues. Goal and value alignment are extremely important and lead to employees feeling more connected and supported in the workplace. There is wide support for corporate programs and initiatives, whose impact are increased by their participation.

Key areas of opportunity include expansion of access to, and participation in these programs, especially among low-wage earners. We are seeing a general feeling of disengagement and loneliness among a proportion of employees, and one way to help improve this is through the company programs and initiatives addressed above.

Methodology
The LightSource Poll was conducted among 2,001 United States adults ages 18+. Of the 2,001 adults, 915 were employed part-time or full-time and were asked questions about employee health and well-being. Data were collected via an online panel June 20-25, 2019 from a survey with an average length of 7 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.

Dr. Fikry Isaac receives the Bill Whitmer Leadership Award from HERO President Karen Moseley.
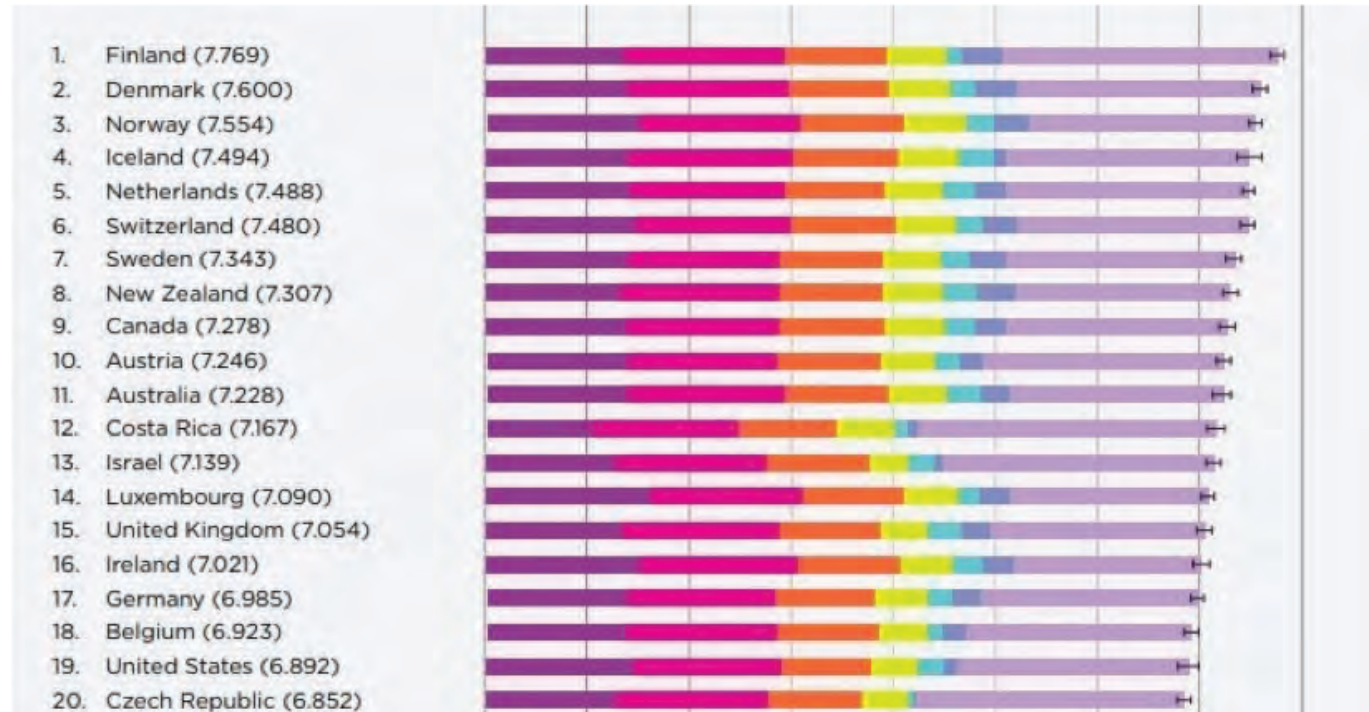
CULTIVATING EVEN MORE HAPPINESS & WELL-BEING IN FINLAND

Linda Saggau, Co-Founder, Experience Happiness; Hanna-Maria Toivanen, Principal at Myllymäki Primary School; and Sari Torniainen, Teachers aide, Mindfullness Mentor, and THP Certified Sherpa™ at Myllymäki Primary School

Learning From Finland. The Global Leader In Well-being.

Finland has long been a global leader in well-being. Post World War II, Finland adopted well-being as a core strategy to remain resilient, sustainable, innovative and independent as a country on the world stage. Ample evidence gathered over decades proves Finland's success in developing and implementing an array of effective well-being solutions at every level of its society and across a number of key sectors, including education, healthcare and business.

In 2018 and 2019, Finland was ranked the "world's happiest country" in the *World Happiness Report* by the United Nations Sustainable Development Solutions Network. The report ranks 156 countries around the world on factors including life expectancy, freedom, GDP and corruption. The US only made it to number 19. The UK was placed 15th, one ahead of Ireland, with Pakistan ranked 67 and India 140.

1.	Finland	(7.769)
2.	Denmark	(7.600)
3.	Norway	(7.554)
4.	Iceland	(7.494)
5.	Netherlands	(7.488)
6.	Switzerland	(7.480)
7.	Sweden	(7.343)
8.	New Zealand	(7.307)
9.	Canada	(7.278)
10.	Austria	(7.246)
11.	Australia	(7.228)
12.	Costa Rica	(7.167)
13.	Israel	(7.139)
14.	Luxembourg	(7.090)
15.	United Kingdom	(7.054)
16.	Ireland	(7.021)
17.	Germany	(6.985)
18.	Belgium	(6.923)
19.	United States	(6.892)
20.	Czech Republic	(6.852)

The top 20 happiest countries 2019 Image: World Happiness Report 2019

Further, research by The Organization for Economic Co-operation and Development (OECD) shows that Finns are, in general, more satisfied with their lives than the OECD average. Finns rate their general satisfaction with life at *7.6 on average, significantly higher than the OECD average of 6.5.*

Today, Finland continues to lead the way by promoting The Economy of Well-being, an interlinked, mutually reinforcing approach in which economic growth improves peoples' well-being, whereas well-being enhances economic growth and stability. The goal is to enhance global understanding that well-being is a prerequisite for economic growth and for social and economic stability.

Connecting with Finland on Happiness.

Based on Finland's extraordinary well-being track record, we at Experience Happiness were honored when Finnish education experts contacted us in 2018 to collaborate with them to promote greater happiness, well-being and performance in schools. This year, at HEROForum19, we had

> **The very foundation of our societies and economies is human potential."**
> **- Pirkko Mattila, Finnish Minister of Social Affairs and Health**

the pleasure of co-presenting insights and findings with our Finnish colleagues and friends, Hanna-Maria Toivanen and Sari Torniainen from Myllymäki Primary School (Lappeenranta, Finland). The following describes just some of what we learned and experienced together.

Finnish Education: Raising the Bar for the World.

Finland guarantees quality of education to all of its citizens. In 1972, the comprehensive school system was implemented. To this day, it includes:

• Free education
• National core curriculum
• Masters educated teachers
• Collaboration with social and health services
• Pedagogical autonomy of teachers
• A place in a near-by-school
• Safe travel
• Safe environment
• Free school lunch
• Guidance
• Support
• Encouraging assessment
• Balance
• Free welfare
• Partnering with parents

Why The Happiness Practice in Finland?

In Finland, maintaining well-being among students is a prerequisite for learning. Finns believe that education cannot lead to success if pupils' basic physical, emotional and social needs are not met. To that end, mindfulness has been used in Finland's education system since 2016. Our Finnish friends, always curious and experimenting, wanted to expand upon the mindfulness approach and explore cultivating happiness by learning and practicing The Happiness Practice™ (THP) and measuring its results among both teachers and students.

Measure What Matters.

Myllymäki Primary School embraces three core values: 1) Solution-focused, 2) Collaborative, and 3) Future-oriented. In the context of these values, we identified metrics we most wanted to impact among staff (teachers and teachers' aides of special needs students) and students themselves. Metrics included:

Staff:

• Reduction in individual burnout (emotional, behavioral and physical symptoms)
• Improvement in happiness and well-being
• Increase in performance (resilience, sustainability, innovation)
  - Reduced sick calls/ absenteeism
• Improved behaviors:
  - Taking time to recharge & reconnect
  - Selfcare & reaching out for support
  - Improved attendance in staff meetings

Students:

• Behavior of students feeling heard

Collaborate to Get Results.

Over a period of six months, teachers and teachers' aids learned and practiced THP together as a cohort. We're pleased to report the results in the graph on the following page.

Sisu! Keep Going.

Our Finnish colleagues taught us an important ideal: "Sisu." This untranslatable concept roughly means "get the job done no matter


The Happiness Practice™

what, and do it with integrity." Once the THP results were achieved at Myllymäki Primary School, we quickly collaborated to design and implement other experiments in Finland to further demonstrate THP efficacy (with the ultimate goal of providing THP to everyone in Finland). Thus, another cohort, including Finnish Healthcare, Education and Social Service Leaders, was launched with yet-again compelling results:

Meanwhile, University of Saimaa (Finland) is conducting a study to further determine the impact of THP on staff and students and develop recommendations on how to best tailor THP to meet the needs of the entire Finnish education system.

Lead Like You Mean It.
Finland sustains its commitment to well-being because well-being works. Finland encourages well-being innovation, experimentation and implementation — and the results speak for themselves. We encourage organizations, communities and nations to find inspiration from Finland, as we agree that well-being is truly the key to unlocking human potential and cultivating thriving societies. Sisu!

