

Proceedings from **HEROForum20**

A Virtual Conference
September 2020



A 20/20 Vision for Collective Well-being



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**Bouncing Back: Boosting Mental Resilience
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A 20/20 VISION FOR COLLECTIVE WELL-BEING: HOW GROUP DYNAMICS AND SOCIAL CONNECTEDNESS SHAPE INDIVIDUAL CHOICES... *AND WHAT VIRAL AND RACIAL PANDEMICS TEACH US ABOUT BEING IN IT TOGETHER.*

Paul E. Terry, PhD, HERO Senior Fellow, Karen Moseley, HERO President

We are pleased and proud to present you with our **2020 HERO Forum Proceedings** derived from our Forum20 theme: “A 20/20 Vision for Collective Well-Being: How Group Dynamics and Social Connectedness Shape Individual Choices.” Our vision at the Health Enhancement Research Organization (HERO) is that all workplaces, families and communities will experience the positive benefits of health and well-being. 2020 has been a year that challenged us with crucial teachable moments that contrasted the effects of divisiveness versus servant leadership on our nation’s well-being. We announced the theme of this conference months before the pandemic hit, and it proved to be a prescient topic given the oft used phrase during the COVID-19 scourge that “we are all in this together.” Still, the tragic police actions against **George Floyd** and **Breonna Taylor** and a pandemic that is discriminating mightily against people of color and lower wage but “essential” workers have made 2020 a year of racial strife and daily reminders that health and well-being are not distributed equally in America. So, we adapted Forum20 even further to be responsive to this moment in history by urging our faculty and all conference participants to reflect on what the *dual viral and racial pandemics that spread so rapidly in 2020 are teaching us about being in it together?*



In these Proceedings we examine “collective well-being” and ask how groups, organizations and our social spheres shape our destiny, fulfillment and life satisfaction. You will see that contributors of the following commentaries, research papers and case studies carry forward our learnings from [previous Forum Proceedings](#) 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. As you will learn in these pages, individual and group influences are bi-directional even though the worksite wellness movement has been steeped in behavioral psychology and has deployed education programs primarily focused on individual behavior change. This year we examined 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.

As much as we deeply missed being together in person this year, an advantage of a virtual Forum is that our registrants have ongoing access to all forty sessions in the months ahead. Speakers at both general sessions and breakouts discussed how well-being is as much a function of a group as it is incumbent on individual resiliency or personal circumstance. These discussions were predicated on award winning [research](#) on collective well-being that systematically examined how often peer-reviewed studies have captured precepts of the socio-ecological framework and included multiple dimensions of well-being. Their review of the literature led them to posit that five domains are needed to advance a more actionable framework to achieve collective well-being. Their collective well-being domains are “vitality, opportunity, connectedness, contribution and inspiration.” **Dr. Carley Riley**, a co-author of the study, examined these domains in a keynote session, and we invited practitioners and researchers who presented at breakout sessions to draw inspiration from these collective well-being domains alongside the component parts of the socio-ecological framework: individual, interpersonal, organizational and environmental.

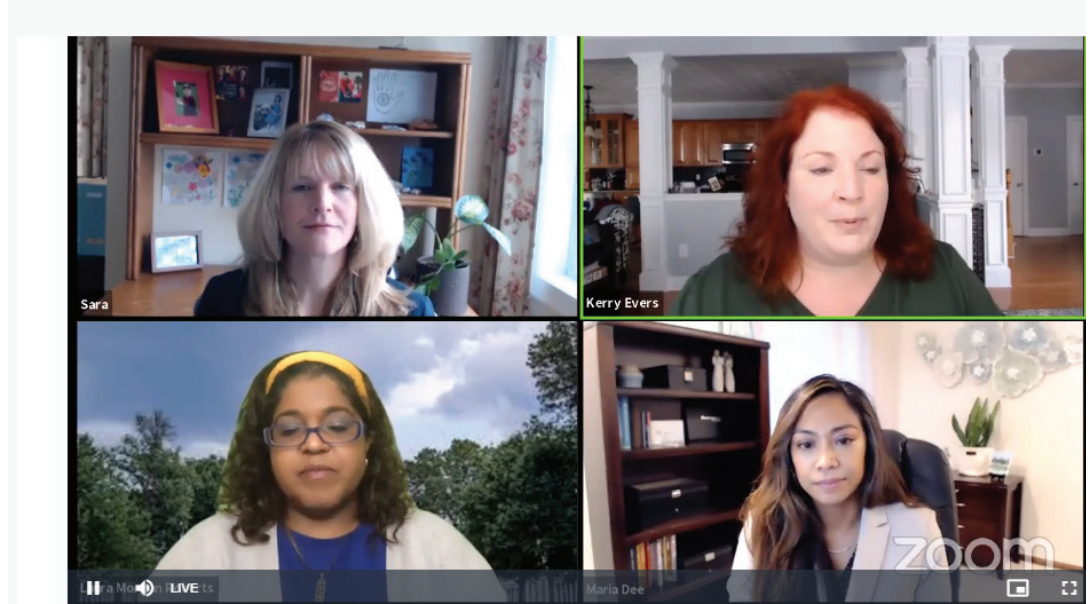
In addition to HERO’s usual focus on scientific evidence that support innovations and improvements in our field, 2020 was also a year in which it was vital to address the moral case alongside the business case for addressing racism in the workplace. A keynote session led by **Sara Johnson, PhD**, and featuring **Laura Morgan Roberts, PhD**, and **Maria Dee** explored collective well-being in the context of workplace health equity. The reality for most is that the workplace is the place where they most often experience diversity. Dr. Johnson summarized her [open access paper](#) in *American Journal of Health Promotion* entitled: “Equity, Justice and the Role of the Health Promotion Profession in Dismantling Systemic Racism.” Dr. Roberts discussed her [open access article](#) in the *Harvard Business Review* entitled: “Toward a Racially Just Workplace: Diversity efforts are failing black employees. Here’s a better approach.” Maria Dee added a wealth of insights and experiences in advancing equity and promoting the health of underserved populations.

This panel challenged us to identify everyday racism and actions that allies take to support underrepresented colleagues. We learned that understanding historic causes explaining why people of color have had limited access to high quality

Toward a Racially Just Workplace: A Better Approach to Diversity Efforts

General Session

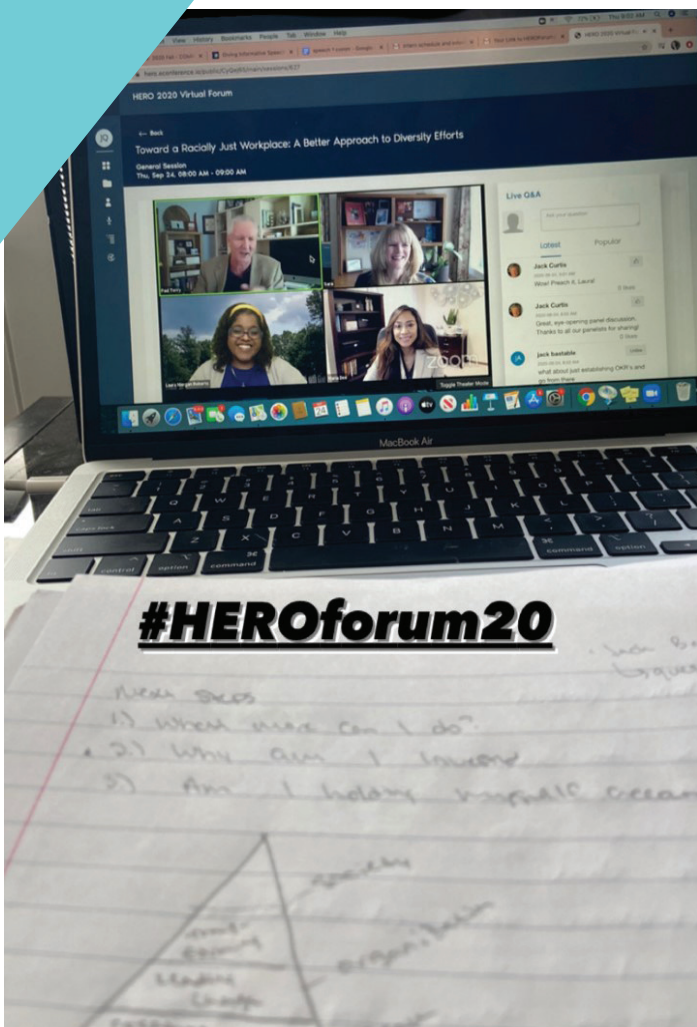
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education and high wage employment explains present day disparities. We discussed examples of organizations that have moved away from the business case and toward a moral case for advancing diversity at work. At HERO we are already planning future learning events that will describe the impacts of racially traumatic events on well-being and how workplace cultures can be organized to encourage compassionate responses. We are also intent on better distinguishing between programs that encourage diversity and inclusion as compared to those initiatives aimed at opening up even more difficult discussions about racism at the workplace.

Forum20 Presentations Addressed Collective Well-Being and the Socio-Ecological Model

Forum20 offered deep dive sessions, keynotes, breakout sessions and networking opportunities that challenged our participants to make 2020 a transformative time in worksite health promotion. We asked faculty to consider how our profession can team up in ways like never before to be sure that the worst of 2020 can never happen again. And, as importantly, we asked faculty and participants to consider how to take the best of what we've discovered about being in something together and turn that into our new best practices in the health and well-being profession. In our "deep dive" on innovative metrics, hosted by **Nico Pronk, PhD**, and in our annual research update, hosted by **Ron Goetzel, PhD**, research was reviewed that garnered media attention regarding worksite wellness programs that offered telling, albeit predictable, results showing that individually focused programs are unlikely to produce population wide results. These experts discussed evidence showing that individually tailored programs can have robust benefits for the individual participants; nevertheless, they also explained that systems thinking and a socio-ecological framework are needed to have collective well-being impact.



Panelists **Jessica Grossmeier, PhD, MPH**, and **Seth Serxner, PhD, MPH**, joined Goetzl and Pronk to discuss the health promotion studies that offer data concerning individual-level health metrics such as health behaviors, clinical markers, employment outcomes and medical and drug spending. They called for more research into interventions and metrics aimed at socio-ecological variables such as leadership, participant planning input, champion networks, environmental supports, communications campaigns, worksite policies and integration with other services, or alignments with the organization’s culture and business strategies. We learned that researchers are still in the nascent stages of capturing group level measures of collective well-being such as opportunity, vitality or contribution. Accordingly, our Forum20 breakout sessions were organized to address these topic areas:

- Connectedness and Worksite Well-Being Initiatives.
 - Employer/community collaborations that advance well-being
 - Connecting Organizational development, leadership development and employee well-being
 - Social psychology approaches to building supportive networks
- Contribution and Interpersonal and Organizational Meaning and Purpose.
 - Positive psychology, thriving Organizations and Individual behavior change
 - Psychologically safe Organizations
 - Employee volunteerism and community service policies and approaches
- Skill building, Vitality and Inspiration for Behavior Change.
 - Innovations in health benefits, coaching, intrinsic motivation and other Individually focused tenets of the socio-ecological framework
 - New ideas and new uses for old ideas in health and well-being
 - Resiliency and systemic Organizational and Environmental approaches to fighting employee burnout
- Improving Opportunities to Achieve Well-Being.
 - Advancing financial well-being
 - Achieving equity in health and well-being
 - Community health and private-public partnering and collaboration
- Metrics and Dashboards/Integrating Collective Well-Being and Socio-ecological Indicators of Success.
 - Measures that capture results from approaches that relate to the socio-ecological framework
 - Measures that capture collective well-being results relating to vitality, opportunity, connectedness, contribution and inspiration
 - Use of dashboards that reflect integration across functions or disciplines

In these Proceedings' articles that follow and via the conference recordings available to our Forum20 participants, you will learn of inspiring cases of a profession “moving from wellness to well-being” and program examples that highlight tenets of the socio-ecological framework with an emphasis on environmental and cultural contributors to health. How true is the public health bromide that “the choices we make are keenly tied to the choices we have?” Or does well-being relate more to a person’s perception about how their life is going and how well they can adapt to everyday events, limited choices or not? We are indebted to a stellar Forum20 faculty this year as they so generously shared new and effective ways to get better and better at advancing the health of the nation.

How Collective Well-Being Relates to Teaming up to Achieve our Dreams

We kicked off this year’s HEROForum20 theme about “Collective Well-being” by learning from an Olympic Champion. **Jessie Diggins** was as generous sharing her story about her personal vulnerabilities as someone who struggled through an eating disorder as she was speaking to us about the strength and resilience it takes to thrive as a professional athlete. As much as cross-country skiing is mostly an individual sport, Diggins described many of the episodes she features in her new book **BRAVE ENOUGH** that beautifully illustrate the seminal power of teamwork. She discussed how the social support she depended on to meet her health challenges is something she offers back every day as she partners with others to meet Team USA’s competitive challenges. In February of 2018, Diggins lunged across the finish line to claim the first-ever Olympic gold medal in cross-country skiing for Team USA. Diggins was selected by her fellow athletes with the honor of being the Team USA Flag Bearer at the closing ceremony. She is a four-time World Championship medalist and nine-time National Champion.

The concepts Diggins presented at Forum20 were also discussed in an **open access editorial** and interview with Diggins in the *American Journal of Health Promotion* entitled: “Agency, Eating Disorders and an Interview with Olympic Champion Jesse Diggins.” In both the HERO keynote session and in this interview with Paul Terry, Diggins identified elements of eating disorders prevention and treatment that depend upon effective group process and social support. She also described common misconceptions about the connection between athletic success and nutrition and weight management practices. And, importantly, she names successful approaches to advancing societal body acceptance and key ways that health professionals can reduce the stigma associated with eating disorders. Diggins’s story as someone who overcame an addiction is firmly rooted in a recovery that depended on the collective support she accepted from her parents, coaches, fellow patients and health professionals.

