



HERO FORUM24

PROCEEDINGS

October 7-9, 2024



HERO Forum24

Change at the Speed of Trust:
Belongingness as the Gateway to a Healthier Culture

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Change at the Speed of Trust: Belongingness as the Gateway to a Healthier Culture

Karen Moseley,
President and CEO, Health Enhancement Research Organization

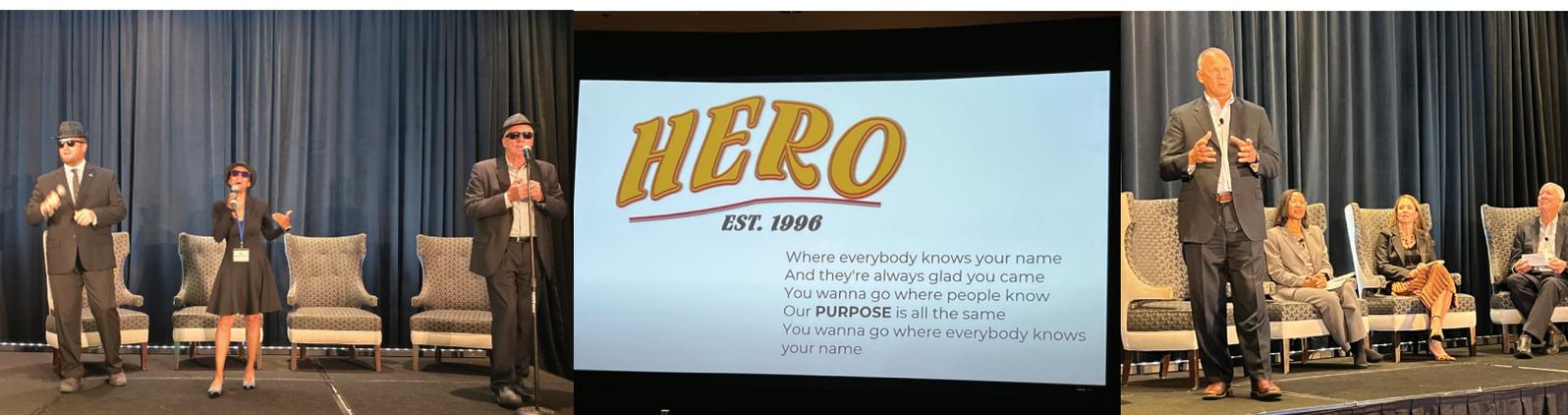
The Forum24 theme of belongingness was demonstrated very tangibly as our nation's top business leaders, scholars and health promotion practitioners gathered October 7-9, 2024, in Baltimore, MD. Taking time for open dialogue and creating space for difficult questions are foundational to building trust, so I invited those in attendance to be fully present to learn together and make personal connections. Collective well-being is that much more attainable with the help of robust professional networks.

This theme is a continuation of a learning journey that HERO has been on to better understand causes of health disparities, to redress social determinants of health and, ultimately, to advance best practices in employer-led well-being efforts throughout the nation. And each of you belongs in this conversation because, in virtually every sector, trust and belongingness are in decline.

The HERO team has contributed to a number of publications that demonstrate our efforts to scope out the size of this problem and open some doors of exploration:

- In collaboration with the Foundation for Social Connection, my colleague, HERO Senior Fellow Jessica Grossmeier, and I led the development of a chapter on “Systems of Cross-sector Integration and Action across the Lifespan Framework” where we applied a social connection framework to the [Work, Employment & Labor Sector](#).

- HERO Research Fellow Mary Imboden organized a [special journal section on belongingness](#) and explained how the scoring results from the HERO Health and Well-Being Best Practices Scorecard in Collaboration with Mercer© can be used to assess and advance a culture of belongingness in organizations. Her co-authors in this issue explored the benefits as well as the potential negatives that come with social connections at work. Friendships, for example, are central to the kind of psychological safety that allow employees to take risks and voice their opinions. On the other hand, friendships sometimes deteriorate and can become that double-edged sword where interpersonal conflicts and dysfunctional relationships can erode job satisfaction.
- [Paul Terry, HERO Senior Fellow and Director of Forum24](#), has examined the historically low trust in American institutions, especially in big business, large tech companies and in government. Paul looked to the education sector, where trust has eroded the least, and argues that belongingness and trust can be woven together, especially within the context of a culture of caring.
- As much as HERO loves research – it is our middle name after all – we don't claim to have solved the code. Indeed, we agree with the approach recommended by [HERO Senior Fellow Sara Johnson](#) who has studied the role of intellectual humility in decision making and organizational change. She has written about



how individuals with higher levels of humility, and organizations with cultures of humility, are more careful about evaluating health information, are more welcoming of diverse perspectives and are more likely to approach problems with curiosity. Sara also notes that those with intellectual humility tend to surround themselves with people who challenge their thinking.

As we began developing this theme, we fielded questions about whether it was too ‘fluffy’ or ‘squishy’ for business leaders. Might delving into concepts of social disenfranchisement, belongingness and trust feel too removed from a business leaders imperative to deliver on their organizational key performance indicators, those critical KPIs?

The expert presenters at Forum24 have given that question a fair hearing and are putting that question behind us and replacing it with research on the keen relationship between employee engagement and the achievement of KPIs. We need to get the word out about this because the reality I heard during our faculty preparations was that these experts on organizational change usually get the call for help when businesses are struggling. It is my hope that Forum24 has inspired creative ways to push trust and belongingness upstream. How can organizations proactively **build** trust rather than face the daunting work of **regaining** trust?