Myllymäki Primary School THP Results

Finland Healthcare, Education, and Social Service Leaders
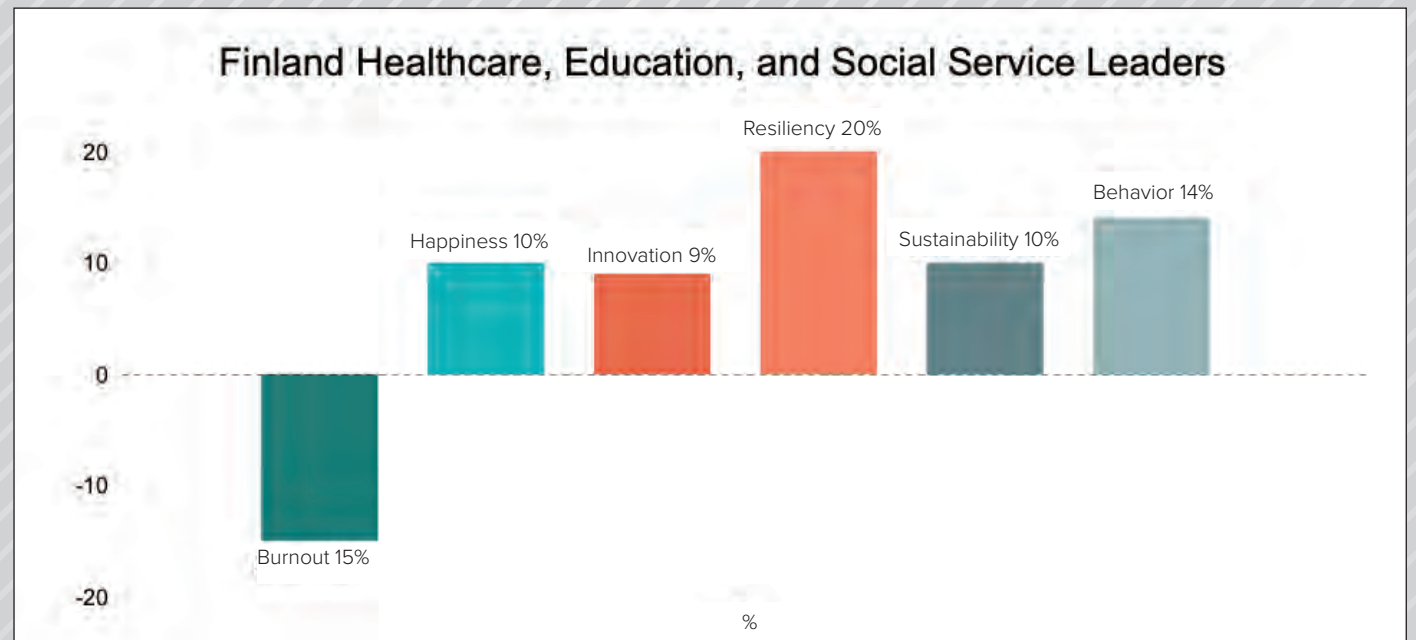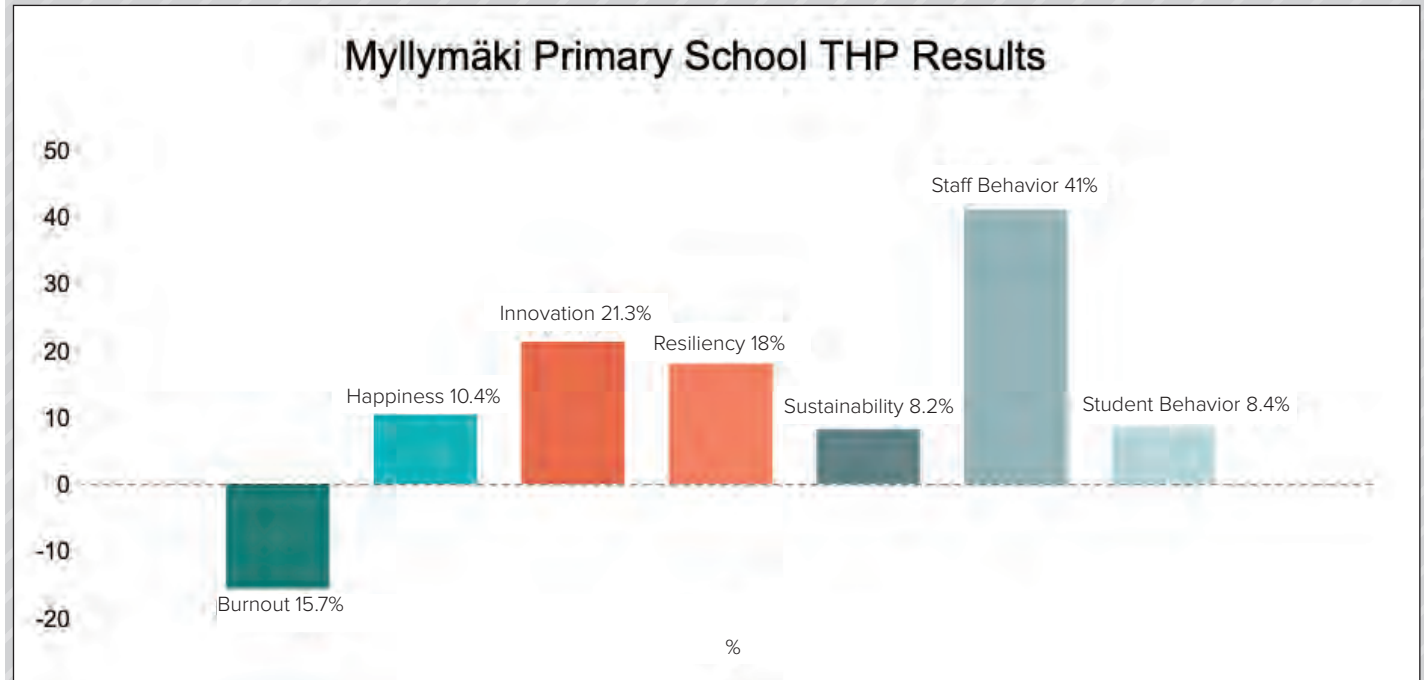
Megan Hames, MS, MCHES, Director, UT Wellness, University Human Resources, The University of Iowa
Joni Troester, MBA, CEBS, SPHR, Assistant Vice President Total Rewards, The University of Iowa

Overview

Well-being programs can be challenged to find their place as a strategic business partner within their organizations. Traditionally, well-being professionals use their passion and deep understanding of the human condition to drive decision-making when what is also needed is a coupling with clear, straightforward analytics of the population.

Since 2017, Human Resources at the University of Iowa has collaborated with their Information Technology Services (ITS) Business Intelligence group to launch a data dashboard project. Dashboards have been released to HR leaders across campus and have proven to be a tool to connect to the unique business needs of various areas across the enterprise (academic, research, health care, etc.). The current HR dashboard suite includes ones focused on demographics, turnover/retention, absence management and well-being.

About the University of Iowa

The University of Iowa is a public research institution with 32,948 students from 114 countries and all 50 states. There are 16,000 staff and 3,000 faculty. Founded in 1847, it is the state's oldest institution of higher education and is located alongside the picturesque Iowa River in Iowa City.

Since its founding, the University of Iowa (UI) has admitted women as well as men, the first public university in the U.S. to do so. Beginning in 1860, women were admitted on an equal basis with men. The UI is home to one of the largest and most acclaimed medical centers in the country, as well as the famous Iowa Writers' Workshop.

Well-being Dashboards

The data source used to inform the well-being displays is from UI faculty and staff who annually take a Health Risk Appraisal* (HRA). Specific questions from the HRA to display in the first version of the dashboard include those listed in the accompanying table.:

Well-Being Dashboard Sections	Fields Included
Participation	By percentage eligible and overall number of participants
Health Behaviors	Body mass index, physical activity, nutrition (fruit/vegetable intake), sleep, smoking, stress management
Health Risk Profile	Low, moderate, high classification based upon health risks
Productivity Barriers	Financial stress, health/physical condition, lack of resources, lack of training, responsibilities or caring for others, too much to do/not enough time

Within each of these areas, options exist to obtain more specific information and include:
• Filter based upon Organizational Unit and a comparison to overall UI is provided
• Three year data trend
• Data displayed by Job Classification

A Data Dictionary is provided to users to understand all questions/responses being displayed.

Figure 1 shows a portion of the well-being dashboard that focuses on Health Behaviors. The bar represents the selected Organizational Unit and the black dash/line comparison is the overall UI respondents.

Process and Impact Outcomes for Well-being Dashboard Project
Dashboard Release and Training
In 2019, the Well-being Dashboard was released. Training was provided to senior HR leaders responsible for human resources functions within their colleges/organizational units; Wellness Ambassadors were also invited to attend the meeting, since they are often involved in implementing and communicating programs at the local level. The training included working through a worksheet to assess well-being data for their specific area, how it compared to

the overall UI data, and to identify any notable 3-year trends.
- 100% found the meeting helpful.
- 90% used it to plan strategies to improve well-being at the local level.
- 80% can use well-being data in their Culture Survey action plan.
- 70% can use well-being data in their HR Roadmap / Strategic Plan.

Campus-wide Initiatives: The people behind the charts
The visibility of a few key areas have provided leverage for data-driven programming decisions:
- Chief Nursing Executive-led walks and Resiliency Training embedded into Nurse Residency Program.
- "Managing Income and Debt"

seminar and up to three one-on-one financial coaching sessions being piloted with a large department with much higher reported "financial stress."

As well-being programs look for ways to be strategic and also ensure sustainability and longevity in periods of disruption, it is advised to seek out partners who can help visualize and display available data around people. This can allow for

thoughtful ways to program towards the needs (present and emerging) of the workforce. Please visit more on University of Iowa well-being programs and outcomes at https://hr.uiowa.edu/employee-well-being.