Diggins serves as an Ambassador to the **Emily Program**, one of our nation’s renowned eating disorders clinics, and she described goals that are as simple as they are ambitious: to reduce the stigma that comes with living with an eating disorder and to challenge our cultural norms related to body image. As much as Diggins would occasionally note that she didn’t consider herself an expert in eating disorders, it was clear to us at HERO that she is an exemplary peer educator. For a boost of inspiration, we recommend you re-watch the amazing come-from-behind



BILL WHITMER LEADERSHIP AWARD



victory Diggins shared during her presentation. You'll hear a frantic announcer cry "HERE COMES DIGGINS" as Jessie Diggins delivered a first ever landmark moment for team USA.

Collective Well-Being in a Time of Crisis and Discord: Lessons From the Dual Pandemics of COVID-19 and Racism

In preparing keynote presenters for Forum20, we asked them to help us honor **George Floyd, Breonna Taylor** and **John Lewis** and by integrating racism onto our main stage discussions as we considered how historic events in 2020 should inform our nation's health and well-being movement. One of our expert panels featured **David Hunt**, Community Organizing Consultant, David Hunt & Associates; **Cara McNulty, DPA**, President, Behavioral Health & EAP at Aetna, a CVS Health Company; and **Carley Riley, MD, MPP, MHS**, Assistant Professor in the Department of Pediatrics and Attending Physician, Division of Critical Care Medicine, Cincinnati Children's Hospital Medical Center. Dr. Riley is co-author of the award-winning study and paper entitled "Collective Well-Being to Improve Population Health Outcomes: An Actionable Conceptual Model and Review of the Literature." Riley discussed the systematic reviews that led to this conceptual framework that posits that community characteristics can support collective well-being and can help explain the wide variation in COVID-19 rates. David Hunt brought the power of stories to this discussion and explained how policies are fundamentally an expression of the collective values of groups within organizations. Cara McNulty added an executive's perspective on key drivers and contributors to mental well-being. McNulty explained why being intentional about the role organizations play in the collective well-being of the communities they serve has the added benefit of increasing perceived organizational support among employees.

Instead of the week-long learning experience we provide at our live Forums, this virtual Forum20 offered a month-long series of learning experiences. The

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extended timeframe offered ongoing opportunities to witness how 2020 is proving to be a landmark year for most organizations as they process and reconcile their learnings from the coronavirus pandemic and the overlapping issue of racism as a public health problem. Our expert panel on the theory of perceived organizational support explored creative solutions born out of this pandemic that may become the new normal for organizational practices or policies. The panel was led by **Robert Eisenberger, PhD**, Professor of Psychology and Management, University of Houston, with reactor panelist roles filled by **Dexter Shurney, MD, MBA, MPH**, Medical Director at Zipongo and President of the American College of Lifestyle Medicine; **Marleece Barber, MD**, Medical Director at Lockheed Martin; and **Michelle Mancuso, MPH**, Senior Manager of Workforce Wellness at Kaiser Permanente. Dr. Eisenberger described the “perceived organizational support” (POS) scale and showed how this metric has informed organizational policies and practices. Ms. Mancuso brought examples from Kaiser and kindred organizations that demonstrate how investments in community and employee health promotion can produce concomitant returns in health equity.

These experts discussed the attributes of organizations that have invested in addressing racism and considered the business benefits that accrue to those organizations committed to a diverse workforce. They also described innovative approaches to organizational development practices that increase employee perceptions of inclusivity and acceptance of individual differences. Additional questions that we plan to address in future HERO events include more ways that the contributions of “essential workers” can be recognized and codified in the years following the pandemic and how racial inequities will be addressed differently by companies intent on demonstrating leadership for the nation in achieving social justice. Building on these concepts and questions, we convened a panel of executives to explore the relationship of employee perceptions of their companies’ social impact and whether and how these perceptions are affecting productivity and employee engagement. This panel included **Janis Davis-Street, MA, MS, EdD**, Advisor of Health and Productivity, Chevron; **Pam Hymel, MD, MPH, FACOEM**, Chief Medical Officer, Disney; **Shane Jackson, MBA**, President, Jackson Healthcare; and the panel was chaired by **Seth Serxner, PhD, MPH**, Chief Health Officer and SVP Population Health, Optum. Serxner summarized Optum’s recent national employer healthcare trends survey data, and these corporate leaders discussed how the coronavirus pandemic has transformed their employee health and well-being initiatives and the strategies they are using to address the social and emotional fallout from racial and ethnic tensions in America and abroad.

Confirming the observations of prior sessions, these executives affirmed the correlation between perceived organizational support and employee productivity. They also noted that new corporate strategies are needed for sustaining a culture of health in an era of an increasingly virtual workforce. This included consideration of how employers can play an effective role in addressing social determinants of health and discussion about the rationale for employer engagement with and commitments to community health initiatives. This question from executives offered an ideal segue to presentations from our last general session from **Jack Groppe, PhD**, Professor,

Judson University and **Janetta Hammock, MS, CDP**, Diversity Program Manager, Case Western Reserve University. They encouraged us to consider the kinds of bias, conscious or unconscious, that we bring every day to our workplaces and offered activities for us to explore the impact our biases have on our colleagues at work who are people of color. Dr. Groppe shared personal stories about events that led him to consider how to recognize and rethink his biases. Ms. Hammock described how diversity task forces and town hall conversations can produce a call to action that has a broad range of employees responding. In future HERO learning events, we plan to learn more about how the health promotion profession can embrace allyship and become a professional community that serves as exemplars for other health and human resources professional organizations.

“We Won’t Forget You, 2020!” Learnings from a Year of Infamy and Looking Forward to 2021

At Forum20 we examined “collective well-being” and asked how groups, organizations and our social spheres shape our destiny, fulfillment and life satisfaction. We asked our faculty to reflect on whether the 2020 pandemic and discord about social injustice will fundamentally alter our investments in disease prevention and employee and community health and social support. At HERO, when we do research, we focus on applied research, examining practical issues and seeking out solutions. We also take an applied approach when we plan education programs, so this year we asked ourselves how our profession could best live up to the extraordinary and unparalleled challenges we’re facing in 2020. And as much as HERO has made social determinants of health a central part of our learning agenda,

what must we do better and differently if we are to honor the lives of equality giants like American statesman and civil rights leader John Lewis and Supreme Court Justice Ruth Bader Ginsburg and so many other souls who are imploring us to solve for health inequities and racial injustice? Lewis captures the challenge well: *“Ours is not the struggle of one day, one week, or one year. Ours is not the struggle of one judicial appointment or presidential term. Ours is the struggle of a lifetime, or maybe even many lifetimes, and each one of us in every generation must do our part.”* And, per HERO’s role, we resonate with Ginsburg’s advice: *“Fight for the things that you care about. But do it in a way that will lead others to join you.”*

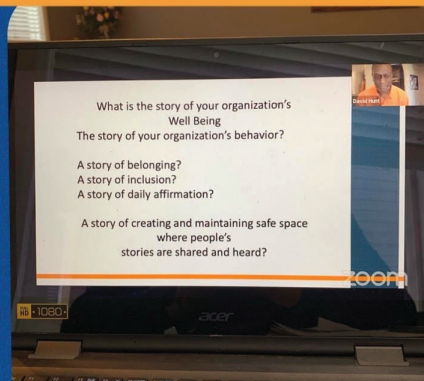
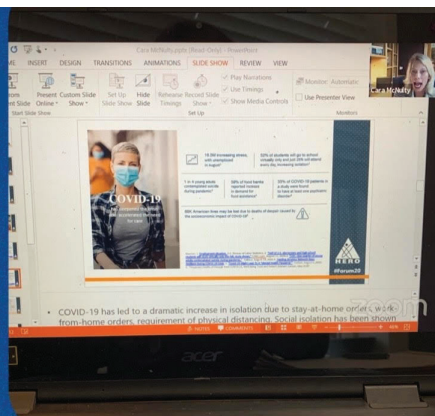
So, at HERO we have every intention to keep saying George Floyd’s name as we examine what it means to be in this together. And while 2020 is already a year that is destined for infamy, Forum20 faculty offered many ideas for ways to be distanced and better connected at the same time and for how to re-design health and well-being initiatives in ways that are more inclusive than ever before.

Learning from Carley Riley, Cara McNulty and David Hunt about



Collective Well-Being: From Concept to Application in a Time of Crisis and Discord

#Forum20



At the beginning of this month-long HERO Forum, Karen Moseley asked whether the dual pandemics of COVID-19 and racism in America make this a year in which we need to re-imagine how we develop and deliver employer led health and well-being initiatives. We were heartened by the resounding “YES” we heard throughout the month. Now is indeed the time to build on proven health promotion best practices and deepen our knowledge and commitment to what it will take to achieve collective well-being. Now is the time to strengthen our resolve that high levels of wellness should be as accessible to meat packing workers, wait staff at restaurants, housekeepers at hotels and nurse aids as it has been to higher wage earners. Among the dozens of recommendations for quality improvement in our field, you can anticipate HERO will push forward with research and education initiatives building on faculty ideas like:

- Making life satisfaction and life purpose metrics as commonly used as health risk scores;
- Ensuring grassroots leaders and shop floor voices are included in setting employee well-being strategies and direction;
- Integrating inclusiveness and diversity programs with well-being initiatives; and
- Boosting the fun factor and social connectivity aspects of our well-being initiatives, especially for remote workers.



And watch for HERO to build on the allyship commitments we heard from so many of this year’s participants and faculty. How is it that those of us in ingroups, like HR and the health promotion profession, can play a larger role in fighting the oppression felt by outgroups, those marginalized in our workplaces and society? Among the bad news this year was that the pandemic prevented us from seeing our friends from around the nation all together, live in Austin, Texas as we had planned. We close this Proceedings introduction, though, with good news this year. We’ve retained our agreement with the Renaissance Austin Hotel, and we want to see you all there on Oct. 11th through 15th, 2021! Our theme is an optimistic one. We’ll be learning together about how our profession can provide leadership in: “Bouncing Back: Boosting Mental Resilience and Building Organizational Immunity.” We hope to see you then!

Karen Moseley, President

Paul Terry, PhD, HERO Senior Fellow

The HEROFORUM20 Education Committee

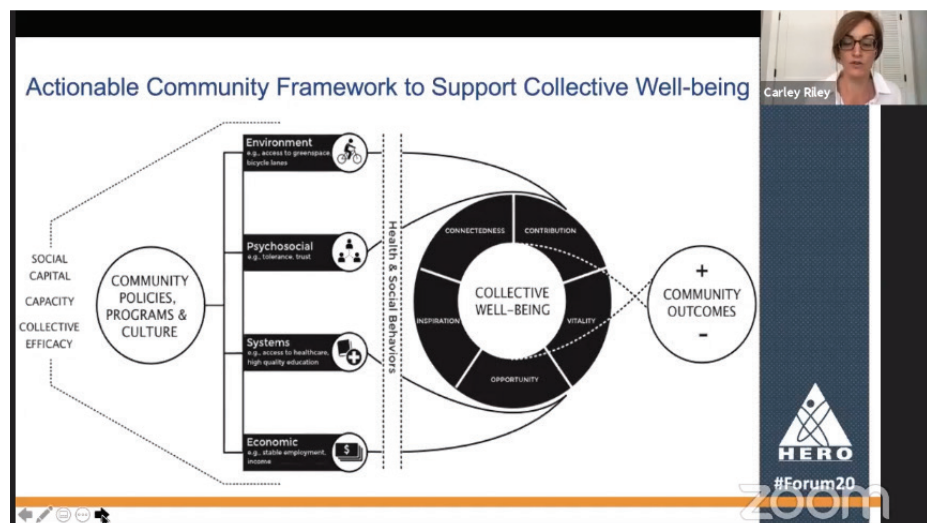
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GENERAL SESSION HIGHLIGHT

Dr. Carley Riley

- Collective Well-Being is a group level construct influenced by the environment, psychosocial domains, systems and economic factors.
- **The Five Domains of Collective Well-Being**
 - **Vitality** – perceived overall health, positive functioning and emotional health, including positive and negative affect, optimism and emotional intelligence
 - **Opportunity** – an opportunity for change
 - **Connectedness** – level of connection and support among community members such as social acceptance and social integration
 - **Contribution** – feelings and meaning of purpose such as community engagement and a sense of belonging
 - **Inspiration** – engaging in activities that are intrinsically motivating or stimulating





ON-DEMAND SESSIONS

CULTURE OF HEALTH: WHAT IS IT? WHY IS IT IMPORTANT? HOW DO WE GET IT?