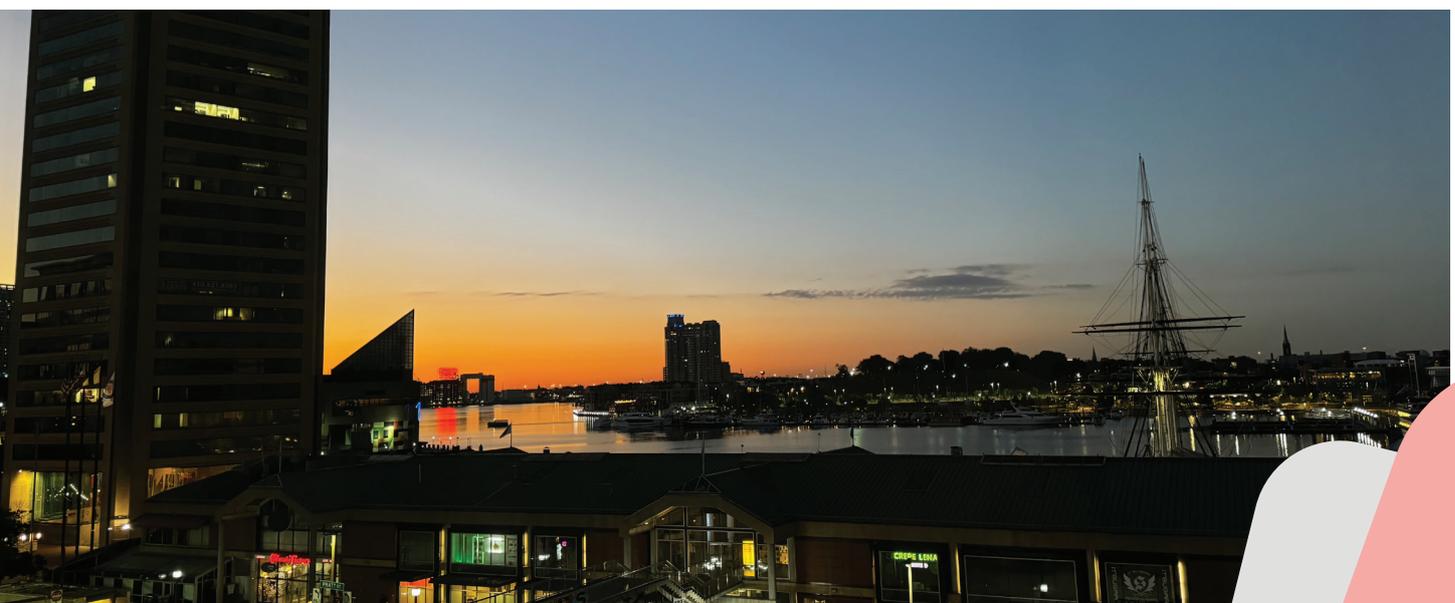
Trust building is grounded in understanding a number of interrelated but, still, quite distinct concepts. Psychological safety, belongingness, trust and social cohesion all have unique roles to

play if we carefully **define** them, **measure** them and **cultivate** them in our organizations over time. As with every Forum, we aim to arm you with tools that make you a more effective change maker in your organizations. But, frankly, this theme is also self-serving for HERO and all who work in the health sector, particularly in prevention and health promotion. We asked our faculty to share what we learned from the COVID-19 pandemic, the most devastating epidemic of our lifetime, one that caused a profound decline in life expectancy worldwide. It also exacerbated what some have suggested is a crisis of trust in public health. So in organizing this conference, we featured experts and leaders who are thinking deeply about what it will take to recoup confidence in both science and industry.

Together, we need to consider our role in countering the misinformation that is taking root in our media environments. Together, we must reclaim the authority to make science-based recommendations that are not widely discounted as restrictions that have gone too far. And together, we can role model sustained listening—the kind of listening that invites in a diversity of views—so that we can all say we belong with those who helped build a trustworthy health and well-being sector. Won't you join us?

Together,

Karen H. Moseley



General Sessions

HERO Forum24 Program Directors

Paul Terry, PhD & Jessica Grossmeier, PhD

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Ryan Sledge, MPH, MBA, HCA Healthcare

Paul Terry, HERO

How Trust and Belongingness Affect Organizational Change

by Chase Sterling, MA, Founder and CEO
Wellbeing Think Tank

HERO Forum24 opened with a panel discussion which explored the evolving challenges organizations face in fostering trust, belonging, and psychological safety amid rapid societal changes. It is important to understand how these elements influence organizational growth, employee well-being, and social cohesion, and examine the complex relationship between leadership and organizational culture.

Panelists included:

- Karen Moseley, President & CEO, HERO
- Ingrid Nembhard, PhD, MS, Fishman Family President's Distinguished Professor, Professor of Healthcare Management, and Professor Management with a focus on Organizational Behavior, University of Pennsylvania
- Olivia O'Neill, PhD, Associate Professor of Management and Senior Scientist, Costello College of Business and Center for the Advancement of Well-Being and George Mason University
- Charles Williams, MD, CMO, Lockheed Martin

The Need for Trust in a Changing Environment

“Why is trust the focus now? Is it enough to bring us together?” Trust alone is not sufficient for fostering genuine belonging and meaningful change. Instead, trust is a precursor to creating psychological safety -- a critical element allowing individuals to take interpersonal risks, such as speaking up in meetings or sharing new ideas. Psychological safety supports employees in feeling secure, which enhances their willingness to contribute to their teams and organizations. Research findings demonstrate the positive relationship between psychological safety and various organizational outcomes, including creativity, innovation, and process improvement.

The Role of Leadership in Cultivating Culture

Leaders, even at the highest levels, need to be actively involved and visible in order to influence the culture and behaviors of their teams. Leaders have a critical role in fostering psychological safety by framing work as a team effort, being accessible, inviting input, responding appreciatively, and demonstrating desired behaviors. In larger organizations, leaders may have less direct interaction with employees, making it important for them to find ways to model the desired behaviors and communicate their priorities effectively. Addressing toxic leadership is crucial, as negative cultural narratives can persist even after problematic leaders depart.