The measurement tool used by the University of Iowa is the Pro-Change Behavior Systems, Inc. Health Risk Assessment that uses validated questions to assess readiness to change leading health risks. The University of Iowa contracts with Quality Health Solutions, Inc., an IBH Company, to administer the survey to its faculty and staff.
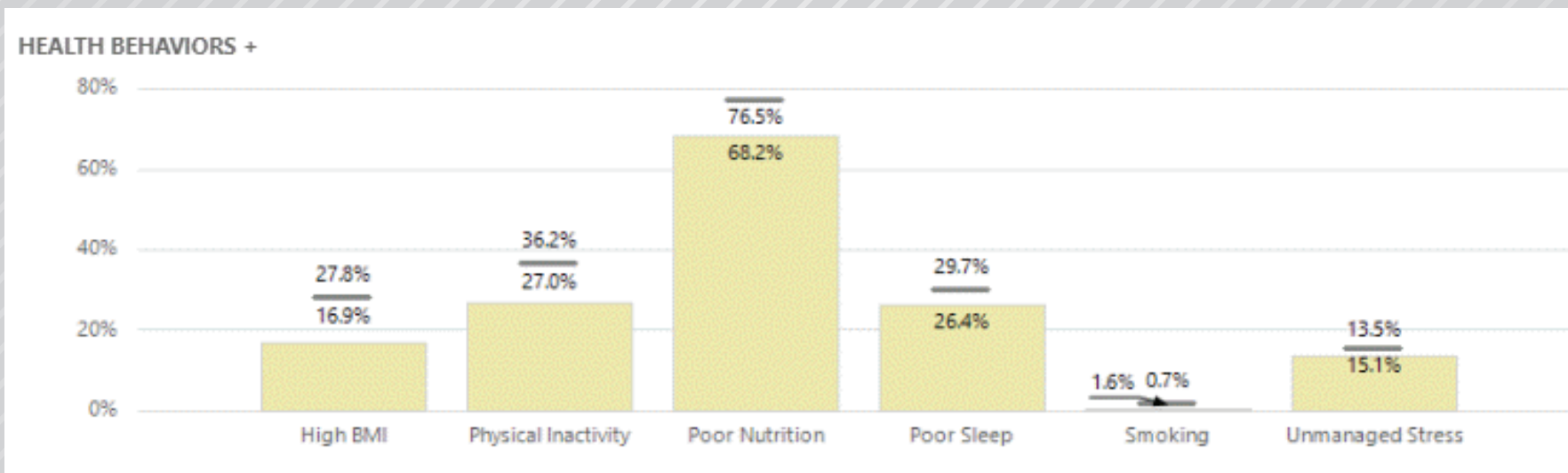

Figure 1: Health Behaviors in UI's Well-being Dashboard

CARE: EVOLUTION FROM "SOFT" SCIENCE TO BUSINESS DRIVER

Krystal Sexton, PhD, Americas Regional Lead, Human Performance and Care, Shell Oil Company; and Bill Redmon, PhD, CEO, Kintla

Background.

It has been a decade since the economic downturn in 2009, but many organizations across the United States continue to feel its impacts. For oil and gas companies, this is coupled with the crash of 2014, in which oil prices plummeted to historical lows, leading to reductions in force, re-organizations, and major re-structuring across much of the industry. Today, there remain feelings of uncertainty across the industry as a result of the two downturns and the looming energy transition toward renewable resources. Altogether, the workforce is dealing with volatility, uncertainty, complexity, and ambiguity (VUCA). To thrive in this VUCA world, Shell has focused on its people and has recognized that caring for ourselves and our teams will help not only the individuals but also the organization overall.

Through both internal work and external scientific literature, we know that feeling cared for at work leads to many positive states,

including motivation, collaboration and growth. Conversely, not feeling cared for results in defensive behavior, underperformance and distrust. Cognitive neuroscience has found that the brain does not respond well to perceived threats, such as uncertainty and stress, and to maintain our optimal brain functioning, we must minimize these threats. Using this as its basis, Shell developed its Care for People Program.

Care for People.

Initially designed for construction projects that bring thousands of workers onsite from various backgrounds and experience levels, Care for People (CfP) aims to provide the optimal work environment in terms of "hardware" (e.g., facilities, safety) and "software" (e.g., respect, autonomy). A CfP survey was developed to measure each element of CfP and assess it with regard to business outcomes,

such as engagement. In one of the earliest projects implementing CfP in the United States, a CfP plan was put into place that considered not only the health impacts of heat exposure but also the local community and the feeling of being one team and one family onsite. At its peak, nearly 2,000 workers were onsite. Wellness challenges were developed and focused on improving engagement and increasing education regarding hydration, physical activity and fatigue. To address traffic congestion on local roads, staggered work starts and expanded parking options were devised. A communication strategy was implemented via newsletter, which included sections on health, safety and community, and leadership adopted the lens of care during construction and celebrated successes regularly.

In one of the largest projects in the United States, with 6,000 construction workers at its peak, a CfP plan was implemented as a collaboration between Shell

and Kintla. The two companies worked together to share best practices, and Shell's approach was integrated into the Kintla design. The collaboration included regular meetings, co-analysis of data and interpretation of results into action plans. To translate the vision into reality, five key components were developed: (1) Assessment and Program Design; (2) Supervisor Workshop and Coaching; (3) CfP Working Committee; (4) CfP Steering Committee; and (5) Measurement Strategy. Workshops and coaching focused on emotional regulation, connecting with others and building connections, followed by application of these tools in the field. The CfP Working Committee met monthly, collected input on improvements through suggestion boxes and surveys, and met with leadership to implement the suggested changes. Quarterly surveys were distributed to the workers, and results were analyzed with regard to productivity, safety and relevant business outcomes.

Results.
CfP has been implemented in projects around the world. In each one, we have found that the more the workforce feels cared for, as measured by the CfP survey, the more engaged they are. In projects that have had a CfP Program, engagement has been approximately 85%, a top-quartile result. Productivity, as measured by a number of metrics, has been top-quartile for all CfP projects. In addition, safety performance has beaten its target in all CfP projects globally. In results specific to the Shell/Kintla partnership, the quarterly surveys showed positive changes in supervisor relationships, crew relationships, working conditions and worksite culture. There are several positive trends noted for that project: increases in productivity, safety, and willingness to recommend the project to others.

Conclusions.
Care is often perceived as a "soft skill," and not one that will directly improve the business. Through both Shell and Kintla's work, we have seen significant improvements in critical business outcomes, including both engagement and safety. As we continue on our journey, it is clear that caring for ourselves and our teams is not only the right thing to do, it is an important driver of business outcomes.

WORKING WELLNESS TOGETHER: HOW TO CULTIVATE COLLABORATION AMONG PROGRAM VENDORS

Molly Heisterkamp, CHES, Wellness & Disease Management Program Manager, Wisconsin Department of Employee Trust Funds; Emily Rathjen, Senior Strategic Account Executive, StayWell; Erin Seaverson, MPH, Senior Director, Research and Evaluation, StayWell; Renee Walk, MPH, Strategic Policy Advisor, Wisconsin Department of Employee Trust Funds

A unified, coordinated, program experience is a critical feature of any employer benefits program, and evidence shows that vendor integration is one of the core best practices for increased engagement among program beneficiaries.[1] Some employers approach this through data integration practices or by holding annual vendor summits. However, events of this nature often do not translate to action.

The Wisconsin Department of Employee Trust Funds (ETF) and StayWell established a partnership centered around developing a more integrated health and wellness program for the ETF, including implementation of the first program-wide, comprehensive wellness benefit for people covered by the ETF health benefit plan. By coordinating ETF's wellness program under a single vendor, the program was able to achieve a 66% increase in participation and an overall health risk reduction of 10.2% for members who participated in coaching.

A critical driver to the overarching success of the ETF's benefits solution was their concerted approach to inter-vendor collaboration, the ETF Council on Health Program Improvement or CHPI. CHPI convenes all 10 of ETF's health plans, its wellness vendor (StayWell), pharmacy benefit manager, dental benefits administrator and data warehouse administrator every two months to discuss operational excellence and to collaborate on programs that benefit member population health.

ETF has experienced several challenges inherent to convening such meetings:
• How can ETF set the right group dynamic?
• How do we maintain group energy and cohesion?
• How do we get the right people in the room at the right time?
• How do we encourage competitors to collaborate?
• How do we translate talk into action?

Recognizing the unique challenges of all collaborating groups is important. As sole vendor, StayWell serves ETF's entire population, but there are 11 health plans represented in CHPI. Keeping all parties involved in the discussion can be hard, particularly when meetings support both in-room and remote participation. Meeting preparation and logistics management is one key element of success. Additionally, recognition that many of ETF's vendors are competitors outside of ETF's programs requires that CHPI creates a forum for open and honest dialogue and can reduce barriers for member participation.

Despite the challenges that exist with this robust collaboration effort, there have been notable and substantial benefits to creating vendor collaboration opportunities (Figure 1) and doing so more regularly than just annual meetings. ETF ultimately settled on bi-monthly meetings as a good interval to allow ETF staff enough prep time to make the experience positive for everyone, while meeting enough that vendor representatives got to form relationships that help create comfort and ultimately change.

Several years into these collaborative meetings, ETF identified three major best practices for employers who want to hold successful vendor meetings:
• **Good meeting hygiene**
  o Make sure materials are delivered far in advance so all parties can do their best work
  o Allow for silence during the meeting
  o Have a digital moderator for blended (in person/remote) meetings
  o Use small groups or breakouts whenever possible

- **Clarity of purpose**
  - o Write a charter and revisit it regularly
  - o Reiterate expectations of all participants (including the meeting-holder)
- **Creating opportunities for collaboration**
  - o Allow for different styles of communication and approaches to problems
  - o Encourage cooperation and competition, and reward those who go out on a limb
  - o Be open and follow through