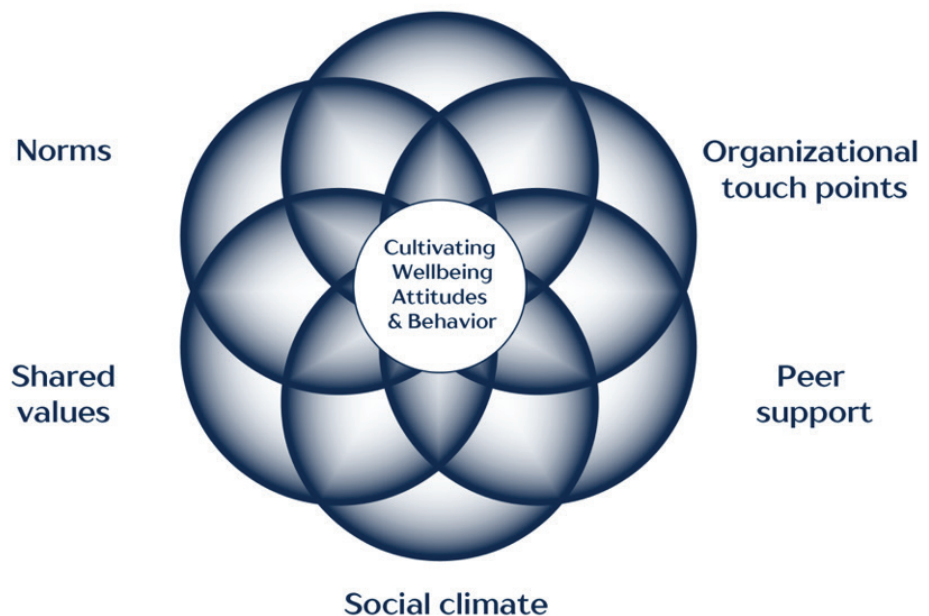
Judd Allen, PhD, President, Human Resources Institute; Richard Safeer, MD, FACLM, FAAFP, FACPM, Chief Medical Director, Employee Health and Well-Being, Johns Hopkins Medicine

Vendors, foundations and researchers are rebranding themselves around the words “culture of health.”¹⁻⁶ Culture of health is being used to describe well-being priorities such as health equity and as a buzz phrase to rebrand existing products and services that focus almost exclusively on individual rather than collective change. We believe that the power of the culture of health approach will best be achieved by seeing cultures as complex webs of social influences on well-being behavior and attitudes. The goal is to re-align social influences with positive attitudes and behavior.

A six-dimensional model of culture fleshes out some of the many ways social environments at work, at home and in the community can support well-being.

- Track and celebrate success.
- Use healthy activities to enhance morale.
- Develop a strategic plan for fostering a culture of health.

Peer Support. Friends, family and coworkers can increase both the quantity and quality of support for healthy lifestyles. Buddy system, mentoring programs and team activities are important peer support programs. In American culture, people are rarely taught sufficient skills to engage in peer support. Therefore, we recommend that peer support initiatives enhance people’s comfort level and capacity to provide effective support.



Leadership Support. Leaders at all levels can develop their capacity to:

- Share the organization’s well-being vision.
- Serve as a role model.
- Align formal and informal programs, policies and practices with well-being.

Informal and Formal Policies and Practices. Daily influences are aligned with well-being. Strengths and opportunities exist for aligning the following cultural touch points:

1. Resource Commitment and Built Environment

2. Communication and Information
3. Rewards and Recognition
4. Goal Setting and Planning
5. Relationship Development (Make it Social)
6. Learning and Training
7. Modeling
8. Push-back
9. Onboarding
10. Traditions and Symbols
11. Story and Narrative
12. Roles and Responsibilities

Shared Values. Well-being is on the list of important organizational priorities. The benefits of well-being are identified and the case for well-being is tailored to the interest of cultures and sub-cultures.

Norms. Healthy behavior increasingly becomes the expectation within the culture. People develop the capacity to systematically change unhealthy norms and to adopt new positive norms as needed.

Social Climate. Relationships and morale are strengthened through well-being. Climate goals include creating a strong sense of community, a shared vision and a positive outlook.

During the pandemic, it will be important to refocus culture of health initiatives on the sub-cultures that are playing the largest roles in employees' lives. More people are working from home and maintaining physical distance from co-workers. For this reason, most programming should be directed at enhancing peer support and on creating supportive cultural environments at home. Households can engage in aligning informal and formal cultural influences with well-being. They can establish new norms for work/life balance. Employees need to learn how to help coworkers, family and friends to achieve their well-being goals. Peers can assist by: (1) establishing trust, (2) setting well-being goals, (3) identifying role models to talk with, (4) eliminating barriers to change, (5) locating supportive environments, (6) working through set-backs, and (7) celebrating progress.

We recognize that culture of health is a very important and relatively underdeveloped approach to fostering well-being.

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REWRITING THE SCRIPT: FROM PERSONAL RESPONSIBILITY TO COLLECTIVE WELL-BEING

Laura Putnam, MA, CEO & Founder, Motion Infusion; Pete Seljevoid, MS, MM, Program Administrator, Blue Cross Blue Shield of North Dakota

By overdelivering on the message “Take personal responsibility for your health and wellness,” has the bigger picture been overlooked? Arguably, many workplace wellness programs continue to put the onus of responsibility on the individual (individual health risk assessments, biometric screenings, individual incentives, individual habit formation techniques) and have not focused enough on addressing the **context within which the individual operates and makes their “personal” choices.**¹ The rise in so-called “deaths of despair” (from drugs, alcohol and suicide)² and the disproportionate impact of COVID-19 on communities of color³ have highlighted the need to revisit the personal responsibility narrative and put a more collective one into practice. Specific to the workplace, a survey by Gallup revealed that the top five reasons related to employee burnout have more to do with the workplace itself and less to do with choices made by the individual.⁴ Furthermore, areas of worklife, including workload, control, reward, community, fairness and values, have been shown to significantly impact health outcomes.⁵ As Nicholas Kristof, *New York Times* columnist, explains in his recent book *Tightrope*, “We need to move from pointing fingers to offering helping hands.” This article shares the story of how Blue Cross Blue Shield of North Dakota (BCBSND) and Motion Infusion are “rewriting the script” to move from a conversation just about personal responsibility to one that also focuses on changing operational norms to better support collective action.

A key goal for 2020 and beyond is to create a Community of Well-being at

BCBSND. As voiced by CEO Dan Conrad, the pursuit of well-being needs to be a collective one: “I’d like to purposefully include an open invitation to discuss the idea of well-being with your colleagues, leaders and teams. What might we do differently as a community? What might you do differently as a team?” To create a community within and to serve as a beacon for others, BCBSND has adopted the Motion Infusion Four Levels Model:

Motion Infusion Four Levels Model



This article shares the journey to translate this vision into action, including recent adaptations in the wake of COVID, financial distress and calls for social justice. We will review the research – including data from an internal survey – that highlights organizational barriers, such as uneven levels of managerial support and uneven levels of perceived organizational support that impede individual engagement with well-being. We will discuss how we are activating managers to advance team-based well-being at work, integrating well-being efforts with leadership development, coordinating between community outreach and wellness to better address social determinants of health in communities,

empowering wellness champions across the state to launch “collective well-being” initiatives within their own organizations and tying all of these efforts to a message of helping every individual to become their best self. The hope is that our story can serve as a model for others to learn from and apply toward their own well-being efforts.

The following are our top 5 lessons learned:

1. Activate leaders on all levels, especially managers.

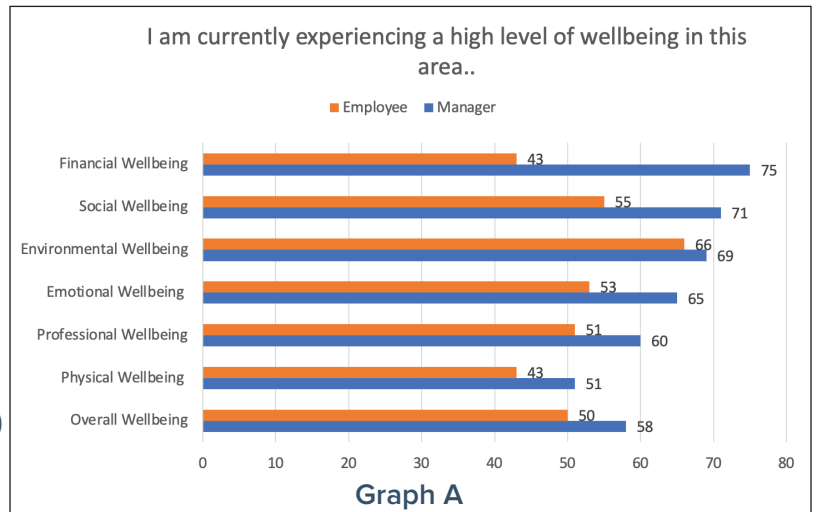
Managers are uniquely positioned to influence the health and well-being of their team members – for better or worse. According to longstanding Gallup research, the manager likely accounts for up to 70% of the variance of their team members’ engagement with both their work and their well-being. As shared in both the 2016 and 2017 HERO Forum Proceedings, data collected and analyzed by Pro-Change Behavior Systems about the impact of Motion Infusion’s “Managers on the Move” (MOTM) workshops indicate that managers have the potential to serve as “multipliers of wellbeing” for their team members.

In keeping with these findings and leveraging the positive impact of the workshop, BCBSND had planned three MOTM workshops for their managers. However, due to COVID, the in-person workshops were cancelled and have now been repurposed into a three-part MOTM series consisting of a hybrid of in-person and virtually delivered components.

To begin this work, BCBSND conducted a survey in March of 2020 to get a baseline

on the level of well-being amongst employees at BCBSND, the extent to which managers and leaders were engaged with well-being and actively supporting their team members in well-being, and a measure of overall levels of perceived organizational support for well-being at BCBSND.

As evidenced in Graph A, managers reported higher levels of well-being compared with employees in every domain of well-being measured (physical, emotional, social, financial, professional and environmental). In particular, it was striking that what came out highest for managers came out lowest for employees. That is, only 43% of employees reported having a high level of financial well-being, whereas 75% of managers reported having a high level of well-being in this area.



Another key issue that arose was a notable “knowing and doing” gap. Nearly all employees and managers reported valuing well-being, but many reported having difficulty putting knowledge into action, as noted in sample comments below.

“Personal well-being is important to me.” But... “Being able to live all aspects of well-being is easier said than done.”

Invoking a recent survey by Gallup which identified top drivers of employee burnout such as work overload, we asked managers to consider barriers that might be getting in the way of both managers and employees engaging with their well-being at work. This conversation took place during the MOTM Part 1 session.

Sparked by both COVID as well as recent calls for social justice following the killing of George Floyd, the focus of the first workshop was to encourage every manager to create a safe harbor as a place to begin having more honest discussions, including around race. During the workshop itself, managers were called to Move, Build, Awaken. That is: move with your team (movement, even virtually, primes us to connect with others!); build psychological safety within your team (so that team members can feel safe speaking up and taking interpersonal risks); and awaken compassion (to create a foundation whereby team members will more likely feel safe confiding in one another and with their boss). Following the workshop, the managers were encouraged to facilitate a “safe harbor” discussion with their team in which they discussed prompts such as the following:

- When do you recall realizing that the world is not fair?
- What can you do to make our schools, our parks, our stores, our restaurants, our workplaces as welcoming and as inclusive as they can be?
- What kind of country do we want to live in?
- Who do we want to be?

Managers were also encouraged to

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engage in a dialogue with team members about the survey questions, exploring questions such as the following (which were earlier discussed by managers and leaders during MOTM Part 1 session):

- Are there barriers “conspiring” against the pursuit of health & well-being for us in the BCBSND Community? If so, what are they?
- What is one thing we might do differently as a BCBSND Community to better promote well-being?
- What is one thing we might do differently as a team (to enhance well-being)?

At BCBSND, well-being and living a life well lived is more than just getting enough exercise and eating right. It’s about doing what inspires each individual to become their best self. This multidimensional approach to well-being is longstanding at BCBSND and is embodied in its BlueElements model, organized around 6 dimensions: Physical, Social, Emotional, Financial, Professional and Environmental.

BCBSND BlueElements of Well-being



Conclusion

It is a guide for all of us—as individuals, business owners, community members and leaders—to better navigate and collectively create cultures where positive individual choices to be well can be buoyed by the supportive spheres of influence that surround us all.



BREAKOUT SESSIONS

DRIVING ACCESS TO COMMUNITY SUPPORT & CONNECTION THROUGH CARING CONVERSATIONS

Michael Arloski, PhD, PCC, NBC-HWC, CEO and Founder, Real Balance Global Wellness Services, Inc.

We all still need each other. Even in the age of COVID-19, our health continues to depend upon healthy supportive relationships. With higher rates of all major chronic illnesses, socially isolated people are increasing their health risks at a level equivalent to smoking 15 cigarettes a day or having an alcohol use disorder. Their risks to their physical and mental well-being are twice that of people who are obese.¹

Wellness and health promotion programs are constantly striving to improve the health and well-being of their members. Yet, how much effort goes into facilitating community building and a greater sense of connectedness? Every program wants to see its members succeed at lifestyle improvement, but all too often the changes are temporary. When the Health Maintenance Consortium tackled the task of seeing what we know about how health behavior changes can last, they discovered two major factors: a shift in self-concept and community support.²

Lifestyle improvement occurs and lasts more often when people shift how they see themselves and receive support for the changes they are making to live healthier lives. Programs can address systemic and environmental solutions and opportunities, but how can health promotion professionals help their people to make better use of them and to deal with other barriers to greater connectedness? What holds people back from making use of programs that could be pathways to greater

connectedness? Internal barriers need to be addressed on a more individual level. Let's look at how we can make use of the skills of health and wellness coaching to connect with individual members in a conversation for change.

A Conversation for Change

It would be easy to say that the conversation begins with great listening, but it actually begins before that.

The mindset that you hold about the people you serve, and your beliefs about how people change, shapes the conversation before it even begins. Your current mindset has been shaped by years of experience, both personal and professional. Your mindset may be that of an expert, an educator or a treatment provider. You may believe that how you can help someone to be healthier is dependent upon your ability to provide the best health information or to prescribe the most efficacious ways they can eat better, exercise more often, etc. Your beliefs may also include hidden biases about your members that prevent you from seeing their true potential.

Begin by holding the position that the people you serve are "naturally creative, resourceful and whole."³ Instead of broken and in need of fixing, see them as whole human beings who want to grow. See them as capable, with the right support, of succeeding at that growth process, drawing upon their own inner wisdom and resources. This means letting go of your role as an expert consultant and becoming an ally.