Managing Culture Through a Business Lens

Workplace culture is influenced by everything; even subtle elements such as facial expressions or emojis in a message play a role in the emotional climate of an organization. Direct supervisors and middle managers can be highly influential in shaping employee behaviors, particularly when it comes to the utilization of benefits and the adoption of new practices. Anyone in a position of influencing others should be aware of the impact their actions can have. Building trust and a sense of belonging within organizations can mitigate risks, enhance productivity, and ensure safety, by creating environments where employees feel valued and understood. Companies must view employee well-being as a business imperative, equally important as profitability.

Barriers to Trust and Authenticity

Various factors hinder trust and authenticity in the workplace. Strict focus on performance metrics without consideration for emotional or social factors can detract from an organization's ability to foster genuine belonging. Lack of authenticity,

where employees feel unable to be themselves, can lead to anger and resentment within teams. Larger organizations face particular challenges in maintaining personal connections as they scale, which can result in depersonalization and a loss of hope among employees. To counter this, leaders must actively engage with employees, reinforcing that well-being is essential to both individual and organizational success.

Gender and Intersectionality in Leadership

Although more women are entering traditionally male-dominated fields, true progress requires intersectional approaches that consider both gender and status. Research often lacks a focus on intersectionality, instead primarily examining the experiences of white women. For true organizational equity, we should address gender dynamics at every organizational level and include intersectional perspectives.

Applying Patient-Centered Models to Employee Well-Being

Lessons from patient-centered care could inform employee well-being programs. Just as patient-centered care emphasizes respecting patient values and preferences, organizations should aim to align their work environments with employees' values. This alignment fosters an environment where employees feel heard and respected, reducing conflict and enhancing engagement. Both standardized and individualized approaches are necessary to meet diverse employee needs effectively and foster a truly inclusive environment.

Key Takeaways

- **Trust as a Foundation, Not the Solution:** Trust is essential for organizational cohesion but must be paired with psychological safety to foster true belonging.

- **Leadership's Role in Emotional Culture:**

Leaders significantly influence the emotional tone of an organization. Authenticity, compassion, and awe can positively shape workplace culture.

- **Employee Well-Being as a Business Priority:**

Viewing employee well-being as a core business element is essential. This requires aligning leadership priorities with employee needs to create resilient workplaces.

- **Intersectional Gender Dynamics:** To achieve inclusivity, organizations should consider intersectional perspectives on gender and status, particularly in leadership positions.

- **Value-Based Employee Engagement:** Applying principles from patient-centered care to workplace well-being programs can create alignment between organizational goals and employees' personal values, enhancing overall engagement.

Conclusion

The future of organizational success lies in creating workplaces where employees experience trust, belonging, and psychological safety. Leaders play an instrumental role in fostering these conditions, and organizations must consider both standardized policies and personalized approaches to support employee well-being. Creating inclusive, authentic, and trust-based environments is critical for sustaining high performance and engagement over time.



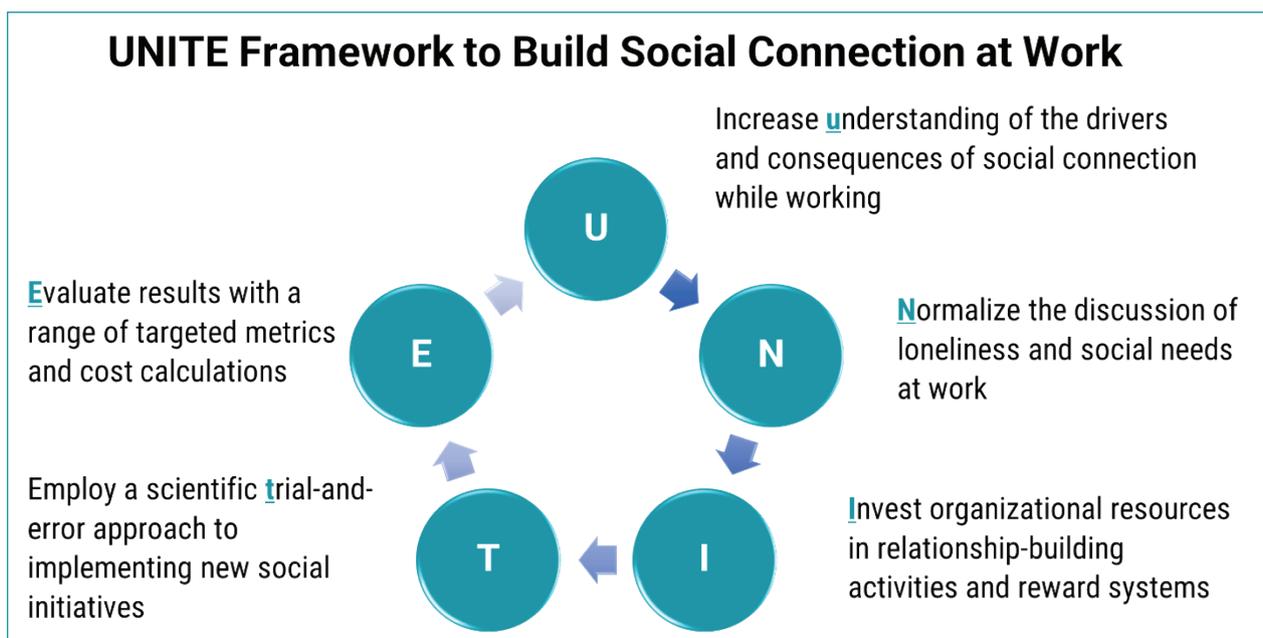
UNITE to Build Social Connection at Work

by Connie Noonan Hadley, PhD, MBA

Institute For Life At Work & Boston University Questrom School Of Business

Given the extensive financial and social problems associated with work loneliness, it is critical to develop better solutions.^{1,4} Too often, attempts to build connectivity at work are done piecemeal, such as through ad hoc social events, or in an uncoordinated manner, such as initiatives emanating from human resources without business unit cooperation. Creating positive human connections at work requires a more holistic view and a more systematic implementation strategy.