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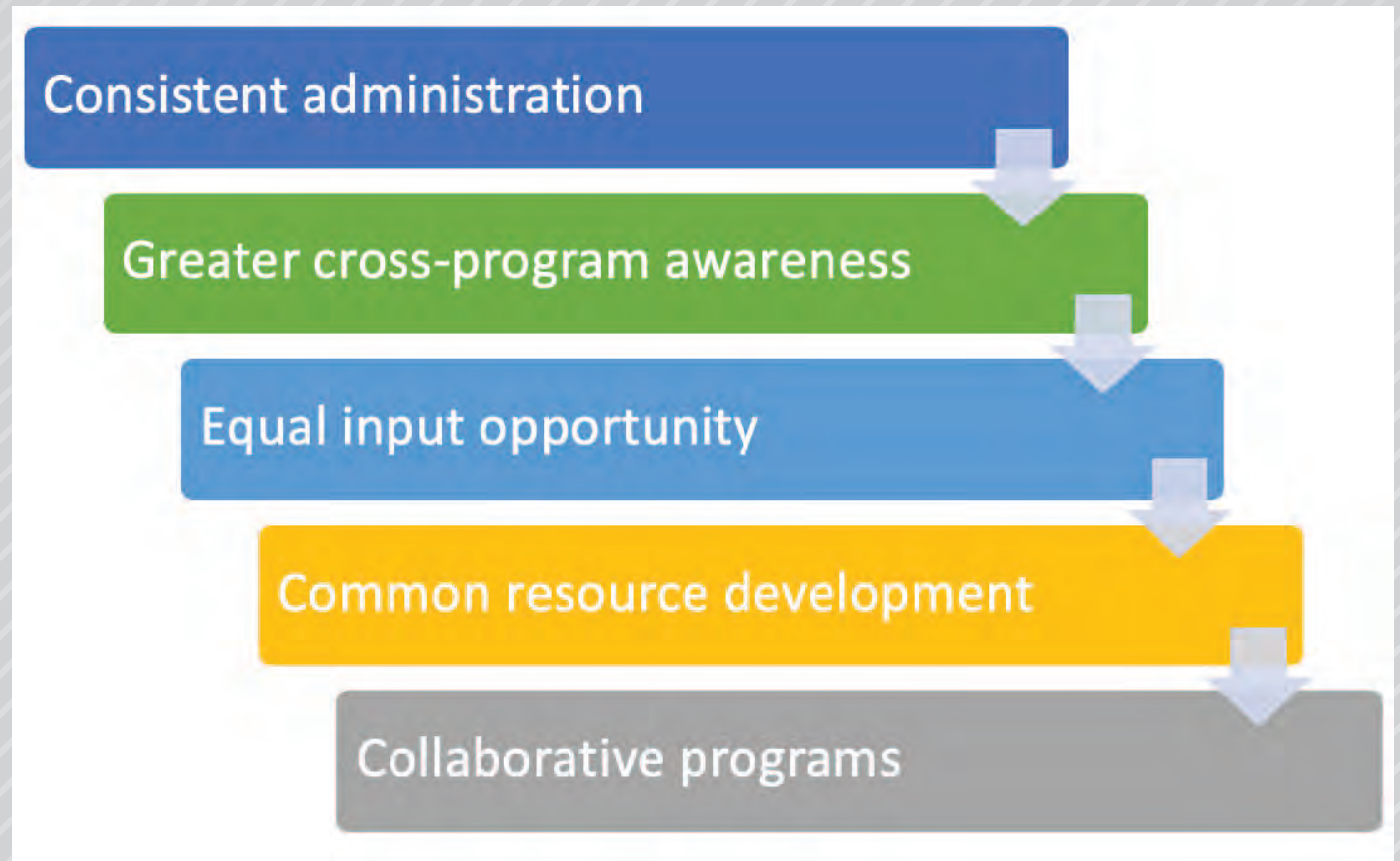
Figure 1: The Benefit Cascade: Vendor Collaboratives Generate Positive Outcomes

DRIVING RESULTS THROUGH ORGANIZATIONAL AND LEADERSHIP SUPPORT

Jessica Grossmeier, PhD, MPH, Vice President, Research, Health Enhancement Research Organization; Sara Johnson, PhD, Co-President & CEO, Pro-Change Behavior Systems, Inc.; Leanne Fisher, MS, Global Wellness Manager, The Cooper Companies; Patty Purpur de Vries, MS, Associate Director, Faculty & Staff Well-Being: Innovation & Strategy, Stanford University; Krystal Sexton, PhD, Americas Regional Lead, Human Performance and Care, Shell Oil Company

There is growing evidence demonstrating that well-designed, comprehensive health and well-being (HWB) initiatives can improve population health, workplace performance and positive financial outcomes,[1,2] but recently published studies indicate that programmatic approaches alone are often insufficient to yield expected outcomes.[3,4] Many companies are interested in fostering an organizational culture that supports workforce HWB and seek guidance on how to intentionally cultivate cultures that complement the diverse array of programs, benefits and resources they offer. A 2015 white paper published by the Center for Transamerica Studies used a combination of scientific literature review, subject matter expert interviews and employer interviews to identify a set of organizational health promotion factors associated with successful HWB initiatives.[5] But a systematic literature review on culture of health (CoH) elements found that more research is needed to identify specific practices that drive health, productivity and financial outcomes.[6]

This session shared findings from a recently completed study leveraging data from 812 organizations completing the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard). The study tested the predictive relationships between four categories of HWB practices and study outcomes. The four categories included practices related to Incentives, Organizational & Leadership Support (OLS), Program Comprehensiveness and Program Integration. Study outcomes focused on participation in health assessment and biometric screening, health and medical cost impact and employee perceptions of organizational support. The study confirmed previously published studies linking use of financial incentives with higher participation rates in health assessment and biometric screening.[7,8] The more central finding was that OLS practices had an equally strong influence on participation and was the only category of practices predictive of the other study outcomes after controlling for organizational characteristics and implementation of the other HERO Scorecard practices. This finding underscores the notion that workplace HWB initiatives are most effective when implemented within the context of a broader organizational CoH. The ten OLS practices most predictive of study outcomes are detailed in Table 1. The high-level presentation of study findings was followed by an interactive panel discussion with three employers who have worked collaboratively and cross-functionally to create a culture of health within their organizations. Panelists identified the HERO Scorecard practices that they have found require a collaborative approach to effectively implement and shared specific examples

HERO Scorecard Organizational & Leadership Support Practices

1. Employee health and well-being initiatives are viewed by senior leadership as connected to broader business results such as increased revenue, profitability, overall success, and sustainability.
2. The organization has a formal, written strategic plan for health and well-being.
3. The organization uses employee champions or ambassadors to promote health and well-being, and supports them with resources such as ongoing training, a toolkit, or regularly scheduled meetings.
4. Mid-level managers and supervisors are supported in their efforts to improve the health and well-being of employees within their work groups or teams.
5. Multiple stakeholders regularly receive health and well-being program performance data and information including senior leaders, managers/supervisors, employees, spouses, and/or program vendors.
6. The organization supports employee health and well-being with multiple health-related policies including allowing employees to take work time for physical activity or stress management, supporting healthy eating choices by requiring healthy options at company-sponsored events, and many others.
7. The organization communicates its health values in many ways including through a supportive company mission/vision statement, organizational goals and value statements, and senior leadership communications about the value of health.
8. Employees are involved in the health and well-being initiative in many ways including providing input into program content/delivery methods, through wellness champion networks, and/or annual employee perceptions surveys.
9. Leaders support the health and well-being initiative in many ways including by actively participating in programs, serving as role models for prioritizing health and work-life balance, publicly recognizing employees for healthy actions, and many others.
10. Separate health and well-being program communications are targeted at employees with different roles in the organizations.

Table 1. HERO Scorecard Organizational & Leadership Support Practices

of how they have worked cross-functionally within their organizations to create a more supportive CoH. Leanne Fisher from The Cooper Companies focused on recent efforts to link HWB initiatives to Corporate Social Responsibility, internal communications aligning HWB to key business objectives and use of global wellness champions to translate global strategies into local-level activities across its 32 global locations. Krystal Sexton described Shell's Human Performance and Care Model, which integrates Shell's Culture of Care initiatives to measurable human and business performance outcomes. Patty Purpur de Vries shared Stanford's Model of Professional Fulfillment along with their evolving efforts to engage leaders across all levels of the organization. The session ended with a challenge to attendees to identify for their organization one OLS practice that they could strengthen by using a more collaborative approach.

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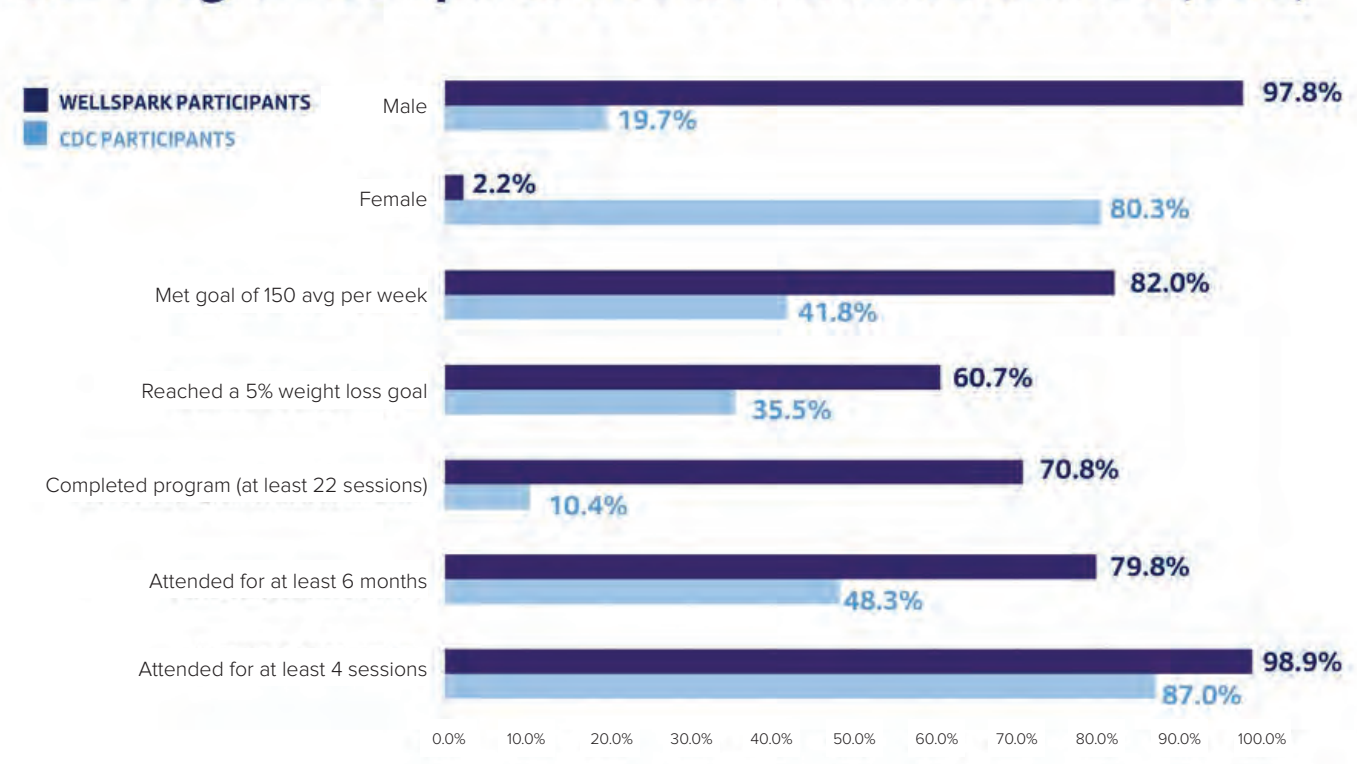
HOW TO LEVERAGE SOCIAL DETERMINANTS AND COMMUNITY TO IDENTIFY THE ROOT CAUSE OF ENGAGEMENT FOR HARD-TO-REACH POPULATIONS: A CASE STUDY REVIEW OF PUBLIC SECTOR DRIVERS AND THEIR UNIQUE BARRIERS TO STAYING HEALTHY AND AVOIDING DIABETES-RELATED COMPLICATIONS.