JANIS DAVIS-STREET:
WE ARE ASKING EMPLOYEES, USING ANONYMOUS SURVEYS, IF THEY FEEL SUPPORTED. WE HAVE ADAPTED COMMUNICATIONS AND ARE INITIATING CONVERSATIONS THAT HELP GENERATE SOLUTIONS AND ENABLING EMPLOYEES TO HELP EACH OTHER.

Our members, our clients have been told what they need to do many times. Their quandary is how to do it in their lives and make it last.

Health and HR professionals don't need to become fully trained and certified health & wellness coaches to have effective, caring conversations with the people they serve. However, if they can adopt a more coach-like mindset, they can partner with their member employee to help them explore how they hold themselves back from greater support and connection. What are they afraid might happen if they reach out to others? What assumptions are they making about the level of support that may be available to them? By asking powerful questions like this and supporting our client's autonomy to select their own wellness goals we help them feel more

in charge of their own lives. Refraining from judgment and the temptation to "correct" our clients, we begin to build trust and allow our clients to look at how they hold themselves back.

When your clients want to take an action step toward improving their lifestyles we ask, "Who/what else can help support you in this?" A more coach-like conversation can help our clients to see the value and utility in accessing the support they need to succeed at lasting lifestyle change. Lastly, in this time of necessary **physical** distancing, people need creative solutions for increasing **social** connection. We all face an unparalleled challenge to keep connection, this essential component of our health, a continued part of our lives.

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GENERAL SESSION HIGHLIGHT

Dr. Cara McNulty

- High Well-Being = high engagement, more productivity and a greater likelihood employees will stay with your company.
 - Strong communities have strong resilience
 - People are experiencing fatigue from COVID-19
 - Cultures need to be built upon trust and inclusion – it makes people feel they can be themselves at work
 - Resources need to be leveraged through tool kits, webinars, behavioral health services, coaching sessions, guidance, reminder of benefits employees have
- People need to know that they are not alone
- People are having a difficult time expressing how they are feeling because of COVID-19 and are unsure how to look for and find mental health support

WORKING AND CAREGIVING: AN OPPORTUNITY TO BUILD A CARING CULTURE

Geri Lynn Baublatt, MA, Co-founder, Difference Collaborative; Jonathan Lewis, Director of People Operations, Storable; Michael Walsh, Chairman and CEO, Cariloop

How many people at your organization care for an ill or disabled family member or friend?

61% of family caregivers also work.¹ And with COVID-19 and an aging population, more and more employees will likely need to work and caregive.

According to a 2020 report, “Effects of COVID-19 on Family Caregivers,” people say they’re providing more care, and caregiving is emotionally, physically, and financially harder. And the pandemic has limited access to in-home services.²

While caregiving can be rewarding, it’s often chaotic and stressful. People don’t expect how difficult it is to coordinate care and insurance, manage medications and learn nursing skills like changing drains and cleaning wounds.

Employees, managers and teams are all impacted by caregiving. Employees who caregive are often interrupted throughout the day. A 2006 study found elder caregiving alone led to \$5.1 billion in absenteeism and \$6.3 billion in workday interruptions.³ A more recent study found the “distraction factor” affects high achiever employees even more, with 88% of high achievers saying caregiving impairs their performance.⁴

Caregiving employees often need to take unexpected or extended leave, and they frequently feel guilty about the burden this creates for colleagues. While managers and coworkers are compassionate about caregiving, everyone tends to underestimate how long it will last; it’s common for caregiving to last 5 or 10 years.⁵⁻⁶ This means teams often do not plan for long-term challenges.

And over time, compassion fatigue can set in. In a survey of 206 nurses who are also family caregivers, nurses often described how compassion waned over time:⁷

My manager was very understanding short-term, not long term.

Others tend to shame me for not picking up shifts. They begrudge me the extended leave... It’s made for a hostile work environment on a small team.

Failure to support caregivers contributes to turnover. 32% of caregiving employees voluntarily leave a job during their career due to caregiving. This includes 50% of employees aged 26 to 35 years and 27% of employees aged 18 to 25 who have **already** left a job to caregive.⁴ However, 94% would stay with employers that provide better caregiving benefits.⁸

Caregivers as Second-Order Patients

The health of caregiving employees is also at risk. Many don’t keep their own healthcare appointments, no longer get exercise or eat well and become socially isolated. Many use more alcohol or nicotine, or they engage in other risky health behaviors.⁹⁻¹¹

Sleep, essential to well-being, is lost. A systematic review found that most caregivers report poor sleep.¹² For example, brain tumor caregivers averaged less than 6 hours a night, were awakened 8 times per night and were awake 15% of the time.¹³ Caregivers have increased risk for stroke and heart conditions. One study found stroke was

more likely in male caregivers, especially African American men with high caregiving strain.¹⁴

Studies find 40% to 70% of caregivers have clinically significant symptoms of depression, and more than half of those people meet the criteria for major depression.¹⁵ And caregiving likely contributes to burnout. In fact, being a clinician doesn't seem to protect people from the toll it takes. 46% of nurse/family caregivers said their personal family caregiving contributed to burnout at work.⁷


How might we help people work, care and thrive?

Most caregivers want resources like care navigation services and respite care. Unfortunately, by the time people realize they need help, they're often overwhelmed, may cut back on hours or quit their jobs altogether.

Organizations can plan for the challenges caregiving creates for employees and teams. Better policies and services are essential. Let's partner with employees and managers to co-design a culture of care so people can care, work and thrive.

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TOWARD EVIDENCE-BASED CULTURES OF RESILIENCE: AUTHENTIC LEADERSHIP, MENTAL HEALTH AND SOCIAL CONNECTION

Joel B. Bennett, PhD, CEO, Organizational Wellness & Learning Systems (OWLS)

A “culture of health” (COH) is integral for workplace wellness success. Various COH approaches exist, including earlier practice models^{1,2} and more recent guidance from best-practice scorecards.³ A recent systematic review revealed that most COH measures assessed learning, social connection and leadership support.⁴ Many COH initiatives emphasize leadership: management buy-in, leaders as healthy role models,⁵ leadership financial support and wellness as a business strategy.⁶ COH requires authentic leadership, ongoing learning and social connectedness. Through various methods, my colleagues and I at OWLS have been able to enhance these three areas through proven, evidence-based methods.⁷

This article highlights “Culture of Resilience” as a complementary approach to COH models, with four key elements. First, we encourage a culture of resilience (COR), one where leaders, by virtue of character-based responsibility, actively support mental well-being and social norms of resilience. Second, we emphasize the *relationship* between social connection and these leaders. They may also be new in their role, in human resources or wellness coordinators. They are not necessarily at the very top of the organization. Their *position* is less important than their *connection*.⁸ Third, a COR utilizes evidence-informed training tools and a systematic process to: (1) promote the management-employee relationship; (2) empower employee voice; and (3) help leaders respond to that voice. Fourth, it

is more “inside-out” than “top-down” in nature; a COR initiative is built gradually and iteratively based on employee-informed training designs, leadership insights and employee responses. Social connectedness is the glue of a COR, and resilience training can facilitate connectedness (i.e., the “we” in wellness).⁹ Indeed, recent studies on multi-level models of organizational resilience suggest social connectedness as a core asset.¹⁰

The assumption that top leadership is most important to COH ignores leadership research. There is some agreement that: (1) The impact of leadership on culture is not always clear-cut; (2) There is a romance of leaders, that organizational leaders rarely, if ever, achieve results on their own;^{11,12} and (3) Progress can be made even when there is no leadership support. Over-reliance on top leadership can also: (a) lead to short-lived or “home-grown” initiatives that are difficult to sustain with administrative changes; (b) downplay social connection; and (c) neglect those evidence-based approaches that can facilitate longer-term social connectedness as a means to catalyze, strengthen or sustain a COH initiative.

The following series of articles about COR are based upon three key inputs. First, they required a “point of contact” who was willing to “walk-the-talk” of their own resilience, demonstrate authentic leadership and honestly share their own perspective about the work culture, regardless of how healthy or unhealthy that culture was. Second, they used

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**DR. SETH
SERXNER:**

71% OF EMPLOYEES
REPORT BEING
LESS PRODUCTIVE
WHEN THEY
DO NOT FEEL
SUPPORTED

one or more of several evidence-based programs (EBP) that have a more “inside-out” approach by training work peers, peer networks and associated wellness champions on well-being content in the context of existing groups, crews, teams or departments. These trainings have been tested in clinical trials and disseminated in various contexts and include *Team Awareness*, *Team Resilience and Resilience & Thriving*.^{13,14} ¹⁵ Electronic versions of these programs have also been found effective.¹⁴ Results from separate clinical trials show these programs reduce behavioral risks (e.g., stress, substance abuse), reduce stigma for mental health help-seeking, promote supervisor and employee responsiveness to stressed coworkers, and also improve resilience and well-being and the local organizational wellness climate.

Finally, these EBPs were adapted by each author below through a standard four-phased process (see Figure 1). These are: (1) **Discover (or “Assess”)**: Assess the current state of the organization’s culture, needs and readiness through key informant interviews, focus groups and surveys; (2) **Adapt (or “Design”)**: Based on

identified needs, present a prototype or pilot program for further review and approval of stakeholders (including employees), the adapted program was always based on employee voice and EBPs; (3) **Deliver**: Implement the pilot (or a more thorough model) to a group or cadre of representative stakeholders (which may take the form of a retreat, train-the-trainer or other strategy); and (4) **Evaluate** as an ongoing process for continuous improvement.

Four different internal leaders experienced the four-phased process in either a COH or COR framework.

They bring diverse perspectives – a director of human resources for a wellness company, a plant manager for a multi-national manufacturing organization, the executive director for an academic research center, and an assistant superintendent for a school district. Each leader worked to adapt a multi-level EBP that focused on social connection, healthy leadership and mental well-being. In the following articles (see Table 1), each leader describes a personal journey through this adaptation process along with quantitative outcomes.

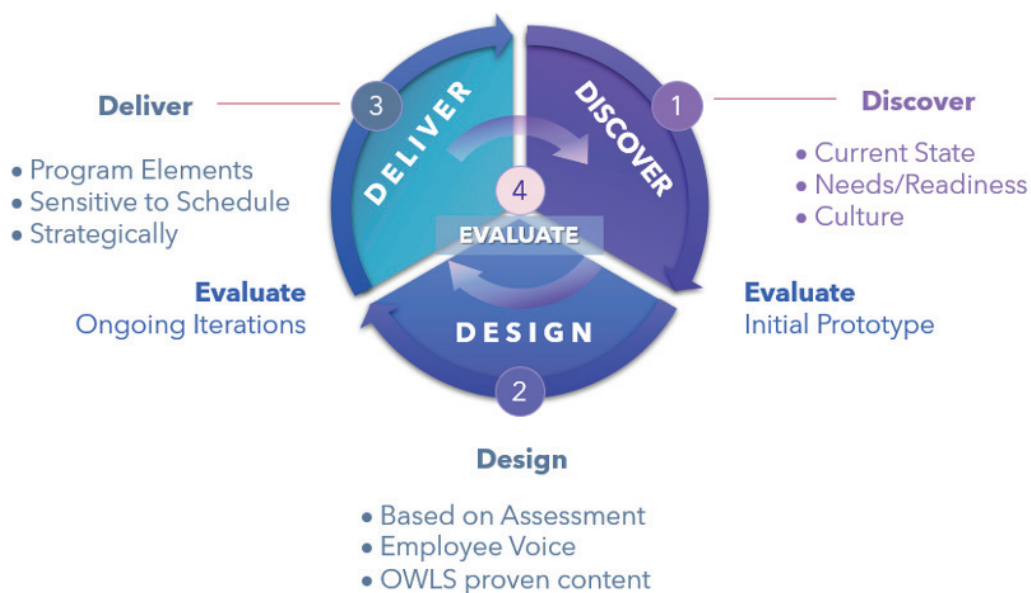


Figure 1. Four-Phase Process of Adapting Evidence-Based Content

Table 1. Other Articles in this Proceeding from Leaders

Article Title / Leader	Organization Type	Key Focus	Highlighted Outcomes
Micro-steps in Social Connectivity: A Three-Year Journey of Trust-Building			
Ruth Gassman, PhD, Executive Director of Prevention Insights and Senior Scientist, Indiana University, School of Public Health	University-affiliated Research Firm	Encourage a COH through multiple steps	More trust and inter-team sharing of information
Wellness Champions and Leadership in Fatigue-Risk Management: The Social Process			
Paul Courtois, MBA, MSW, Site Leader (Portland, Oregon), Owens Corning	Corporate Manufacturing	Wellness Champion and Healthy Leaders for Fatigue Risk Management	Leaders had greater understanding of their role in a COH
Resilience Culture Shift: Foundational Steps Lead to Positive Outcomes			
Rachel Kopke, PhD, Assistant Superintendent of Special Education and Early Childhood, Monroe County Intermediate School District	Large Independent School District	Kick-off and Sustain a Resilience Initiative	Increased morale, less staff turnover, higher quality candidates; increased student performance
Multi-Level Resilience: The Benefits of Social Architecture			
Shannon Thorsell, Director, Human Resources Business Partner, StayWell	Wellness Company	Launch a COR Strategy	Increased perceptions of organizational resilience; greater alignment

COH = Culture of Health; COR = Culture of Resilience

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MICRO-STEPS IN SOCIAL CONNECTIVITY: A THREE-YEAR JOURNEY OF TRUST-BUILDING

Ruth Gassman, PhD, Prevention Insights, Department of Applied Health Science, School of Public Health, Indiana University

I lead a not-for-profit organization at a university within a school of public health that has gone through a culture of health (COH) initiative. Prevention Insights is supported 100% through grants and contracts. Our translational science-to-services model focuses on preventing substance misuse, gambling problems and mental illness. The many challenges experienced on this journey have taught me that my core imperative as a leader is to guide and cultivate the quality of social connectivity, so that the work setting is psychologically supportive to all staff.