At HERO Forum24, I described my UNITE framework to guide an organization's human connection efforts.⁵ The framework is comprised of five primary actions centered on assessing and mitigating loneliness: Understanding, Normalizing, Investing, Trialing, and Evaluating (see Figure 1). I drew upon research from myself and others to support these recommended steps. Using this framework, I believe employers can bring their workforce together in a more coherent and sustainable manner.



UNDERSTANDING

Given the prevalence of misconceptions about loneliness and social connectivity in a work context, the first step in the UNITE framework is to achieve accurate and nuanced *understanding* of these phenomena. To start building this knowledge base, employers can start with the U.S. Surgeon General's advisory on social isolation and loneliness.⁶ In addition, Sarah Wright and I recently published a *Harvard Business Review* article that dispels four myths about work loneliness, including its relation to remote work, teams, personality traits, and organizational environments.² The key aspect of this step is to create a clear, evidence-based understanding

of the problem and shared goals across the organization.

NORMALIZING

The next step of the UNITE framework is to weave conversations about these issues into everyday work life to eradicate stigma, maintain emphasis, and collect robust data. This is the process of *normalizing* discussions about loneliness and social connection at work.

Loneliness is an experience that can affect anyone. For example, Sarah Wright and I found that work loneliness did not differ based on age, gender, education, or type of organization.

Despite its universality, people are unlikely to voluntarily disclose they are struggling to make connections at work. Engaging in these conversations will require a high level of psychological safety—that is, a belief that they will not be punished or ostracized for taking an interpersonal risk.⁷

INVESTING

Successful change will require *investing* time, effort, and money into social connection. This can take the form of setting up social opportunities, such as lunches and meeting chats, as well as providing rewards and incentives for people to participate. For example, in one study, Nancy Baym and I found that women reported giving social support to colleagues more often than their male counterparts did—yet men reported higher levels of organizational rewards (e.g., promotions, bonuses) than did women.⁸ The best organizations will ensure there is equity built into the investments and returns involved in creating a socially connected workforce.

TRIALING

Influencing the nature of relationships between adults in a work setting is complicated by the specific nature of the people and work environment involved. *Trialing* different approaches is likely to be necessary to achieve maximum success in any given organization. Thus, we encourage companies to treat their efforts to build connectivity as time-delimited trials rather than permanent mandates.

In addition, it is essential to avoid too brief or one-off social experiments. Building relationships takes time and repeated touchpoints between parties. A single lunch or happy hour is unlikely

to generate high and widespread connection levels. Organizations should get their employees involved in hypothesizing about what will work best for them and in determining how to track the success of each experiment. Armed with these projections, organizations can prioritize and implement initiatives in a systematic manner.

EVALUATING

The final step in the UNITE framework is *evaluating* the impact of each social connection initiative. This is more difficult than it sounds because most organizations are not currently tracking loneliness or social connection at the level of precision required. To truly see progress against their goals, employers will likely need to pursue new metrics and monitoring systems. For example, loneliness is a very particular phenomenon that cannot be captured with generic employee culture or engagement surveys. Organizations can use specific tools to assess loneliness levels in a population, such as the five-item **Work Loneliness Scale (WLS)** that we have made available to the public.⁹

FINAL THOUGHTS

The UNITE framework is designed to provide a comprehensive and holistic approach to strengthening the social fabric of an organization. Each step builds upon the prior one, which means each step is essential for success and cannot be skipped. Yet the process of fostering relationships at work is more of a wheel than a ladder: there is no stopping point. The practices of understanding, normalizing, investing, trialing, and evaluating must continue for as long as the organization wants to shape and enhance the relational climate at work.

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Put All Your Health Investments Under the Same Lens

by Ronald J. Ozminkowski, PhD, Senior Vice President Commercial Analytics
Aon Plc

Many employers and payers have several well-being or other health-related programs. Some of our clients have over 20, and they want to compare them so that fair decisions can be made about the value of each. Here I describe how to make these comparisons.

The spirit behind comparison is to combine two frameworks to generate scores for each program of interest. The first is the *PIPE* framework described by Nico Pronk.¹ The second is the *Telling the Right Story* framework that Seth Serxner and I built.² I describe how to combine these frameworks in more detail elsewhere,³ but major concepts are noted below.

Arraying Multiple Programs Side by Side

Nico Pronk's *PIPE* framework has four major components. Each one is expressed as a percentage. Then the four percentages are multiplied by each other to get a final *PIPE* score that ranges from 0 to 100%.

The four *PIPE* components include these measures:

- 1) **Penetration** is the percentage of people who are eligible for a well-being or care management program, who are aware of that fact, and have received information about it. Ideally, awareness and receipt of information are demonstrated with valid data. Typically, the Penetration percentage is high (e.g., when 80% or more of diabetic patients have been contacted and provided information about a diabetes management program which may help them).
- 2) **Implementation** refers to a set of operational metrics demonstrating that the program is working according to its design. For example, if those who are engaged in a maternity management program are supposed to receive monthly text messages with advice about how to manage each stage of their pregnancies,

Implementation metrics would report the percentages of people who were sent every such message. If face-to-face, online, or phone interviews or consultations are required, Implementation refers to the percentages of members who received or participated in all of these, according to program design. Implementation percentages typically are also high but can falter significantly if people do not receive all the interventions they should while in a program.

- 3) **Participation** refers to the percentage of eligible people who engage meaningfully in the program. It does not just report those who say they will participate but do not follow up or receive enough program services that would be required to improve their health or care management. Participation (i.e., engagement scores) can be very low if many people drop out early as well. Participation percentages can be high or low depending on personal motivation, program costs and convenience, and other factors.
- 4) **Effectiveness** metrics report the percentage of participants who meet major program milestones (e.g., lose 5% of body weight and maintain that for at least 6 months).