Ron McLellan, Former President of Connecticut Employees Union Independent, CEUI / SEIU Local 511;
Maryann Videtto, RN, Director of Population Health, WellSpark Health; Garry Welch, PhD, Chief Scientific Officer, Silver Fern Healthcare LLC

One of the largest employers in the State of Connecticut saw signs that the health of their Department of Transportation (DOT) workforce was at stake. There was a concerning diabetes medical trend in this population that could have a significant impact on their livelihood. Statewide, an estimated 8.9% of the Connecticut adult population or approximately 250,000 adults age 18 years and older had been diagnosed with diabetes (2012-2014 data).[1] It was estimated that an additional 83,000 Connecticut adults had undiagnosed diabetes and more than 930,000 Connecticut adults aged 20 years and older were estimated to have prediabetes.[2] Aware of the state trends and research collected in a series of union-related focus groups, the decision was made to embark on a new benefit initiative and

Our Program compared to the national standard (CDC)

Legend:
- WELLSPARK PARTICIPANTS
- CDC PARTICIPANTS

Category	WellSpark Participants	CDC Participants
Male	97.8%	19.7%
Female	2.2%	80.3%
Met goal of 150 avg per week	82.0%	41.8%
Reached a 5% weight loss goal	60.7%	35.5%
Completed program (at least 22 sessions)	70.8%	10.4%
Attended for at least 6 months	79.8%	48.3%
Attended for at least 4 sessions	98.9%	87.0%

3

introduce a pilot, prediabetes program focused on the Center for Disease Control's (CDC) recognized, Prevent T2 curriculum. The goal of this initiative was to enroll DOT employees identified as having prediabetes in an intensive, intervention program that would teach participants how to make healthy lifestyle changes, thereby helping to delay or prevent the onset of type 2 diabetes.

This state employer identified a targeted cohort of employees, representing a workforce of 1500 commercial drivers and highway maintenance workers. These drivers plow, pave and work around the clock and in all seasons. These types of conditions can lead to weight gain, poor nutrition, poor sleep habits and chronic conditions such as hypertension.

A diabetes diagnosis would jeopardize these drivers' income as well as their health. Developing diabetes or other chronic conditions (with the potential for impaired cognition) can lead to a loss of the Commercial Driver's License (CDL). All commercial driver's licenses require a Medical Examiners Certificate (MEC) from the Federal Motor Carrier Safety Administration

Our Results

A1C is a blood test that shows an average of the past three months of your blood sugar.
- *Normal A1C levels are 4.0% - 5.6%*
- *Prediabetes range is 5.7%-6.5%*
- *Our program changed the commercial drivers' mean A1c from 5.6% to 5.2%*

By lowering A1C levels by 0.3% or greater individuals are lowering their risk not only for prediabetes & diabetes but also for cardiovascular risk and other health related disease and risk factors.

A1c Results	Percentages (%)
Not Applicable*	51
No Change	10
A1c lowered by <.2	2
A1c lowered by between .2 and <.29	1
A1c lowered between .3 and <.39	9
A1c lowered between .4 and <.49	3
A1c lowered between .5 or more	24
Total	100%

*51% of the program participants only had one or no A1c measurement reported

Please note: This data is based on A1c measurements collected for 89 CDC program participants, excluding those who were diabetic and unable to reach after sign up

(FMCSA) every two years.

Preventing the progression
The state employer partnered with WellSpark Health (formerly known as Care Management Solutions Inc.) to pilot a diabetes prevention program (DPP). While the core program is built around the CDC's Prevent T2 curriculum, WellSpark utilizes a proprietary diagnostic toolset developed by Silver Fern Healthcare, to identify and unlock the real-life barriers to health.

WellSpark's experienced health coaches and clinicians combined with Silver Fern Healthcare's clinically validated diagnostic tools work in tandem to drive healthier outcomes. Silver Fern's tools are a simple-to-use set of seventeen assessment modules (five for pre-diabetes and twelve for diabetes) that capture key patient self-management goals and psycho-social barriers. WellSpark's clinical team incorporates Silver Fern's toolset into their interviews to help

identify the psychosocial issues and social determinants that impact health. The American Diabetes Association's 2016 Psychosocial Guidelines stress the importance of adding behavior and psychosocial analysis into treatment. Since chronic diseases (such as diabetes) require self-management, the burden falls on the patient to cope.

Results of the program
Through this behaviorally enriched DPP, there was an engaged

relationship between coach and participant. WellSpark engaged this hard-to-reach audience on their level. Coaches met with drivers in 11 garages across the state and connected with follow-up phone calls and one-on-one coaching sessions. The curriculum educated participants on health literacy; the impact of nutrition, physical activity and sleep; and recognizing the barriers and stressors to living a healthy lifestyle.

As a result, DOT participants were engaged and accountable. A total of 1,366 lbs. was lost across the cohort. A1C levels, a blood test that shows the average of the past three months of blood sugar, decreased by 0.5% for 24% of the group. By lowering A1C levels by 0.3% or more, individuals lowered their risk not only for prediabetes and diabetes but also for cardiovascular risk and other health-related diseases.

A great deal was learned during this pilot initiative. Most notably, it determined the level of customization necessary to help engage this hard-to-reach population in ways that resonated with the DOT workforce—from program participation during the workday in the garages, to support by management and union representatives, family and peers.

This successful engagement earned an expansion of the program to serve other eligible state employees.

> **"**
> **DPP participants are being empowered with knowledge and education that is life-changing and life-saving."**
> **— Ron McLellan**

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Bruce Sherman, MD, FCCP, FACOEM, Clinical Asst. Professor, Case Western Reserve University School of Medicine
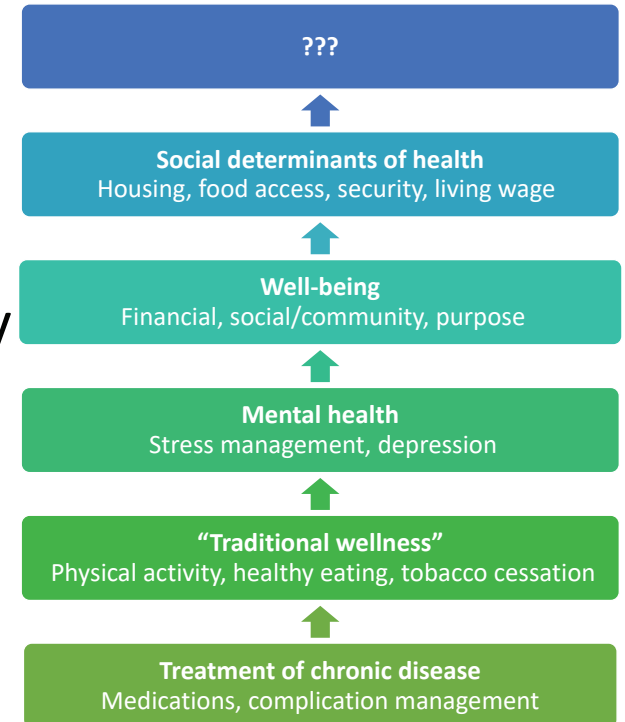
Our current focus on employee well-being and social determinants of health has arisen from our desire to move upstream – to get at root causes of disease. We've made plenty of progress, moving from a largely reactive approach to healthcare, to wellness programs, mental health services, and more recently broadening the focus to domains of well-being well beyond physical health. Even more recently, employer awareness of the significance of social determinants of health for businesses has triggered a fresh look into how workplace policies and culture can impact workforce health and performance.

While these innovative industry transformations represent quantum steps, there's little doubt that more such innovations are necessary to achieve the lofty goal of engaging all employees and family members in healthy and productive lives. A striking finding about program-based offerings from the well-being industry is that they represent effectively an 'outside-in' approach to health promotion. Depending on their scope, they may drive engagement of a number of

participants – but not everyone who may be eligible. Why is it that some people who may be excellent candidates for a program don't participate? Our research indicates that personal priorities such as financial stress, family demands or other concerns may interfere with an individual's focus on their health.[1] While many factors may influence participation rates, one consideration that's missing may be a function of individual thought processes – or cognitive drivers – which, when not optimized, cause people to be effectively 'stuck' in their current state and unable to become their 'best selves'.

What evidence exists to support this hypothesis? As an industry, we have generated irrefutable evidence as to the importance of cognition in engagement in health promotion, including the transtheoretical model, tailored communications, patient activation and healthcare consumerism engagement, just to name a few. The rapid expansion and acceptance in the number, scope and quality of mental health and resilience offerings also provide additional support for the role of

Our journey upstream…

| ??? |
| Social determinants of health
Housing, food access, security, living wage |
| Well-being
Financial, social/community, purpose |
| Mental health
Stress management, depression |
| "Traditional wellness"
Physical activity, healthy eating, tobacco cessation |
| Treatment of chronic disease
Medications, complication management |

thought processes in being healthy and productive. It would seem reasonable, then, to develop a program to address these issues from the 'inside-out'.

At the core are foundational thought processes that impact how individuals respond to life's circumstances. The balance between these different thought drivers, shown in Figure 2, determine the nature of our

response to happenings around us. Do we have the ability to improve these thought processes?

The answer is an emphatic "Yes". The science of cognitive behavioral therapy (CBT) is central to our understanding as to how to make meaningful changes in our thought processes, particularly in the setting of anxiety and depression[2]. However, relative to use of CBT in the setting of behavioral

12 Drivers of Performance Thinking

Self-Motivation *"Accelerator"*	Fear/Reactive *"Brakes"*	Drive Scale *"Tachometer"*
Ambition Confidence Interpersonal Relational Systematic	Need for Reassurance Controlling Skeptical Anxiety Self-Defeat Self-Conscious	Thinking speed *How fast a person processes information*

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health disorders, we propose that individuals without a clinical diagnosis can benefit from CBT with reductions in fear or stress-based drivers leading to parallel improvements in thought processes, resulting in greater life fulfillment. As such, the proposed coaching approach is not new, as much as it is a new application for an accepted, evidence-based offering.