Beginnings. Our COH journey began three years ago. My organization was vulnerable during a time when we wanted to grow from serving a state audience to having a national presence. Our long-time foundational deputy director was gravely ill and sadly died. We were grieving and in shock. There was insecurity about our future. Co-workers were competing with one another. Staff was unsure what to believe or who to trust. There were false rumors circulating that caused turmoil and even emotional trauma for some. Despite efforts to allay fears, they continued. We needed external assistance to address the patterns of interpersonal relations and climate that were hindering us from more healthy function.

Fast Forward. I want to fast forward to three years later and share encouraging outcomes from taking intentional steps. Anonymous employee surveys show that our organizational climate

improved considerably, as indicated by several example metrics (see Figure 1). More employees agree that: They are fairly rewarded for the quality of their work (54% to 60%); leadership shows how to improve performance (17% to 39%); co-workers more readily share information and skills with others (35% to 100%); and the organization deals very well with unpredictable or changing work situations (52% to 72%). These quantitative findings were supported by perceptions that I and key managers also had. Expectations had been elevated to care for oneself and one another. Staff felt more at ease discussing mental health issues (including how they are seeking help) and showing compassion to co-workers.

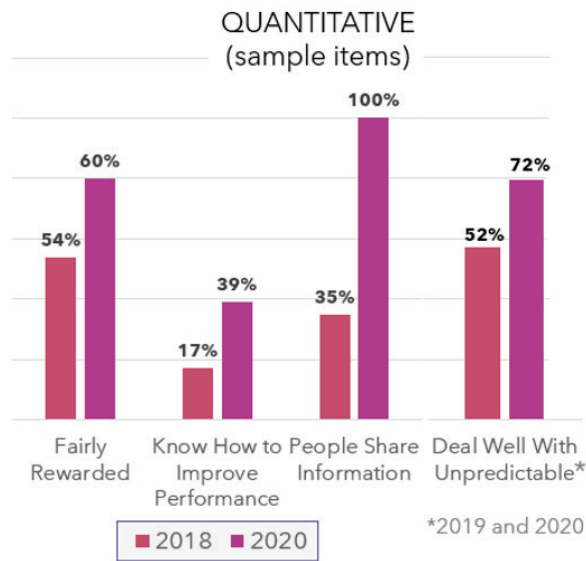
The Approach. We decided to cultivate a culture to promote well-being and move beyond our problems. We engaged with Organizational Wellness & Learning Systems (OWLS) in a discovery process to understand our assets and areas needing work. This was followed by identifying and adapting evidence-based programs (EBPS), and then practicing them for the purpose of promoting a healthy culture.

To encourage quality connectivity, we implemented “micro” steps that supported our organizational vision. We created a leadership wellness position to integrate wellness practices and norms into daily operations. Staff time to learn and practice wellness was protected by blending activities within standing meetings. We changed the format of our

monthly staff meeting to have wellness content and activities, including healthy food and social time. We initiated a monthly well-newsletter and later a Diversity and Inclusion committee. Prioritizing social connectedness in relatively small ways generated a ripple effect of measurable culture change throughout the organization.

My Journey. I should note I started this journey as, and still remain, a true introvert. Despite this, I am more socially connected now and more accessible to my staff. I believe this is because my personal growth was somewhat transparent and also resonated with

the journeys of my colleagues. So, working together, the yield has been a transformed COH. For an organizational culture to change, the leader must embody and model what is being learned. There is risk involved. The leader needs to be willing to grow and display emotional vulnerability. Looking back, I can point to those “micro” steps mentioned earlier. We designed these intentionally and systematically following OWLS discovery and adaptation process. I’m a better leader today by actively and intentionally promoting our own discovery into personal, interpersonal and organizational wellness.



QUALITATIVE

- Deeper sense of trust, more confident to manage conflict
- Naysayers indicate honesty
- We’re all in different places, reason to keep investing in culture to reach everyone
- More agile in modifying structure and lines of reporting
- More willingness to talk about mental health issues
- More compassionate conversations

Figure 1

FORUM20 HIGHLIGHT



Current Trainings

- Soothing the Emotions During a Pandemic
- Intentionally Coping Well
- Stress Management: Transforming Life Challenges through Awareness and Action
- Being Well in the Midst of Racial Trauma
- Challenges For Child –Parent Relationships and Emotional Regulation
- Managing Emotions as an Essential Worker – video
- Yoga For Anxiety – video series
- Master Class Series – facilitated videos



Groups

- Living Solo While Social Isolating
- Parenting
- Drop in - Mindful Meditation
- Ground, Listen Grow
- Mood, Food and Groove

WELLNESS CHAMPIONS AND LEADERSHIP IN FATIGUE-RISK MANAGEMENT: THE SOCIAL PROCESS

Paul Courtois, MSW, MBA, Site Leader, Owens Corning

“

SHANE JACKSON:
ONE-ON-ONE INTERACTION IS IMPORTANT. OUR LEADERS SHOW STAFF THAT THEY ARE SUPPORTED BY INCREASING THEIR VISIBILITY. LEADERS NEED TO DO THE THINGS THEY'RE SAYING, MAKE PURPOSEFUL CONNECTIONS AND PROVIDE CLARITY TO STAFF ESPECIALLY BECAUSE YOU CANNOT PROMISE CERTAINTY.

Background

Owens Corning (headquartered in Toledo, Ohio; 19,000 employees) is a Fortune 500 manufacturing company with a strong commitment to safety. I am site leader at the Portland, Oregon location. My orientation to social connectedness and culture of health initiatives has been influenced by multiple perspectives over my career. I utilized both my MSW and MBA running several Employee Assistance Programs (EAPs) for Methodist Hospitals, City of Gary, IN, US Steel and Owens Corning. I have served in finance and operations leadership and worked as an EMT technician.

A Context of Connectivity

Owens Corning (OC) promotes social connectivity in at least three areas.

Community-Service. First, we have a long-term commitment to giving back to the community. Across different plants, we have seen an increase in volunteer activity: employees deliver holiday meals, distribute hygiene kits and build Habitat for Humanity homes. We also have affinity groups, including a multicultural network and women's inclusion network.

Wellness Champions. Second, senior leadership created a Wellness Leadership Council six years ago. Six pillars were established, teams were selected and plant leaders were assigned to lead these efforts. The pillars are: Know Your Numbers, Healthy Mind, Physical Activity, Nutrition, Tobacco Free, and Financial Health. In 2017, to support local engagement, we created the position of wellness champion. Subsequently, we built a network of 100 champions who play a key role in local wellness teams and foster engagement.

Front-Line Leaders and Mental Health.

Third, following the 2017 Owens Corning Sustainability and Safety conference, the relationship between fatigue and workplace injuries was targeted for further investigation. A subgroup was created to explore the science of fatigue along with internal data within the Healthy Mind pillar. A 2014 Harvard T.H. Chan School of Public Health SHINE survey assessed work schedules and percent of employees working over 55 hours per week. We found a significant opportunity to address fatigue. The focus of the fatigue training would be leadership teams, specifically, front line leaders.

Based on my diverse background and my role as a site leader, I know that front line leaders and co-workers (including wellness champions) are usually the first to see mental health needs. There is significant overlap in the skills needed to address fatigue and mental health issues. With the focus on fatigue we would also be building the skills needed to address good mental health. Our first goal was to build a new leadership training for fatigue and healthy sleep.

Methodology

Both the wellness champion and the fatigue leadership training used an Assess, Design, Deliver, Evaluate methodology (with the assistance of Organizational Wellness & Learning Systems). This method places significant emphasis on listening to employee feedback. Based on results from stakeholder interviews, focus groups and leadership surveys (n = 260), we developed prototype training modules. These were further reviewed and refined with significant input from employees. The Wellness Champion training was delivered as a two-day immersive

training on multiple occasions. The “Energy & Focus” leadership training (six modules and a new policy on hours-worked) was also developed and piloted in one of our plants. Following feedback from employees, we conducted a remote orientation on “Energy & Focus” in April, 2020. Assessment of both programs indicate we are positively moving the culture to a health focus (see Figure 1).

My Leadership Journey

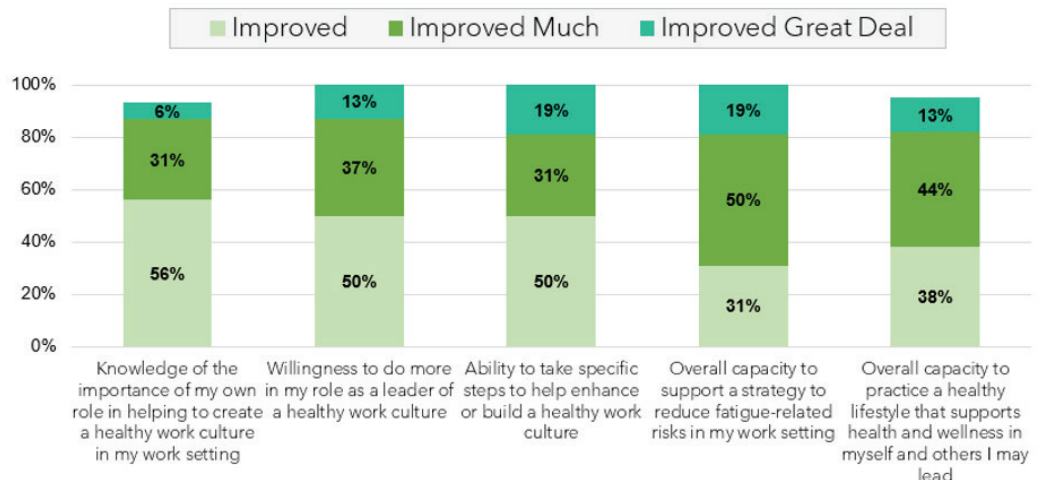
I have been actively involved as a leader in all three of the noted areas -- community work, champion training and the “Energy & Focus” leadership training. Each is part of or related to the overall wellness strategy and also part of social connection. Many employees know about and are actively involved in wellness. For example, we have 75% enrolled in our wellness platform, and are seeing growth (as much as 20% annual increases) in both HRA and biometrics completion. However, these wellness metrics do not convey the full story of engagement and social connection.

Early in my career, I developed a deep understanding of leadership engagement. I led an EAP that included city police and fire. Engaging this group was challenging. Given the stressful nature of their work, it was imperative that I meet with them to understand

stress from their perspective. I obtained an EMT certification, allowing me the opportunity to work alongside them in the field. My credibility was enhanced, and the level of trust increased significantly. The connection with these employees was more impactful and increased their utilization of EAP resources. I learned early on that leader visibility (“in the trenches”) is critical for reinforcing social connections with employees. Such connectivity, in turn, supports both mental health and wellness initiatives to increase utilization.

Since that experience, my approach includes integrating health and wellness related initiatives into the operational demands placed on the workforce. It’s important to intentionally provide specific opportunities – like the Assess-Design model, and the three areas noted above – to listen to employees, develop connections, show support and create an environment in which employees feel valued and respected for their work. The intersection between an engaged healthy workforce and traditional operational goals requires that leaders expand their knowledge and depth of responsibility. Through these efforts, we have demonstrated that healthy living initiatives can successfully coexist with the intensive labor in Owens Corning manufacturing environment.

As a result of this training, my...



Post Session Ratings for Owens Corning Natural Leadership Team Orientation, April 2020 (16 participants)

Figure 1. Post-Session Ratings by Leaders Following “Energy & Focus” Orientation



RESILIENCE CULTURE SHIFT: FOUNDATIONAL STEPS LEAD TO POSITIVE OUTCOMES

Rachel Kopke, PhD, CCC-SLP, Assistant Superintendent, Monroe County Intermediate School District

Background

After 13 years with one company, I made a huge move. New organization. New people. New procedures. Everything new. It had taken me 10 years to have the confidence to share – quietly – my passion for wellness and staff engagement in my previous position. Over time, the quiet work I was doing with my own team on resiliency and positive culture began to be noticed. I was asked to take on a new role as Chief Employee Experience Officer (CEEO) for the organization. I loved the role. And although my work was touching staff, I was ready for a new challenge. A new opportunity was presented, and I left the organization.

A New Job

My first few weeks within Monroe County Intermediate School District (MCISD) were eye opening. People walked around with eyes down. To me, it felt as if there was a sense of fear – that any mistake that was made would be met with repercussion. I tried to bring out creativity in people and was met with blank stares. Midyear, I started a conversation with our central office team about the culture and my perceptions. I started listening more and talking less. Seeking an evidence-based approach, I reached out to my colleague Dr. Joel Bennett to see if we could help MCISD in redefining the culture. We crafted a plan that included the steps of Assess, Design, Deliver. We began by creating a resiliency culture survey to obtain employees' perceptions of their needs

and whether the culture supported those needs. Roughly 65% of our employees completed it – including the open comment section. They were brutally honest. The survey revealed that I was not wrong in my intuitive feeling that staff were open to a shift in culture.

Design

We took the survey results and did a deep dive into the data. Dr. Bennett, myself and my colleague in human resources worked together to identify key areas that could be addressed right at the beginning of the school year. We created an opening day presentation to all staff with facilitated and socially interactive activities to help target many of the data points that spoke to low morale, burnout, lack of organizational trust and an overall low ability to handle work related stress. We subsequently created a Wellness Committee and sought Wellness Ambassadors who were willing to facilitate the work across the schools within the county. We took the foundational strategies identified through the survey to create more supports to increase resilience and decrease burnout and fatigue. We created events and activities that connected staff across buildings and district lines. It was not uncommon for someone to pop in my office to comment on how the culture had shifted.