Next, we must decide exactly which metrics should fit within each of these four *PIPE* categories. This is where applying the *Telling the Right Story* framework² can be helpful.

For example, *PIPE*'s **Penetration** metrics might contain our *Telling the Right Story* elements describing *Whom We Serve*, *The Health Risks They Have*, and *The Health Conditions They Have*. Examples of these follow in Table 1 below.

The **Implementation** (i.e., operational) and Participation metrics may be defined above; Table 1 includes examples.

Figure 1. Recommended Reporting Metrics to Support Program Evaluation

PIPE Category	"Telling the Right Story" Category	Metrics
Penetration (P)	Who We Serve	Total Qualified Members Number of Qualified Members Reached Overall Report numbers of people who Qualified for the program, by relevant age groups, gender, job type, insurance plan design features, etc.
	The Health Risks They Have or Have Screened Positive For	Depression Screen Positive (PHQ-2 and/or PHQ 9) Depression Screen Positive (Follow-up PHQ-9) Include other relevant risks, such as anxiety, substance use, smoking status, obesity, etc.
	The Health Conditions They Have	Report top 10 or so most prevalent and/or most costly conditions
Implementation (I)	Operating Metrics	Select metrics related to fidelity of the interventions and report percent of these executed as planned, for the PIPE metric
Participation (P)		Report engagement rates by program and modality of engagement Active Cases Closed Cases, by Reason for Closure Use Active Cases plus Closed Cases due to closing all gaps in care to calculate numerator of Participation for PIPE metric
Effectiveness (E)	Quality of Care, Utilization, Expenditure Metrics	Percent of Care Gaps Closed Percent adherence to Selected Evidence-based quality of care metrics Rates of ER, hospitalization, and/or readmissions Percentages of ER, hospitalization, and/or readmission avoided -- separate rows for these Rate of use of selected low-value services, and Percentages of low-value services avoided -- separate rows for these Select additional relevant effectiveness metrics for all programs if not reflected above and report percentages of members reaching those metrics
	Access to Care	Select relevant survey metrics, if available
	Health Status	Perceived health status or other relevant survey metrics, if available
	Financial Performance	Program Satisfaction (NPS, etc.) Return on Investment -- ideally from an external, rigorous analysis Plan lapse rate or renewal rate Medical Loss Ratio
PIPE Values (P*I*P*E)		Report multiple PIPE metrics by taking multiple percentages from above rows (one for each PIPE category) and multiply them together to get overall PIPE score* Then report the average of the above PIPE metrics as an overall program effectiveness measure
* Typical PIPE scores range from about 0.10 - 0.67. Scores can be compared across programs		

The **Effectiveness** metrics selected from the *Tell the Right Story* focus might include several: measuring access to care; the quality of care that participants receive; the program milestones they reach; associated changes in healthcare utilization, health status, work productivity, and/or quality of life; and the financial impact (e.g., return

on investment) in the program. Examples are shown in Table 1 as well.

When any of the *PIPE / Tell the Right Story* categories include multiple metrics, the overall PIPE score should be based on the combination of all the relevant metrics described as a single

percentage. If the design of your program suggests that some metrics should be weighted more than others, feel free to do that.

Discussion

The idea behind this work is to view multiple programs side by side, reporting only the relevant metrics for each program, as illustrated in Table 1. Metrics can vary by program, but PIPE category and overall scores are still relevant because we would compare every program with the same guiding rubric.

Using the *PIPE / Tell the Right Story* rubric illustrates where individual program strengths

and weaknesses may lie. These should be investigated to learn how to improve each program.

Realistic expectations about improvements should be made. It usually is unrealistic, for example, to assume that all strengths can be improved even more and that all weaknesses can be eradicated. A fair comparison across programs must be based upon valid assumptions about program reach, operations, participation, and performance. These should be reported within relevant short-term and long-term horizons, repeating the process quarterly or at other relevant periods.

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What Have We Learned? Closing Thoughts on HERO Forum 2024

Kerry E. Evers, PhD, Co-President & CEO

ProChange Behavior Solutions; HERO Education Committee Chair

Attending HERO Forum24 was an illuminating experience, diving deep into the theme, “Change at the Speed of Trust: Belongingness as the Gateway to a Healthier Culture.” At first glance, “trust” and “belongingness” might seem intangible, even “squishy,” as Karen Moseley acknowledged in her opening remarks. However, as the sessions unfolded, it became clear that these elements are not just real—they are foundational to building a healthy culture within organizations. The discussions revealed how trust and belonging can significantly impact employee well-being, productivity, and company performance, proving them to be anything but abstract.

One of the most compelling aspects of Forum24 was the presentation of evidence underscoring the tangible benefits of fostering belonging within organizations. Overviews of studies such as the one performed by BetterUp, which linked employees’ strong sense of belonging to a 56% improvement in job performance, a 50% reduction in turnover risk, and a 75% decrease in sick days,¹ suggest that belonging isn’t simply an abstract ideal; it directly supports healthier, more engaged, and productive workplaces.

Forum24 also tackled the importance of trust, especially considering statistics presented by Dr. Ron Goetzel. In his session “Why Are We So Damn Grumpy?” Dr. Goetzel highlighted some eye-opening statistics: in 2023, over half of employees witnessed unethical behavior, and one in five reported working in a toxic environment. These figures reflect a lack of trust that can manifest as moral distress or moral injury, where employees feel they cannot align their values with their work. Dr. Goetzel emphasized that fostering trust goes beyond surface-level adjustments; it requires a foundation where people feel safe,

respected, and valued. Psychological safety was a common theme of the Forum, establishing that without it, trust cannot be obtained. And without trust, organizations risk eroding their culture and leaving people feeling isolated, anxious, and disengaged.