The science behind CBT acknowledges that the structure of our brains is not static and can be modified through intentional effort. Evidence of this neuroplasticity, or measurable changes in the brain has been demonstrated in relation to meditation, physical activity and following self-affirmations. We can

learn new ways to respond to life's circumstances by changing the workings of our foundational thought drivers. The process involves coaching and self-guided exercises to create new neural pathways in the brain, generating new outputs.

In contrast to more traditional lifestyle coaching provided via current well-being programs, this coaching approach is decidedly different. While both may result in neuroplasticity-induced brain changes, the former is more issue-driven (healthy eating, increasing physical activity), and addresses symptoms (unhealthy lifestyle behaviors), but not the underlying contributors (thought drivers). In contrast, the latter deals with

foundational elements of thinking. The difference between these two approaches may help to explain why some individuals engage in lifestyle coaching while others do not.

What are the implications of thought driver coaching when provided in a workplace setting? The potential benefits are significant, and include enhanced individual health and well-being, along with increased work productivity and performance.[3] Evidence from related fields of study suggests that healthcare cost trend mitigation may also be a result.

How might thought driver coaching be implemented in a workplace setting? The process is well aligned with existing mental health benefits and with talent development offerings. Given the latter consideration, along with recognition that coaching may have broad-based benefit, it may be worthwhile implementing the process as a personal/skills development exercise, thereby avoiding benefits management considerations, in addition to preconceived employee biases about behavioral health offerings.

In the future, foundational thought drivers may well be viewed as the individual-level building blocks that mediate a healthy organizational

culture and psychologically safe workplace. Preliminary data certainly are compelling. For businesses, use of objective tools to identify and coach performance drivers may empower employers to be more objective in their identification of high-performing individuals, while providing the opportunity to offer coaching programs to enhance those individuals who are valued but may have opportunities for improvement. For well-being vendors, the ability to further refine risk stratification methodologies, and proactively address barriers to health and well-being has the potential for profound impact on program effectiveness. Most importantly, for individuals, the epiphanies resulting from thought driver coaching can be empowering and life-changing — at work, at home, and in their communities.

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WELL-BEING MADE EASY

Callie Lovato, MA, MES, Preventive Health Program Coordinator, Sandia National Laboratories, SAND2019-11548 O

Since 1986 Sandia National Laboratories has been offering health and wellness programs to its employees. With the current employee count over 12,500, we continually look for ways to engage and move our workforce and their spouses/families towards healthy options using a multitude of methods. With collaborative efforts across corporate health programs in mind, Virgin Pulse asked me to discuss how Sandia came up with our "Healthy Me 2019" campaign. I, naturally, jumped at the chance, wanting to share how this past year my preventive health team transitioned from multiple health offerings and communication plans across confusing information platforms to a unified, collaborative effort in making well-being easier to attain, all with the end user in mind. My session, "Healthy ME: Using Data to Maximize Health Impact," is meant to be a "hands on, how to" guide. It's focused on sharing our experience with data collection, storytelling (health dashboards), and streamlined efforts across multiple partnerships to create a better experience for the customer, in this case, our employee. With our FY20 theme song (who

doesn't have a theme song?) called "I Just Wanna Shine" by Fitz & The Tantrums playing, we did a mindful movement exercise and got everybody's brain in the right place for thought. We began with my first concept - acknowledging that people already have a general direction they see their health going (preconceived decisions). This session asked participants to put those aside and, as a practitioner, envision new possibilities, new ways they can structure their offerings.

Let's start with partnering. Reaching out in all directions to create a well-rounded health platform has been key for Sandia over the last few years. Collaborations have created a wide variety of what we call wellness to ensure that we're in touch with all sides of our employees' lives. We created strong relationships with employee safety programs, our current food vendor and facilities department to ensure healthy food and workspaces. We run 26 Health Action Plans (HAP), programs that engage participants in one-on-one change goals, and we host over 25 fitness classes onsite per week. We have energy hubs where they can restore energy and find focus, host an onsite recreation office full of sport and social opportunities,

and run tons of challenges and information through our Virgin Pulse partnership – the newest of these offerings being our Whil mindfulness focus for FY19.

Tracking participant use of all our offerings has enabled us to visualize what people are doing, what they are interested in and what we need to offer. We track all kinds of activity to allow us to "tell the story" on what we call Health Dashboards. These dashboards show trends in use, quality and engagement monthly. Tracking engagement and collaboration efforts monthly allows us to quickly adapt and adjust programs as needed.

Health Dashboards allow us to **"tell the story"** to the C-Suite, they also simplify year-end information gathering and make it easy to give feedback to my implementation teams regarding how their projects are running.

We take the data we collect, add in our benefits and pharmacy information and can create Larger Health scorecards that are shared with leadership. These scorecards depict the health of the company overall and are broken down further into smaller scorecards per work group. This allows us to identify what each group is succeeding in,

HR | Sandia Health Scorecard

Sandia Average

78

78
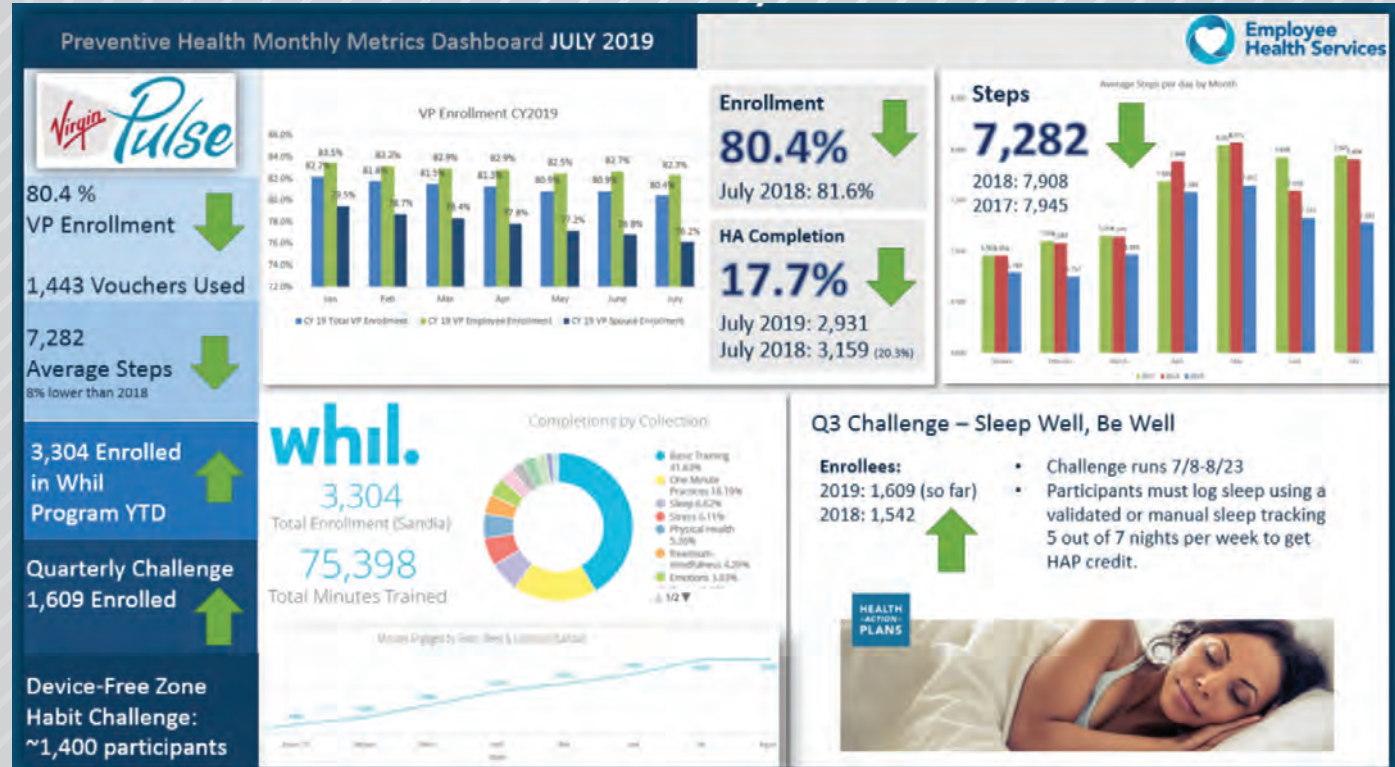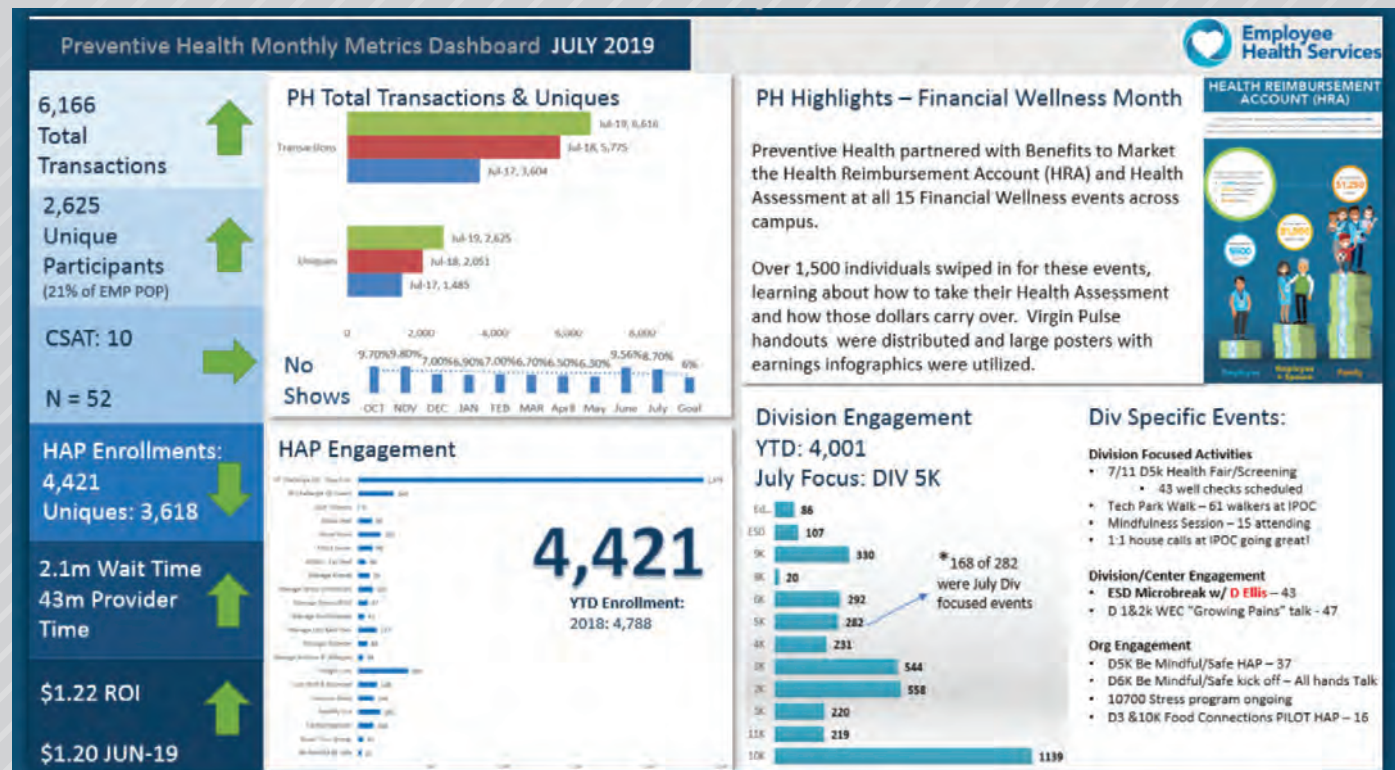
FY19 Targets