Outcomes

After a year we saw less staff turnover, higher quality candidates and an increase in morale. Our student data

showed academic gains and decreases in student discipline. For example, staff resignations (not including retirements) decreased significantly from 2018 (83) / 2019 (63) to 2020 (29), and in one high-school we saw a 30% decline in student discipline incidents. Above all, the social connections were stronger and more visible. Although my role is to lead, my vulnerability continues to play a role in how I lead. In some ways, my vulnerability was similar to the staff, who

were willing to be honest and share their comments in the resiliency culture survey. But I have to put my own feelings aside and remember that my staff are people first, and people have needs that go beyond the workday. As a leader, my goal is to create an environment where staff want to come to work and find joy in what they do. Where they feel valued and respected. If I can do that, it's worth all my feelings of vulnerability.

The Power of Meaningful Connections



People with strong social connections are healthier

- Report lower stress, anxiety and depression^(9, 19)
- Are less likely to catch a cold, (decreased release of cortisol)^(7,8)
- Have reduced cardiovascular reactivity to stress; heart rate and blood pressure, and lower resting blood pressure^(5,11,16)
- Live a longer life than those with fewer social connections^(3, 4, 14)

RESEARCH UPDATES

With Drs. Serxner, Pronk, Grossmeier, Goetzel

- In some cases you can over measure and in some of the recent studies we have that situation; a great deal of emphasis on biometric screenings and use of incentives and yet minimal interventions follow. There are too many such examples of over measuring and under intervening,
- Research and evaluation needs to be ongoing. Organizations need to learn as they go rather than waiting for one answer that will fix everything because such an answer is not coming. We need to begin applying system sciences to our workplace well-being field.
- We need to look behind the media headlines and actually look at the studies. How much education or policy change were people exposed to? How long did the intervention last? What were the health, financial, productivity or job satisfaction affects? Seek to understand what they actually did and then you can compare it to what you are doing in your initiatives.
- Research reports showing no significant differences does not mean the program did not work.

IMPROVING THE WELL-BEING OF PEOPLE WITH DIABETES: REDUCING DIABETES DISTRESS

Andrea D. Coviello, MD, MSE, MMCi, FACE, CMO, Orthus Health

Diabetes – An American Epidemic

Diabetes is epidemic, affecting 30 million Americans with an additional 84 million having pre-diabetes, many undiagnosed. Diabetes can cause severe organ damage and complications including kidney failure, blindness, loss of limbs and severe cardiovascular disease. People with diabetes experience significant health challenges and, with that, added financial challenges and burdens. People with diabetes spend twice as much on health-related expenses as people without diabetes and need some of the most expensive medications to treat their disease. As a chronic disease, diabetes is unique in the amount of self-care required on a daily basis.

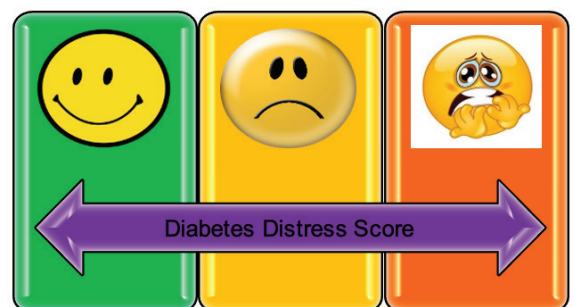
What Makes Diabetes Self-Care Challenging?

Diabetes self-care encompasses daily decisions related to what to eat and when, as well as decisions about physical activity, in addition to frequently complex medication regimens. People with diabetes must engage in multiple daily decisions about what to eat, when to take medications, especially insulin, what doses to take and when and how frequently to monitor their blood sugars. This level of engagement places a significant psychological and social burden on individuals leading to a condition called “diabetes distress,” which is associated with worse blood sugar control and poor health outcomes. The American Diabetes Association Standard of Medical Care for Diabetes recognizes the psychosocial burden patients with

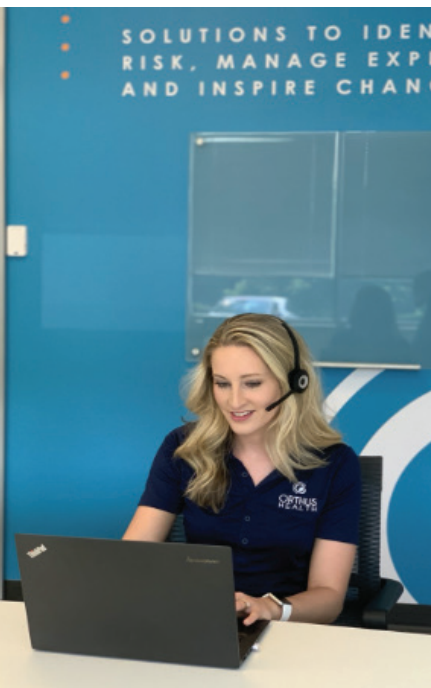
diabetes experience as a key area that needs to be addressed to optimize the health and quality of life for patients with diabetes.⁷ Health care providers can address some issues during appointments, but appointments are generally short, 20 or 30 minutes every few months, and generally focused more on adjusting medication regimens and screening for or treating complications with little time for assessing the patient’s emotional state and stress level, let alone time for counseling or developing strategies to decrease distress. Most people would benefit from more support to address the psychosocial burden associated with living with diabetes.

Tackling Diabetes Distress

Diabetes distress denotes the negative impact having diabetes has on patients’ emotional health. Diabetes distress recognizes the cognitive and emotional impact on individuals; it is distinct from depression and anxiety, psychological conditions that are also prevalent in patients with diabetes which may be treated with counseling and/or medication. Levels of distress may vary across the life course in conjunction with important life events, aging and disease progression with onset of diabetes complications. Several survey



instruments exist to assess levels of distress. One well validated tool is the “Diabetes Distress Survey” which assesses levels of distress across four domains: emotional burden, regimen distress (stress associated with difficulty with adherence to often complex medication and blood sugar testing regimens), physician distress (stress around access to quality care, technology needed such as meters and sensors), and interpersonal distress (stress associated with feeling unsupported by family and friends).² Many patients feel distress at the burden on their families related to their healthcare needs, their needs for specific diets and their physical activity needs. Some even experience added distress at work when trying to carve out space and time to deal with their disease while not impacting their job performance or burdening their co-workers. Diabetes distress has been shown to be very responsive to targeted intervention. Individualizing care by targeting the domains in which individuals are experiencing distress helps to improve individuals’ self-care and health care outcomes.^{4,6}



Creating a Support System – Innovative Use of Remote Platforms

Patients with diabetes do better when they have access to peers with the disease as sources of practical tips as well as expertise. Now, social media platforms can be used to provide social support to individuals in a real-time fashion to enhance patient engagement. App-based platforms now allow for a mobile support team that an individual can access to help them manage their disease in between provider appointments on an as-needed basis. Employers can amplify support for their employees with diabetes by offering them such interactive platforms to provide advice and coaching to help lower their individual distress and optimize their self-care skills. Coaching at the right time, in the right place (anywhere there is a smartphone!), in the right way (text, email, phone call) can significantly improve people’s success at managing their disease by lowering distress levels by providing a source of extra support. The ORTHUS Diabetes Management platform is one such tool designed to help patients with diabetes get to their goal faster and safer when added to their routine medical care by their health care provider.

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BUILDING BRIDGES: ADVANCING WELL-BEING THROUGH COLLABORATION

Moderator: Colleen M. Faltus, MS, CPT, Program Manager, WebMD Health Services

Panelists: Dexter Shurney, MD, MBA, MPH, Chief Medical Officer, Zipongo;
Jesse Gavin, MS, CCWS, Senior Wellness Manager, Baylor College of Medicine;
Lisa Nichols, MSW, AVP of Community Health, Intermountain Healthcare

Committee Project Manager: Emily Wolfe, MSW, HERO

“The definitive factors in determining whether someone is in good health extend significantly beyond access to care and include the conditions in their life and the conditions of their neighborhoods and communities.”

— John Auerbach, President and CEO of Trust for America’s Health.

In this time of dual social and viral pandemics, we have seen a shift¹ in how well-being programming is strategized, social determinants of health (SDOH) are addressed and public-private partnerships are formed. These pandemics are entangled with social disparities, racial injustice and inequality, poverty, underemployment and unemployment, and inaccessibility to proper healthcare, to name a few. Although these economic and social disparities have plagued us in the past, these dual pandemics have magnified the great social and economic divide in the places where we work, live and play. Employers in the public and private sectors can further address SDOH and its impact on business performance while thoughtfully considering well-being program strategies and benefits that prioritize the physical and emotional needs of employees and community members.² How can we address such pivotal needs while also building a healthier, more resilient workforce? In this panel, we explored ways employers address social determinants of health

and the critical role of public-private partnerships during this time.

The scope of workplace well-being programs and initiatives extends beyond the physical dimensions of health and includes other well-being elements such as social relationships, financial security and a sense of purpose. These elements are critical to the health and profitability of any business.³ However, as these dual pandemics augment social and economic discrepancies, employers are taking a closer look at addressing social determinants of health. Social determinants of health (SDOH), also referred to as vital conditions,⁴ are the conditions—both good and bad—that shape and influence employee experiences: where they are born, grow, play, learn, work and pray. They are the conditions that influence health and illness, creating a profound impact on morbidity, mortality and quality of life. This, in turn, has implications on productivity and performance. Social determinants of health are mostly responsible for the health inequities we see across the globe. SDOH include, but are not limited to, availability of resources to meet daily needs, access to healthcare services, social norms (i.e., discrimination, racism, distrust of government, etc.), education level, employment conditions, exposure to crime and the physical attributes of a community (i.e., air quality, access to



DR. PAM HYMEL:
YOU DO NOT
NEED THE RIGHT
WORDS TO SHOW
THAT YOU CARE
ABOUT RACISM OR
SOCIAL INJUSTICE.
JUST START A
CONVERSATION

clean drinking water, supermarkets/food and reliable transportation, affordable housing, and a job that pays a livable wage).⁵

In assessing and addressing SDOH and creating strong public-private partnerships, employers are not only augmenting corporate and community well-being programs but also impacting the human capital that comprises communities and corporations across the globe. Through internal collaboration and external partnerships that address SDOH and employees' needs, employers can create places and experiences where employees thrive in all dimensions of well-being. Employers recognize that the increased frequency and influence of public-private partnerships need to be comprised of multiple stakeholders: healthcare practitioners, community stakeholders and public health organizations, to name a few. These robust, diverse and inclusive partnerships provide the critical gateway of support needed for employees to flourish and workplaces to succeed.

Here are a few examples of employers tackling SDOH within their workforce and communities.

Financial well-being:

- Tom's of Maine pays the lowest-paid workers more than 25% above a living wage.⁶

Housing:

- Housing Trust Silicon Valley, a nonprofit community development financial institution including Cisco, LinkedIn and Pure Storage, has committed millions in support of affordable housing initiatives in the region.⁷
- Kaiser Permanente has donated 200 million dollars to fight homelessness.

The organization's Total Health initiative focuses on health promotion policies and environmental changes to address the SDOH in neighborhoods and school settings, as well as screens patients for unmet social needs.⁸

Access and Availability of Healthy Food:

- Campbell Soup Company's Healthy Communities campaign works to improve food security through a collective impact model by bringing together the disparate work of government, nonprofits and businesses to make the community healthier.⁹
- The University of Michigan has addressed food insecurity among U-M students by arranging for food donations and distributing them on campus.¹⁰

The first step is to have an open, honest dialogue about how SDOH impacts the well-being, morale and performance of your workforce and community members. Below, please find focus areas and action steps from the "Addressing Social Determinants of Health for Employers" whitepaper that provides a framework for where those dialogues can begin.¹¹ As we continue to create conditions where all people thrive in places of work, residence and play, SDOH, social risk factors and social needs must be addressed in tandem with the elements of well-being. Fortunately, we do not have to go it alone. Synergistic collaborations between healthcare providers, community stakeholders, employers and public health organizations create a win-win interplay where all are afforded the opportunity to thrive and positively impact their workplaces and communities.

Action Employers can take action to positively impact employees in the workplace.

Organizational Philosophy	<ul style="list-style-type: none"> • Socialize SDOH internally by naming and describing their significance. • Educate business partners on financial management and health literacy. • Train managers in appreciative inquiry and to recognize the impacts SDOH have on employee productivity and performance. 	<ul style="list-style-type: none"> • Is the significance of workforce human capital illustrated in our mission and/or vision statements? • How are our mission and/or vision statements operationalized in daily practice? • Are our employees paid a fair, living wage? • Does our manager training at all levels include content about SDOH and referral resources?
Work Cultural Environment	<ul style="list-style-type: none"> • Create policies and enforce practices that explicitly and implicitly value health. • Model and actively support policy enforcement throughout all levels of leadership. • Develop leave policies that include caregiving. 	<ul style="list-style-type: none"> • What workplace factors interfere with employees' ability to do their jobs well while maintaining their well-being? • How do new policies reinforce workforce health and well-being? • Do all employees have an opportunity for career advancement?
Health and Well-Being Benefits	<ul style="list-style-type: none"> • Listen to employees share their social needs. • Support employees in utilizing benefits and vendor partner resources. • Destigmatize the use of resources and benefits. 	<ul style="list-style-type: none"> • What key resources, both in the community and within our workplace, address employee social needs? • Are we utilizing employee surveys to determine what benefit resources are requested by employees? • Do we offer point solutions and contract with vendor partners who provide effective financial and mental well-being resources?
Work Scheduling and Pay	<ul style="list-style-type: none"> • Assess recruiting, hiring, scheduling, and payment practices for outdated or default norms that hinder employee well-being. • Consider pilots that promote employee flexibility and job autonomy. 	<ul style="list-style-type: none"> • What do our employees need in terms of equitable work scheduling and pay? • Is employee sleep disruption considered in travel planning for high-frequency travelers? • Are there programs to support diversity and inclusion in hiring and promotion practices?
Work-Life Integration	<ul style="list-style-type: none"> • Outline availability and communication expectations during "off" time. • Work to create a culture where people are informed and feel safe to speak about physical, behavioral, and social challenges. • Develop a mental health anti-stigma campaign. 	<ul style="list-style-type: none"> • Do people leaders model the prioritization of work-life balance? • Do we offer confidential access to human resources, employee assistance counselors and/or social workers? • Are employees able to disconnect from all business communications, without penalty, during their 'off' time?
Work Physical Environment	<ul style="list-style-type: none"> • Build a work environment that makes the healthy choice the easy choice. • Create easy access to natural light, affordable and nutritious food, smoke-free environments, filtered water, walking paths, and quiet spaces. 	<ul style="list-style-type: none"> • How are the dimensions of well-being encouraged (or discouraged) in our organization? • How are physical activity or periods of rest encouraged? • What are the barriers or challenges that make it difficult for employees to practice healthy behaviors?