Defining trust and belonging, however, is complex and was a recurring topic across sessions. Dr. Ingrid Nembhard shared a detailed definition of trust,² which described it as “the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform an important action, irrespective of the ability to monitor or control them.” Dr. Nembhard also discussed “trust propensity”—an individual’s inclination to trust others—versus “trustworthiness,” or the traits that inspire trust in others. She stressed that while trust is essential for fostering belonging, trust alone does not guarantee it; belonging requires acceptance, respect, and authenticity. Employees need to know they are valued for who they are, without having to conceal aspects of their identity or experience.

Belonging was increasingly discussed as the intersection of Diversity, Equity, Inclusion, with a renewed focus on DEIB (Diversity, Equity, Inclusion and Belonging) strategies. While everyone’s level of need for belonging may vary, the drive itself is universal. Throughout Forum24, data on belonging demonstrated that employees who feel connected at work report better physical and mental health, higher job satisfaction, and improved productivity. However, belonging remains elusive for many, particularly in underrepresented groups. For example, as presented by James Wolfe of Eidos, 22% of Gen Z identifies as LGBTQ+, yet nearly half of LGBTQ+ employees feel unsafe being open with their

supervisors. These findings highlight the need for inclusive practices that allow diverse employees to feel they belong.

The value of belonging goes beyond individual well-being; it fosters a stronger, more innovative, and collaborative workforce. Employees who feel they belong are more likely to support one another, collaborate effectively, and contribute creative ideas. As one presenter noted, “Innovation Requires Collaboration,” and a high-trust, high-belonging culture enables people to share ideas without fear of judgment or exclusion. Additionally, fostering belonging has positive impacts on retention, recruitment, and even students in educational settings, where role models who feel connected to their work positively influence their students.

A recurring theme in the discussions was the importance of encouraging employees’ participation in building a strong culture, captured in the sentiment “People support what they create.” Building a culture of belonging is a collaborative effort, one that involves contributions from all levels within the organization. Many speakers stressed the importance of fostering an environment where all voices are valued and where both successes and

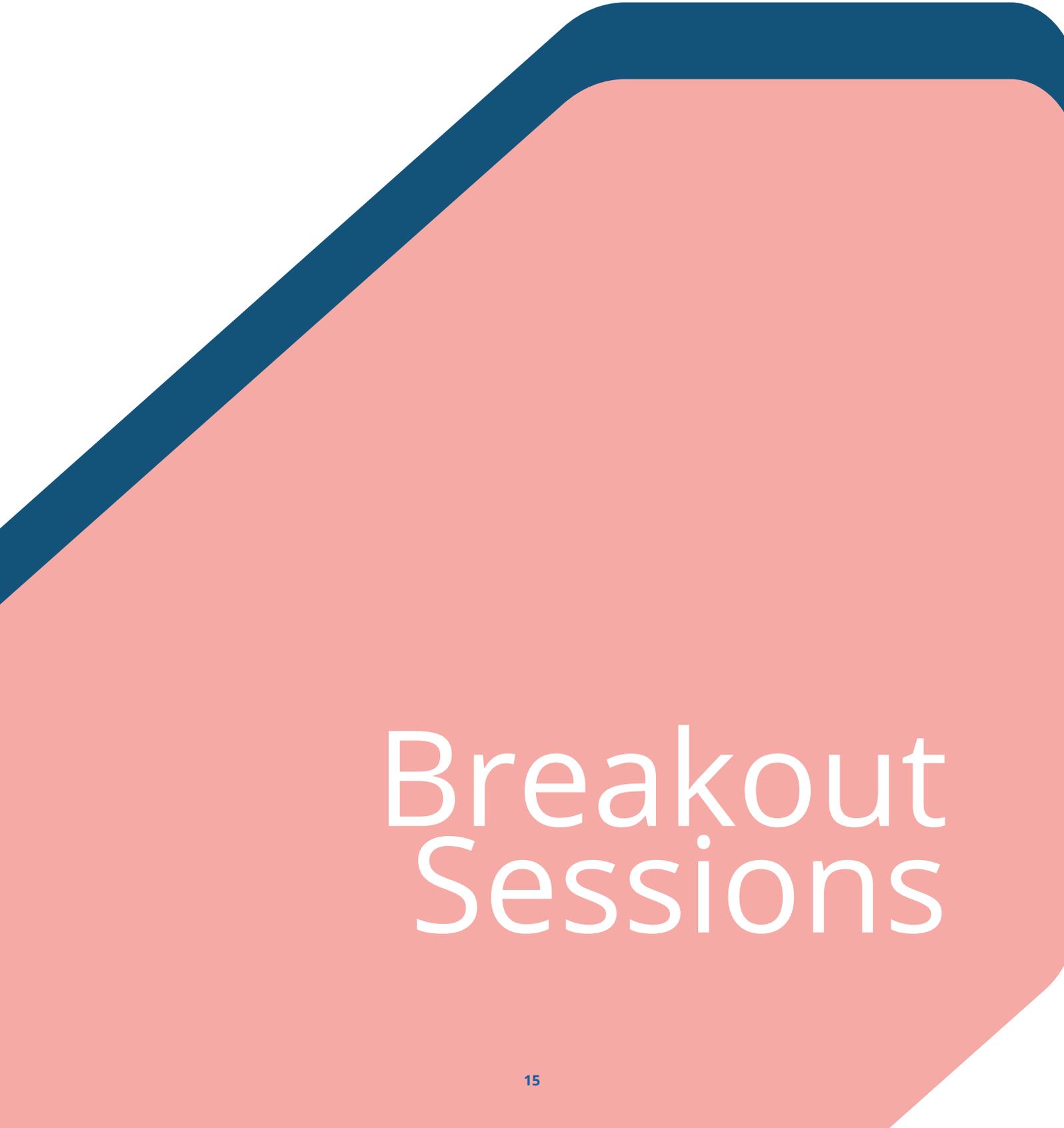
failures contribute to the learning process. For HERO and its members, this means embracing these principles within the HERO community itself and striving to reflect trust and belonging in interactions and shared initiatives.