Overall Wellness Engagement %	≥85
Overall Prevention Points	>80

Prevention Score Key: Per Service

Class (video)/Health Fair or Event:	5 points
Corporate Gym or Fitness Class:	1 point
Health Action Plan Completion:	25 points
One-on-One Appointment:	10 points
Virgin Pulse Participation:	15 points

≥75	Doing Well
50 - 74	Caution
≤49	Take Action

Sandia's average Prevention Points are 78 (average wellness points earned per person) and Sandia's overall Wellness Engagement is 78. (78% of Sandia's employee workforce has engaged in Employee Health Services wellness programming in FY18. ≥75 is "Doing Well")

Sandia Top 3 Focus Areas for FY19

WEIGHT* 62
*69% of Sandia Population

Sitting	14%	34%	52%
Physical Activity	65%	26%	9%
Stress/Coping	74%	24%	2%
Weight (BMI)	38%	39%	24%
Nutrition	28%	68%	4%
Waist Circum.	70%	11%	19%
Sleep	71%	23%	5%

According to the 2017 Well Source report, 69% of Sandians are overweight and at increased risk for diabetes, cancer, and heart disease due to long bouts of sitting, excess weight, and poor nutrition. Excess weight can also influence depression, sleep, and stress intolerance. In 2017, over 1,000 Health Action Plans that addressed weight loss and improved diet quality were selected by Sandia employees. Healthier diets may prevent more than $70 billion/year in medical costs, lost productivity, and premature deaths associated with these conditions.

NUTRITION* 65
*65% of Sandia Population

Beans/Legumes	42%	25%	33%
Fruits/Veg.	42%	51%	7%
Type of Fat	37%	59%	4%
Nuts/Seeds	23%	53%	24%
Salt	67%	26%	7%
Sugar/Sweets	75%	20%	5%
Saturated Fats	50%	31%	19%
Whole Grains	35%	60%	5%
Meats	28%	68%	4%

Poor nutrition impairs physical and cognitive function, weakens the immune system, and increases the risk of heart disease and stroke, hypertension, type 2 diabetes, osteoporosis, and certain types of cancer. A third of all premature deaths in the United States can be attributed to poor nutrition and sedentary lifestyles.

FITNESS* 68
*45% of Sandia Population

Sitting	14%	34%		52%
Waist Circum.	70%	11%		19%
Strength Exercise	49%	11%		40%
Resting Heart Rate	24%	8%	9%	59%
Weight (BMI)	38%	38%		24%
Physical Activity	86%		9%	5%

No Data

In the U.S., annual healthcare costs total more than $6,000 per inactive individual. A sedentary lifestyle has a direct negative impact on productivity, restricted activity, and absenteeism. Physical activity is beneficial for 23 health conditions and physical inactivity doubles the risk of developing heart disease, type 2 diabetes, obesity, and more. In 2017, Sandia employees completed over 2,200 Health Action Plans that focused on improving physical activity.

Recommended Actions

Lose Weight Move More Stress Management

HEALTH ACTION PLANS

ENROLL NOW!
healthactionplans.sandia.gov

Health Action Plan
Join a Health Action Plan (HAP) as an individual or as a Division, and work with an onsite health professional to develop a personalized three-month plan for improving your health or addressing specific health risks.

Health Assessment - snlhr.sandia.gov
Get a preventive screening to find out the important numbers you'll need to complete your Health Assessment. Schedule a screening onsite through Employee Health Services by calling 505-844-4237 (NM) or 925-294-2700 (CA). Complete your Health Assessment on the Virgin Pulse website.

what their risks are and what health programming to offer.

In FY18, Preventive Health partnered with our onsite communications and Virgin Pulse in efforts to simplify the health offerings for the following year. The **"Healthy ME 2019"** concept is simple – offer 4 quarters of health engagement opportunities to our employees in ways they had already shown us (via the data we collected) that they wanted to experience health (note – all offerings are accessible at any time and users do not have to follow the quarterly themes). We worked with Virgin Pulse to ensure that all offerings would share common themes and support quarterly health initiatives. Using this approach, we not only realized an over 50% increase in participation in the monthly engagement events, we have improved the experience of our user. People are busy, we want them to "reserve their genius" for important work and play, and focused health initiatives with key partnerships and collaborations allows just that. We're using this same concept and have already planned out "Healthy ME 2020". Tune in next time to learn about the IMPACT these programs have had (hint, it's awesome)!

THRIVING THROUGH PURPOSE: HOW WORKING FOR WHAT MATTERS MOST IMPACTS EMPLOYEE HEALTH AND WELL-BEING: THE H-E-B STORY.

Abby Ammerman, HR Benefits Health & Wellness, H-E-B

Health and wellness at H-E-B – Healthy at H-E-B—has been a part of the overall health and benefits strategy since 2010, and like many organizations the program strategy has evolved – whether it be a required evolution due to Affordable Care Act or to maintain partner engagement (upwards of 70%) in the incentive program. Healthy at H-E-B began as a participatory points-based program where partners earned points for engaging in healthy activities. The program evolved into a clinical engagement program in which partners who had out of range biometric results were asked to participate in a clinical engagement program to earn their incentive dollars. The most recent evolution in 2018 was a move to a true outcomes-based incentive design. The new design challenged partners to meet the Healthy at H-E-B biometric standards or demonstrate an improvement in their out of range results.

With the drastic change in how partners earned the premium reduction, there was a greater need to direct and encourage partners
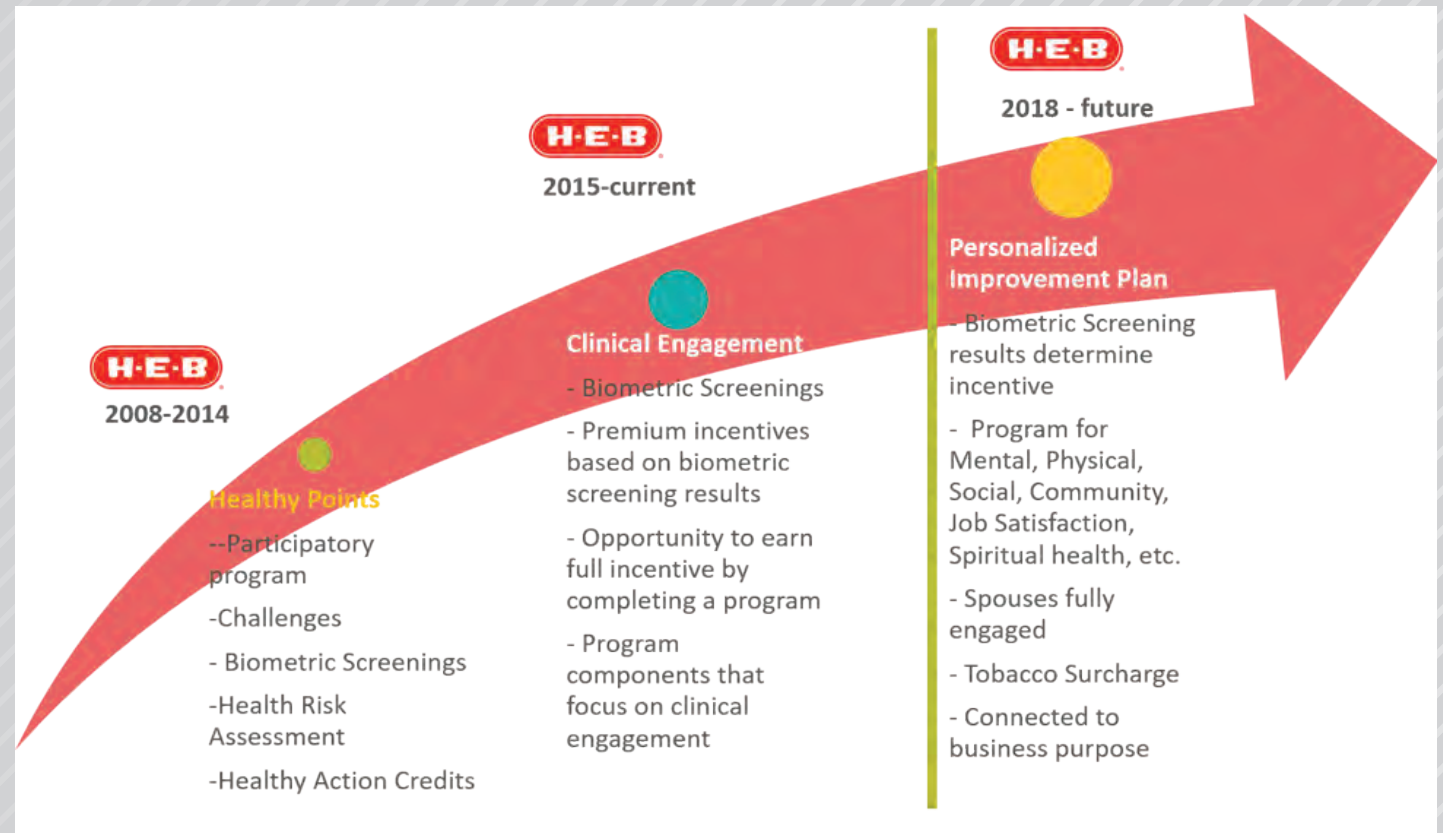
to focus on their individual goals and to direct them to programs and services that supported their overall health improvement goals. The change in incentive design provided an opportunity to learn more about behavioral economics, more specifically, motivation to change when presented with a concrete goal. Did the personal improvement goal or purpose influence goal achievement? There were two ways we monitored behavior over the course of the first year we made the incentive program change.