This guide is a product of HERO staff and members of the HERO Healthy Workplaces, Healthy Communities Committee (HWHC). The full paper published by the HWHC SDOH Workgroup, Social Determinants of Health — An Employer Priority, is available [here](#). Additional resources for building public-private partnerships and case study examples addressing SDOH can be found at [Get-HWHC.org](#)

The Health Enhancement Research Organization (HERO) is a national non-profit dedicated to identifying and sharing best practices in the field of workplace health and well-being (HWB). HERO was established more than twenty years ago to create and disseminate research, policy, leadership and strategy to advance workplace HWB, providing leadership of the nation's workforce. Much of the good work that HERO does is achieved through the efforts of its volunteer committees.

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GENERAL SESSION HIGHLIGHT

Dr. Robert Eisenberger

- Perceived Organizational Support (POS) measures employee perceptions concerning the extent to which the organization values their contributions and cares about their well-being.
- Higher POS has been shown to positively impact:
 - Job satisfaction
 - Burnout
 - Emotional exhaustion
 - Work-family balance
 - Work to family conflict
 - Job self-efficacy
- Does POS effect the bottom line? Yes!
 - Employees performance goes up
 - Voluntary turnover goes down
- Employers who enable social distancing, such as by moving workspaces apart, are seeing those policies having a positive influence on perceived organizational support.

HOW EMPLOYERS ARE CRACKING THE CODE FOR BEHAVIORAL CHANGE TO DEFEAT CHRONIC PAIN

Katie Kirkland, Director of Benefits, Southern Company; Jeff Krauss, MD, Chief Medical Officer, Hinge Health and Assistant Clinical Professor, Stanford University

It's estimated one in five Americans are currently suffering from chronic pain, according to the CDC.¹ These 20% of Americans make up a vast majority of the healthcare dollars spent today. As of 2016, chronic musculoskeletal (MSK) pain costs employers upwards of \$380 billion dollars in healthcare costs alone.²

Chronic pain is difficult, misunderstood, and expensive.

But chronic pain goes well beyond dollars and cents. Expensive back and joint surgeries are often ineffective. Research published in *Spine* found better outcomes for patients who **did not** have back surgery versus those who did.³ In another study, a randomized control trial comparing patients who underwent knee surgery with those who had a sham procedure revealed the outcomes were roughly the same.⁴

Those who suffer from chronic back and joint pain also suffer from mental health issues. Chronic pain sufferers are three times more likely to develop depression or anxiety⁵ and twice as likely to be at risk for suicide.⁶ These statistics show that chronic pain goes deeper than the physical diagnosis, creating a toll that is not only physically difficult, but mentally exhausting.

Integrative medicine researchers have recommended a biopsychosocial approach to pain as the most effective form of treatment.⁷ Exercise has been shown to reduce pain sensitivity in people with chronic pain by up to 60%.⁸ A high belief in yourself, or “can do” attitude leads to lower pain levels, even

at one to two years after intervention.⁹

Cracking the code for behavior change: A clinical model of care.

This need for physical movement coupled with the need for support, encouragement and understanding requires a more holistic approach to the problem. Hinge Health's clinical care approach focuses on behavior change by combining 1-on-1 virtual physical therapist sessions with health coaching and sensor technology. Health coaches work to keep members accountable and help them find the time to do their exercises. When you combine the expertise of PT's with the motivational and behavioral know-how of health coaches, this creates a clinical team where the sum is clearly greater than its parts.

In a large-scale study with 10,000 participants, research published in the *Journal of Medical Internet Research* found this approach resulted in an average pain reduction of 69%, 58% reduction in anxiety and depression scores and medical savings of \$5012 per participant/year.¹⁰⁻¹²

How Southern Company defeated chronic pain through behavior change.

Southern Company, a leading energy company headquartered in Atlanta, Georgia, serves 9 million customers throughout the US. MSK was Southern Company's #2 cost driver, and MSK conditions were prevalent across the workforce from utility line crew to office workers.

Even before COVID-19, one of the major challenges for their employees was finding time to attend in-person physical therapy appointments. Now during COVID-19, access to physical therapy is challenging, and many are also suffering from mental health conditions as well. Southern Company partnered with Hinge Health to deliver a more holistic at-home digital care model supported by anytime access to a dedicated physical therapist, behavioral health coaching and digital sensor technology.

High engagement resulted in positive outcomes for Southern Company members.

With the motivational support of health coaches, Southern Company participants were actively engaged in the program. Over the 12-week intensive phase, each participant averaged 29 exercise therapy sessions, 76 coaching sessions and 18 education articles.

This active engagement resulted in improved clinical and financial outcomes for Southern Company after the 12-week intensive program:

- Each participant averaged 62% reduction in MSK pain
- Likelihood of surgery by participants decreased by 64%

- 58% decrease in depression
- 45% decrease in absenteeism and presenteeism

In short, combining physical therapy and behavioral health provided better outcomes for participants, ultimately, reducing the likelihood participants would require expensive surgeries. Behind the numbers, the impact of the Hinge Health program on people's lives is heartwarming. Here's a personal story from a Southern Company office worker:

"I was in pain daily. My mother had knee pain and I felt it was inevitable that I would have the same problem throughout my life. I was unable to exercise and the pain appeared to be getting worse each day.

In a few short weeks, I could feel the pain begin to cease. With the help of the excellent coaches and great information, I can exercise often and I am virtually pain-free today [four months later].

Coach Shannon has been the ultimate source of inspiration during this pandemic...My life has been changed and it will never be the same."

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TAKE CHARGE OF YOUR HEALTH AND THRIVE: SUPPORTING DIABETES MANAGEMENT

Cristin Cooney, MS, MEd, MCHES, CTTS, CWWM, Director, Workforce Well-Being, Atlantic Health System; Antell Mitchell-James, Director of Total Rewards and Shared Services, Atlantic Health System; Susanna Mensah, Atlantic Health System

Managing diabetes is complicated and can be burdensome physically, emotionally and financially for team members. As an employer and provider, Atlantic Health System (AHS) is in a unique position to design and deliver high-quality, personalized care that addresses the interplay between health behaviors and social environment. AHS workforce well-being population health strategy emphasizes provider relationships, support for health maintenance and improvement through engagement in health-promoting activities and the use of data analytics to target health and well-being interventions. Our well-being programming is rooted in preventive care. We collect A1c and other biometrics annually to determine the needs of our team and the resources necessary to support them. Using the socioecological framework, an innovative health support strategy was developed with coordinated care and behavioral economics principles to empower team members to take charge of their diabetes and thrive.

The Workforce Well-Being team, in partnership with our health plan, developed the Diabetes Support program addressing the relationship among individual, organizational and environmental factors influencing the health behaviors of our team members with diabetes.

- **Individual components:** The Diabetes Support Program offers targeted behavioral support with coaching, care navigation and education to build diabetes management skills.

- **Organizational components:** In partnership with the AHS health plan, program participants are waived the deductible and co-insurance for HbA1c lab tests, diabetes education visits and diabetes medications and supplies, including insulin pumps and continuous glucose monitors.
- **Environmental components:** AHS culture of well-being provides all team members opportunities to connect and support each other's well-being goals with online team challenges, onsite walking paths and fitness classes, leadership walking events, team intramurals and our Well-Being Champion Network. Program participant data was reviewed and compared to team members who were eligible but chose not to participate.

Atlantic Health System's Diabetes Support Program Components

Program Eligibility:

- Enrolled in the AHS PPO health plan
- 18-75 years old with a confirmed diagnosis of diabetes based on Aetna claims and pharmacy data
- Excludes gestational diabetes

Core program components are based in HEDIS Diabetes Care Quality indicators and best practices to encourage and support healthy lifestyles. Participants are given a list of activities to complete and work with coaches to participate in program components, which include:

- **Individualized Coaching.** Work with AHS Health and Wellness coaches to develop goals and plans focused on healthy eating, physical activity and resiliency.

- **Diabetes Education.** Meet with a Registered Nurse and/or a Registered Dietitian at an Atlantic Health Diabetes Center and complete at least one session or recommended classes.
- **Tailored Recommendations.** Receive information on specific resources at AHS and on the online wellness portal to support positive behaviors.
- **Visits with Health Provider.** Visit with their healthcare provider at least two times a year to review their plan of care.
- **My Healthier Living Checklist.** Receive a list of action steps to keep them on track as they achieve their goals.

Earn Waivers & Rewards

- Program participants will earn HbA1c testing, education at AHS Diabetes Centers and diabetic medications and testing supplies for FREE while participating in the program.
- Program participants earn points towards \$200 in wellness rewards by completing program activities.

Program participation has almost doubled since 2015, and the percentage of those completing the program has steadily increased from 51% in 2015 to 80% in 2019. In 2019, 12.5% of AHS team members with diabetes enrolled in the Diabetes Support program. Claims data from the first three years of the program (2015-2017) showed better than average compliance with eye and foot exams

compared to team members not enrolled in the program. Of those who continually participated from 2016 through 2019, 5% moved out of the high-risk category and into moderate and controlled A1c categories. From 2016 to 2019, on average, 83% of participants achieved A1c or maintained glycemic control. The 2016-2019 cohort population has no participants in the high-risk A1c category. In 2019, there was a 21.8% attrition, but of those who completed the program, 69% reduced their BMI and 48% improved BP control.

Since 2015, team member testimonials have stated the AHS Diabetes Support program has empowered them to better manage their health by reducing barriers to care and providing support and education. Our results suggest this comprehensive strategy that addresses individual, organizational and environmental factors has had positive results in behaviors related to quality diabetes care. Based on these successes, we have applied best practices of coordinated care and behavioral economics to expand health support program offerings to include hypertension and weight with increased opportunities for social support. Detailed analytics are being completed to gain comprehensive insights on program impact.

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ADVANCING MENTAL HEALTH AND WELL-BEING AT KAISER PERMANENTE IN UNCERTAIN TIMES: BUILDING A RESILIENT, THRIVING WORKFORCE

Presented by:

Maria Dee, Executive Director, Workforce Well-Being, Kaiser Permanente

Jerry O'Keefe, LMFT, CEAP, National Director, EAP Services, Kaiser Permanente

Written by:

Kamalia Blunt, American University

Prior to the viral pandemic, social unrest and natural disasters, Kaiser Permanente had already begun pursuit of improving the overall health and wellness of their employees. Because of their efforts, they are currently a successful beacon of well-being and a source of inspiration for others to follow, especially in terms of their strategic approach to employee mental health and well-being.

In recent years, mental health has come to the forefront of public health conversation. The Centers for Disease Control and Prevention (CDC) states that at some point in our lifetime, “about 50% of all Americans are diagnosed with a mental disorder or illness.” Depression is the “third most common cause of hospitalization in the United States for those aged 18-44 years old, and adults living with a serious mental illness die on average 25 years earlier than others.” They proclaim further that “poor mental health and stress can negatively affect employee job performance and productivity, engagement with one’s work, communication with coworkers and physical capability and daily functioning” (CDC.gov). Considering the statistics, there is promise within our workplaces to alleviate the burdens, risks and financial strains, while encouraging the overall well-being of our labor force.

HERO Forum20’s guest speakers Kaiser Permanente’s Executive Director of Workforce Well-Being, Maria Dee, and its National Director of the Employee Assistance Program, Jerry O’Keefe, enlightened the audience on this very topic.

Since 2017, Kaiser pushed toward building a more resilient and thriving workforce by tackling the following: physical health and safety, healthy relationships, financial wellness, community involvement, career wellness and most recently, mental health & wellness. Kaiser applies a four-core strategy toward eliminating workplace mental health stigma by focusing on culture, compassion, care and impact. Through employee engagement and action, they promote their company culture valuing “high quality healthcare.” This “significant stride around a mental health strategy” encourages adoption of specific resources, corporate policy changes and increased mental health training as needed. Naturally, the maneuver promotes compassion and wellness accountability, ensuring a safe space that acknowledges needs and addresses poignant issues. Afterward, strategic care is developed and provided, enhancing workforce morale. Lastly, they constantly monitor their impact on the health and concerns

of their workforce to ensure that their program is progressing not regressing.

Kaiser fully recognizes that “mental health is not black and white—it’s a continuum.” They provide resources for wellness ranging from self-care and stress management to clinical care proposals, which are handled by Kaiser’s in-house resources: support groups, healthcare providers and the Employee Assistance Program (EAP). Most notably, Kaiser is one of the few companies that have an in-house employee assistance program and employs certified mental health clinicians thoroughly trained to assist and educate employees. They provide an abundance of resources including a “We Are Here for You” 24/7 call center, psychological support teams (PST), manager support tools, childcare referrals and stipends, and support for COVID-19 infected employees.