One final topic focused on moving from discussion to action and accelerating the implementation of research insights. As many presenters noted, creating a high-trust, high-belonging culture requires transparency, shared learning, and a willingness to address both successful and unsuccessful efforts. When organizations openly discuss what works and what doesn’t, they lay the groundwork for a more resilient and inclusive workplace culture.

Forum24 was a powerful reminder that “it takes a village to create a culture.” Change does not happen in isolation; it requires everyone’s engagement. HERO, its member organizations and individuals involved are tasked with the responsibility of moving from discussion to action. As the theme suggests, change at the speed of trust means actively fostering environments where employees feel a sense of ownership, respect, and connection. When people trust and feel they belong, their potential—and that of the organization—truly thrives.

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Breakout Sessions

Leveraging a Systems Change Approach to Improve Health & the Economy

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Business for Health, United Kingdom

Overview

The purpose of this session was to demonstrate how using a systems approach to link health and productivity can enable government, the public sector and businesses to make informed decisions on how to invest for health *and* economic growth. Additionally, it shared crucial data on the economic benefits of preventative measures, reframing health as an *asset*.

Companies are increasingly interested in defining their social purpose and impact in wider society, but there is reluctance on the part of businesses to increase their responsibility for the health outcomes of their workforce. In the UK, and arguably countries across the world, health systems are stretched to their limits, with rising inequalities and economies struggling to recover from the lingering effects of the pandemic.

Business for Health (B4H), a business-led social venture, has a mission to enhance the health and economic resilience of the UK, delivering practical tools and guidance for business to measure their contribution in delivering better population health management insights.

The session included these key takeaways:

- Understanding the drivers and outcomes linking workforce health to social and economic development;
- How reframing health as an asset is crucial to strengthening the economic case for prevention; and
- How longer-term preventative health measures form part of an integrated system change approach bringing 'Health' into Environmental, Social, Governance (ESG) frameworks.

Forward Vision

With recent reports¹ showing that economic inactivity due to sickness in the UK could hit 4.3 million in the next five years, the importance of an

evidence base on the link between health and the economy cannot be understated.

Through a partnership with the Office for National Statistics (ONS), Business for Health will help relaunch the ONS Health Index, providing businesses, local authorities, and the government with the data and insights needed to make informed decisions that positively impact both health and economic growth.

This initiative will also establish methods for monitoring the progress of outcomes of any health and well-being strategies implemented, allowing for the identification of successful interventions and the incentivization of further improvements through mechanisms such as procurement opportunities, return on investment (ROI), value on investment (VOI) and tax breaks.

On a broader scale, the new business-related metrics will guide strategies linking health, well-being, and workforce productivity. These can then be integrated into Environmental, Social, and Governance (ESG) discussions and support the move to measuring national progress beyond GDP.

Specifically, the Health Index could provide value to businesses in the following areas:

- Inform data gaps and develop standards needed to drive system change on health outcomes.
- Provide evidence on the link between health and productivity, informing the case for workforce health reporting.
- Provide evidence on the role of businesses and employers as 'anchors' in communities, mobilizing local assets and their impact in reducing demand on health and care services.

Conclusion

Even though US health and care systems are different from the UK, collective action principles and practices are still crucial for implementation. Business for Health encourages business leaders to consider the value add in collaborating with local public health departments to standardize data and drive shared efforts in improving health and well-being of their populations. B4H will be meeting with the Department of Health and Social Care to discuss the potential for local place-based use of Health Index data to feed into their missions, setting a new course of research for future national workplace indices. To follow their work, you can visit www.businessforhealth.org.

Background

Business for Health (B4H) is a business-led social venture with a mission to enhance the health and economic resilience of the UK, by catalyzing and facilitating business contributions to reduce health and wellbeing inequalities and increase healthy life expectancy.

Since its inception in October 2020, B4H has focused its research on compiling accumulating evidence on the link between health and wealth, as set out in the *Business Framework for Health: Supporting businesses and employers in their role to enhance and level up health of the nation*.² It was launched with the Confederation of British Industry (CBI) and supported by the UK Chief Medical Officer, Chris Whitty, in October 2021.

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Figure 1 below demonstrates the three pillars of the Framework: 1) Workforce Health 2) Consumer Health and 3) Community Health, putting value in examining the performance of the whole system and the interactions between the components. B4H's recent research grant from the [National Institute for Health & Care Research \(NIHR\)](#), was part of a research collaboration with Cambridge University involving health economists, business leaders, academics and policy makers.

Figure 1. Business Framework for Health



2. Woods T, Godfrey J. (2021). Business Framework for Health: Supporting businesses and employers in their role to enhance and level up health of the nation. <https://static1.squarespace.com/static/5f9444ec7009945ec749f5d5/t/617665afd3dcc10717ca6d92/1635149265260/Business+Framework+For+Health+Report+%28final%29+20+October+2021+v2.pdf>

Pride in Our Work: A Dialogue on LGBTQ+ Belonging in the Workplace

James Wolfe, MS, NCC, Eidos, LGBTQ+ Health Initiative at the University of Pennsylvania

Madison Gilmore, BA, ProChange Behavior Solutions
Gaurang Choksi, Violet

This session focused on the importance of fostering an organizational culture of belonging for LGBTQ+ employees. In more detail, the speakers described the disparities faced by LGBTQ+ employees; emphasized the value of academic/industry partnerships to validate science-backed strategies with real world data; defined belonging, its key drivers, and its impacts; and explored multifaceted approaches businesses can employ to advance inclusion and equity, such as through inclusive benefits.