The first was to introduce the concept of "purpose" as a precursor to a preventive health initiative for partners at risk, based on biometric screening results. The concept was introduced by Vic Strecher, author of *Life on Purpose,* in a live one-hour session that encouraged participants to determine their personal purpose and correlate it to the H-E-B company purpose, understand the positive health outcomes of "living with purpose," and to prepare participants to take on the hard challenge of fully engaging in the health improvement initiative. Partners were asked to engage fully in the health improvement initiative and track how much they were living with purpose over the course of 16 weeks. Participants lost an average of 4.5% of their body weight and significantly improved on measured pre and post biometric results. Results are demonstrated in the accompanying charts.

The second method was to offer an additional cash incentive to all health screening participants who met the Healthy at H-E-B biometric standards or who met their improvement goals from year one (2018) to year two (2019). We communicated frequently and deliberately with partners their personal "Improvement Goals" so that they knew what numbers they needed to hit when they went in for their 2019 health screening. Our outcomes-based incentive program with a focus

4.5% AVERAGE WEIGHT LOSS

8.56 lbs. AVERAGE WEIGHT LOSS
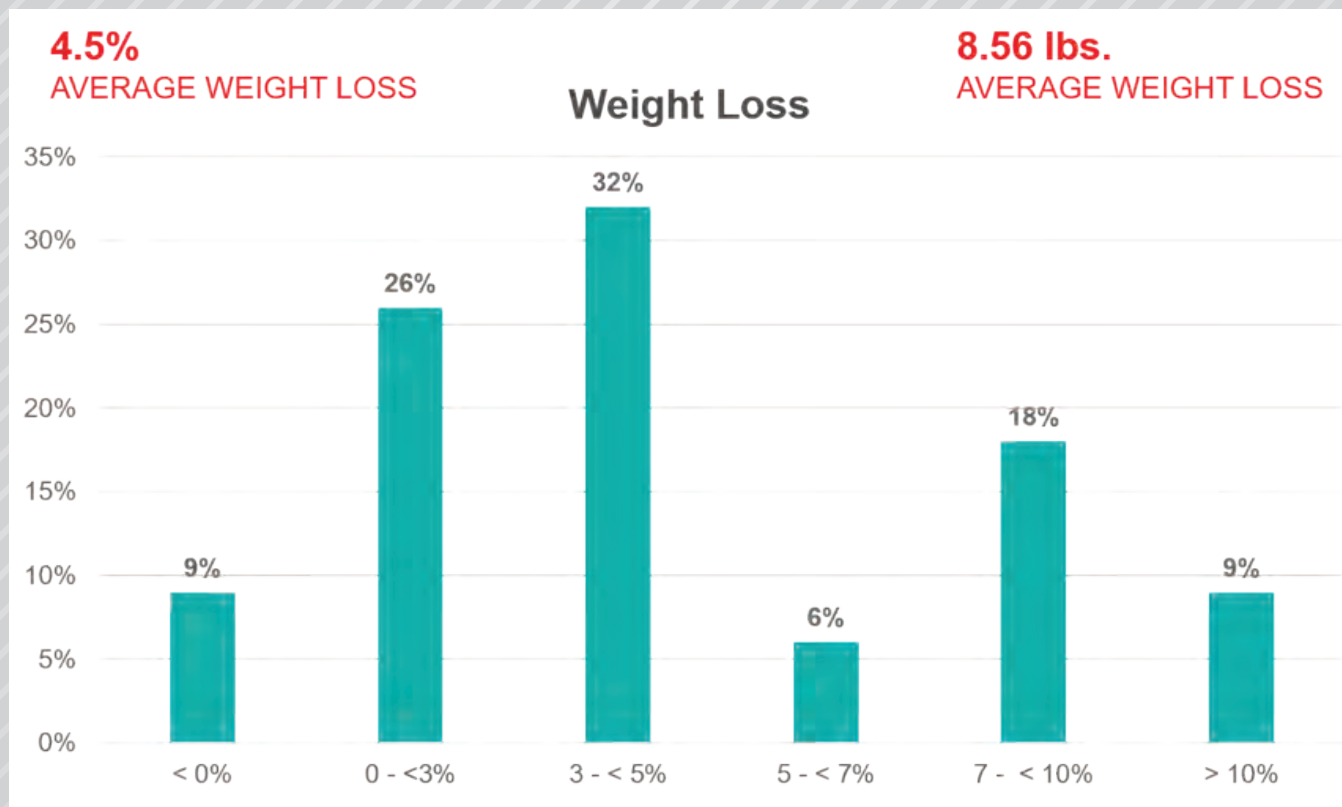
Weight Loss

*H-E-B participant weight loss over the course of a 16 week health improvement initiative.

on individual goals helped us to realize the first significant year over year cohort health improvement in every risk category and significant improvement in two out of four risks from 2010 – 2019. Partners met their goals.

In 2020, we plan to further measure the behavioral impacts of an outcomes-based incentive program with clear-cut individual goals as the precedent for health improvement. The year one findings indicate positive results with 16% of the eligible population

achieving all of their improvement goals, with additional partners meeting some but not all their goals. We will continue to closely analyze the cohort population and their participation in intervention programs that have a behavioral health focus to determine the

impact of readiness to change and living with purpose on health improvement.

Percent Change
Pre and post biometric outcomes
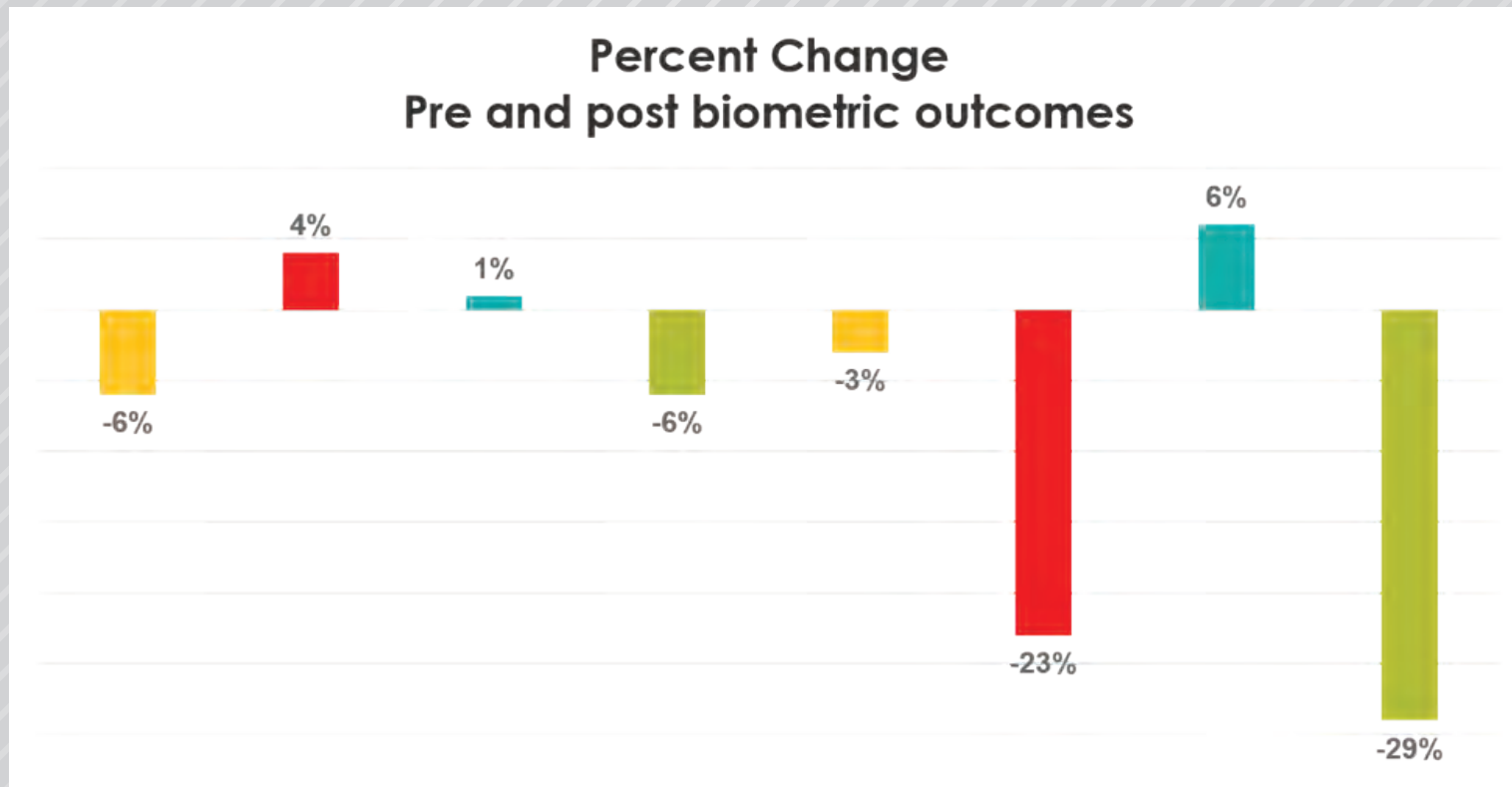
*Percent change from pre to post 16 week program intervention in each measure biometric risk factor

Cohort Risk Prevalence 2014-2016 and 2018- 2019