Prior to 2020, Kaiser’s EAP launched their Stigma Reduction Program which addresses a variety of concerns and includes training resources specific to mental health for its 217,000 employees, encouraging everyone to practice three action steps: Notice, Engage and Support. Through “competent

hearing, messaging and action,” Kaiser further advances their corporate goals in pursuing a “stigma free society” by actively engaging their employees openly on communicating personal concerns and uncomfortable social topics ranging from racial tension, the loss of normalcy given the pandemic, to moral and ethical issues. This level of raw honesty and corporate humility opened the doors for leaders to provide more direct, meaningful action embodying the African proverb as mentioned by O’Keefe: “If you want to go faster, go alone. If you want to go far, go together.”

Like the rest of our global community, no one had a pre-made roadmap to navigate through this cumbersome time, yet Kaiser has turned this obstacle into an opportunity to build a healthy, more thriving and resilient workforce. In the end, they have built a formidable structure of internal health care with an admirable emphasis on employee mental health and well-being. Kaiser Permanente permeates the belief that “self-care is not selfish care,” and it is imperative that we as a global community prioritize such and follow their lead.

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DEEP DIVE SESSION

SUMMARY MEASURES OF HEALTH & WELL-BEING: USING MEASUREMENT AS A LANGUAGE FOR PERFORMANCE, PARTNERING, AND STRATEGIC PLANNING

Nico P. Pronk, PhD, President, HealthPartners Institute and Chief Science Officer, HealthPartners; Thomas E. Kottke, MD, MSPH, Medical Director for Well-Being, HealthPartners

In order to bridge the gap between measures that are too specific to guide strategic planning (for example, a measure that reports burden from one disease) or too general (for example, County Health Rankings¹), HealthPartners has developed validated summary measures of health and well-being that comprise a measure of current health, a measure of future health or sustainability and a measure of well-being.² These measures are designed to be a “language” that business, public health and medical care sectors can use to collaborate on population health goals that will benefit all.

The current health measure captures the mortality burden from death certificates and the morbidity burden from insurance claims.³ The future health or sustainability measure comprises member reporting of six behaviors associated with health plus a clinical preventive services index that indicates adherence to evidence-based preventive care guidelines. The six behaviors — tobacco use, fruit and vegetable consumption, physical activity, alcohol use, sleep adequacy and healthy thinking (i.e., gratitude) — were selected because they have a powerful influence on sustainability of health and promotion of well-being.⁴ The well-being measure is member response on a 10-point scale to a single question, “How satisfied are you with your life?” HealthPartners has used these measures to inform the development of the organization’s

Partners for Better Health 2025 strategic goals.

Applying these goals to our member population, we have found that, at an individual level, individuals who do not use tobacco and individuals who are physically active have, on average, a disease burden that is approximately 14% lower than the disease burden of individuals who do not practice these two behaviors.⁵ The disease burden for members with a healthy sleep pattern is 8.9% lower, and the disease burden for members who practice healthy thinking is 8.0% lower. Meeting the dietary goal (five servings of fruits and vegetables) is not associated with disease burden in our members, and unhealthy alcohol consumption is associated with a lower disease burden, perhaps because these members tend not to seek medical care. The behaviors most strongly associated with a low disease burden at the population level are physical activity and healthy thinking.

Among a working population, defined as commercially insured members of the health plan, we investigated the potential impact of adopting the six healthy lifestyle behaviors on disease and illness burden.⁶ Based on survey and insurance claims data, we modeled the potential benefits gained from adopting those behaviors compared to the burden from 27 groups of diseases and conditions. If every commercially insured member

adopted all six behaviors, an 11.6% reduction in disability-adjusted life years (DALYs) might be expected, and a 7.6% reduction in DALYs might be expected if they adopted the one most impactful behavior that they did not currently practice. If the associations are causal, the impact of everyone adopting all behaviors would be greater than the impact of eliminating all cancers. The impact of everyone adopting their one most impactful behavior would be more than twice the impact of eliminating all heart diseases.

We used the concept of the life satisfaction gap (the sum of the difference between the score each member selected and 10 summed across the member population) to examine the potential impact of adopting the various healthy behaviors on individual life satisfaction and on population-level life satisfaction.⁷ At the individual level, the largest difference in life satisfaction was for members who did versus those who did not practice healthy thinking. Physical activity, sleep and tobacco use were intermediate, trailed by fruit and vegetable consumption and alcohol use.

Because efficacious interventions to increase healthy thinking can be delivered online,⁸ they can have a population-level impact.⁹ In our population, increasing healthy thinking would have the largest impact on life satisfaction. This impact is followed by the predicted impacts of eating fruits and vegetables, getting adequate sleep and getting adequate physical activity. The number of members who already practice each behavior influences these rankings.

Advancing health equity is an explicit HealthPartners goal. Therefore, we

sought to define a strategy that would both optimize overall life satisfaction while addressing the needs of groups with particularly low levels of life satisfaction. While our members, on average, rank their life satisfaction as 8.06 on a zero to 10 scale, members whom we cover with Medicaid report significantly lower levels (7.48 on average) as do members who have a claim for a psychosocial condition like anxiety or depression (7.49 on average). Even so, the greatest potential for increasing the life satisfaction of our member population lies in increasing life satisfaction for members who are neither covered by Medicaid nor have a psychosocial condition. Therefore, we are implementing a three-pronged approach to improving life satisfaction for our members: mitigate the burdens associated with poverty to the greatest extent possible; aggressively treat anxiety and depression; and promote healthy behaviors for the entire population with an emphasis on healthy thinking, physical activity and sleep, while still promoting the benefits of avoiding tobacco and vaping, consuming a diet that is mostly vegetables and fruits and limiting consumption of alcohol.

When multiple sectors and stakeholders agree on a set of metrics, they can express their interests in a similar way and align resources towards a common purpose. In this manner, metrics become a language shared by all parties. The Summary Measures for Health and Well-Being project described here operates at a population level, can be used strategically by leaders and generates excitement in addressing opportunities for improvement in population health and well-being as well as addressing equity gaps.

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FORUM20 HIGHLIGHTS

The image displays a 'Social Identity Wheel' diagram on the left and a grid of 12 video call thumbnails on the right. The wheel is a circular diagram with 12 segments, each representing a different aspect of social identity. The segments are: Education, Political Belief, Family, Organizational Role, Language and Communication Skills, National Origin, Gender, Gender Identity or Expression, Age, Race / Ethnicity, Mental / Physical Ability, and Appearance. The video call thumbnails show various participants, including Mary Imboden, pat.rohner@her..., Jack Groppel, Ariane Mistral, Pietro Parrilla, Beth Thayer, Philip Swayze, and Janetta Hamm...

HEALTHCARE SUMMIT

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MAXIMIZING ORGANIZATIONAL SUPPORT: CONNECTING THE DOTS BETWEEN ORGANIZATIONAL DEVELOPMENT, LEADERSHIP DEVELOPMENT, AND EMPLOYEE WELL-BEING IN HEALTHCARE

Susie Pistone, American University

Due to the effects of COVID-19 this year, the HERO Healthcare Summit was held virtually. However, that did not affect the success of the summit. The beginning keynote speakers included Robert Eisenberger, PhD, a psychology professor at The University of Houston. Dr. Eisenberger has conducted a great deal of research that's referenced in the science community. The majority of his research is about "POS," or Perceived Organizational Support.

Dr. Eisenberger gave the summit attendees insight on what "POS" is and why it should be important to companies. POS is based on the question, "Does my organization care about me?" It is employees' perceptions concerning the extent to which the organization values their contributions and cares about their well-being. According to Dr. Eisenberger, POS does not influence job self-efficacy; however, POS does influence burnout, emotional exhaustion, job satisfaction and work to family conflict. He suggested that inclusion is an important part of POS. Employees feeling included in the workplace affects the amount of support they feel. Employees should feel as though their co-workers listen to them despite having dissimilar views.

Especially relevant for today, Dr. Eisenberger commented on POS in our current reality of social distancing and remote working. His studies have shown that organizations that practice social distancing have more POS because employees feel that their companies care about their employees' well-being.

He explained that any non-mandated policies such as childcare produce POS. Following Dr. Eisenberger's presentation, Maria Dee, Executive Director of Workforce Well-Being at Kaiser Permanente, presented an overview of their workforce model. Their model includes community involvement, career wellness, mental health and wellness, financial wellness, healthy relationships, physical health and safety. Maria detailed the holistic approach to health and wellness at Kaiser Permanente. They send out a questionnaire to measure the degree of support their employees feel they have. The questionnaire includes general questions, questions regarding direct manager support, workload and peer support, as well as mental health. Their organization found that questions regarding leadership and role modeling are always the lowest scoring. Employee well-being is a priority especially with the social unrest, political climate and the current pandemic. The survey is now sent out quarterly to keep up with employees. The departments with the lowest score on the culture of health index predictor surveys have an 8% lower patient satisfaction, 6% higher patient readmission and have more employee sick days. Therefore, they discovered the responses to these surveys matter.

Following Maria Dee's presentation was a panel discussion including Matthew Harrison, PhD, from Jackson Healthcare, Bridget Berkland, MA, from Mayo Clinic, and Caryn Carlson, PhD, from The University of Texas at Austin.

Matthew Harrison began by explaining Jackson Healthcare's COVID response. The company made its employees a top priority, sending out surveys to understand everyone's needs during this time. They also gave every employee the tools they needed to work from home successfully. For example, they have utilized telecommunication tools such as Microsoft® teams. Jackson Healthcare also deployed teachers from on-site healthcare to employee homes to ease the stress of the transition. In July, the company re-opened its offices for voluntary use; however, the maximum capacity was 30%. They required safety features for the office spaces such as face masks, workstations six feet apart and increased cleaning services. Jackson Healthcare has programs in place to combat racial injustices and support inclusion in the workplace. Their pre-existing initiatives and programs include associative networks, such as the women's network, pride network and others.

Bridget Berkland began her discussion with factors that contribute to burnout. Factors that contribute to burnout are individual factors, work unit factors, organizational factors and national factors. She explained that Mayo Clinic brings in an outside organization to

conduct their employee surveys. Based on the responses to those employee surveys, the company creates initiatives as well as virtual workshops. For example, Mayo Clinic held a virtual workshop to help employees avoid burnout.

Dr. Carlson began by explaining that her field of Positive Psychology is not "happyology." The trend in her field is increasing recognition of negative things. According to Dr. Carlson, happier employees mean superior performance as well as higher supervisor ratings. Employees who are engaged in their work usually view their work as their "calling." They enjoy their work; they're good at the job and believe their work makes a difference. Dr. Carlson explains that relationships at work affect productivity, and how co-workers feel about each other.

Overall, Healthcare Summit participants found the speakers' content very helpful and engaging. Participants were actively engaged with the speakers via the Zoom chat. The summit even provided individual breakout rooms with 4-6 participants to discuss the speakers' content in a more intimate setting.

GENERAL SESSION HIGHLIGHT

David Hunt

- Stories are collections of hopes and dreams and they impact us every moment in our lives in our relationships and in our professional, medical and societal experiences
- Community is:
 - Common – Humans share a commonality and the only way you can find it is through storytelling
 - Unity – stories connect humans and keep them united
 - Commune – how can we be the safest together?
- Black Lives Matter is a plea to be seen and to be heard

WHAT CAN I DO AS I CONNECT THE DOTS BETWEEN OD, LEADERSHIP DEVELOPMENT AND WELL-BEING?

Pietro Parrilla, George Fox University

Are we mind full or mindful? During this time, there is a lot of uncertainty and division in our nation. With all the commotion, a lot of things can prove to be stressful, often times influencing our well-being in and out of the workplace. We ultimately can choose how we want those distractions to affect us. There are a couple of tools that we can utilize to help focus our attention on what is really important to us. By allowing ourselves to be present in the situation and acknowledging the emotions we feel, we can then pursue an action that makes us mindful, rather than having our mind full.

So, what can we do when we feel stress or anxiety? What can we do currently to help us shift our focus to allow for better well-being? Kurt Olson, PhD, system vice president of talent management and organizational effectiveness at OhioHealth, reminds us that the answer is expressing gratitude! More than just being thankful, gratitude is the expression of appreciation. Throughout the sessions Kurt led, a common theme was that all can do more to show gratitude to family, friends and those who are the most supportive. An exercise we can perform to express gratitude is to take five minutes to write a letter to someone to whom we are grateful. In these five minutes, we can thoroughly find the words to show our appreciation for the person. The response that they promote often warms our hearts and immediately shifts our emotion of stress or anxiety to one of love and appreciation.

Another tool that we can utilize is the distinction between content and context.

When referring to content, we look at reality—the events and experiences in our lives. These things are often not in our control. When we focus our energy on these things, it can cause a lot of unneeded stress. On the other hand, we have context, which regards how we process the content and our response to it. Our response is always in our control, regardless of what the content may be. We can shift our focus on the context so that we can maintain a positive well-being during a stressful time.

The last tool we can use, according to Kurt, is our understanding of facts and how they differ from stories. Stories are usually assumptions or opinions that we create about facts, often being one-sided and not full of the facts. They may be based on our emotional response to the situation we observe. The facts are rules of nature or untainted video or photo evidence, and we have nothing in our power to change them. So as our story becomes more and more involved with more facts, we can have a better understanding of our surroundings and our emotions that it brings.

When we think about these tools, it's evident that we are able to choose how we react to the things that give us stress. These choices require time, energy and effort, so it is important to direct that to something that can positively impact our well-being. Kurt provides three tools that we can use to develop an emotion of gratitude and appreciation that are key to the maintenance of our well-being!



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