The objectives for this session were that participants would leave the session being able to:

1. List factors that undermine experiences of trust and belonging for LGBTQ+ employees.
2. Describe strategies for adapting and validating belonging solutions for LGBTQ+ employees.
3. Discuss workplace belonging, its key drivers, and its impacts on employee well-being and organization performance.
4. Outline how their own institutions can create spaces where every employee feels seen, heard, and valued.

LGBTQ+ populations experience an array of disparities in health outcomes, discrimination, and access to social determinants of health. Those disparities appear in the workplace as disproportionate experiences of discrimination, harassment, and lack of support.¹⁻³ Though the majority of U.S. LGBTQ+ employees believe that being out about their identity in the workplace is important, less than half feel safe being out with all their colleagues. Being out has been shown to have unpredictable results, sometimes supporting valuable employment outcomes like promotion and retention,⁴ but is also linked to higher rates of discrimination.³ Variability in workplace support for LGBTQ+ employees undermines trust and belonging. Even at organizations that have policies related to non-discrimination and equity,

LGBTQ+ employees report that those policies do not necessarily translate into supportive organizational culture and relationships with their supervisor and colleagues.

Initiatives to build belonging and trust are being developed, including the use of employee resource groups, self-identification initiatives, and equitable benefits for LGBTQ+ employees. Determining which strategies result in improved outcomes for both LGBTQ+ employees and employers will require robust data. Intersectoral collaborations leveraging expertise in LGBTQ+ belonging, executive leadership, workforce development, and research methodologies are necessary for developing evidence-based solutions for LGBTQ+ workplace belonging.

Belonging, characterized by authenticity, inclusion, support, and trust, is a significant predictor of mental health⁵ and a critical driver of organizational success^{6,7}. In this way, belonging is not just an individual necessity, but an organizational one. Results from ProChange's use of the IOWA-B (Inclusive Organizational Well-Being Assessment - Belonging) with their employer book of business demonstrated the impact of belonging on key health and mental health outcomes. Those with higher levels of belonging were more likely to perceive their health as "excellent" and reported better mental health, including lower rates of depression and anxiety. In terms of organizational outcomes, studies have shown that employees who feel a strong sense of belonging exhibit higher commitment, motivation and pride and their organizations experience reduced rates of employee turnover, attrition, and absenteeism.⁸ ProChange's work revealed that those with higher levels of belonging experienced fewer barriers to productivity, such as lack of resources, issues with co-workers, and issues with supervisors.

Further analysis of ProChange’s dataset revealed disparities in workplace belonging scores between cisgender employees and those who identified their gender as “other” (e.g., transgender and nonbinary individuals). Transgender and nonbinary employees had an average belonging score that was more than 10 points lower than their cisgender counterparts (see Figure 1). Looking at changes over time in belonging scores revealed another disparity. In the dataset, 2,500 people completed the IOWA-B twice. While the data shows a trend of decreasing belonging for all employees, belonging decreased more over time for transgender and nonbinary individuals than for cisgender employees (see Figure 2). These results underscore the importance of targeted initiatives to enhance belonging among gender diverse employees.

Figure 1. IOWA-B Scores by Gender Identity

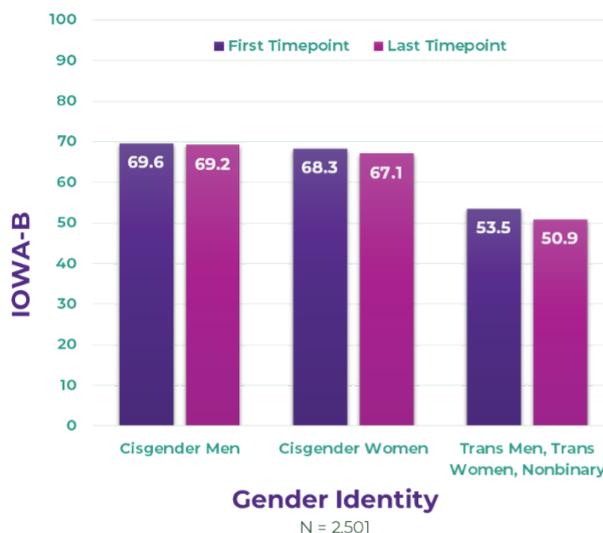


Source: ProChange Behavior Solutions (2024). Inclusive Organizational Well-Being Assessment - Belonging (IOWA-B) Scale. [Unpublished data]

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Figure 2. IOWA-B Scores by Gender Identity Over Time



Source: ProChange Behavior Solutions (2024). Inclusive Organizational Well-Being Assessment - Belonging (IOWA-B) Scale. [Unpublished data]

Conclusion

Measuring belonging is key to understanding its impacts and creating targeted programs and interventions to support underrepresented groups and improve organizational culture. By effectively understanding and assessing belonging, organizations can address gaps, track progress, and cultivate a culture in which all employees can thrive.

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Enhancing Workplace Inclusion And Mental Health Through Participatory, Applied Research

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“The world we want tomorrow starts with how we do business today”

– Mars Purpose Statement



At Mars, our Purpose guides us to create a better tomorrow. And in the world we want tomorrow, society is inclusive, and everyone is thriving.

Mars has long been committed to creating inclusive workplaces and taking a holistic approach to health and wellbeing, so that all Associates can succeed. While we have many programs and initiatives in place to advance inclusion & diversity and associate health & wellbeing, we noticed our women leaders were reporting sub-optimal feelings of inclusion and lower energy levels. To identify root causes and better support our women leaders, the Global Inclusion & Diversity Center of Excellence and the Global Associate Health & Wellbeing Center of Excellence came together and collaborated on an iterative and participatory applied research agenda to directly engage this group. Our methodology was adapted from the Community-Based Participatory Action Research (CBPAR) framework,^{1,3} which is most commonly used in public health settings and less commonly used in corporate settings.

Our HERO Forum²⁴ session discussed the benefits and considerations of translating the

CBPAR framework to the corporate environment. Known for its focus on centering on the lived experiences of those studied, CBPAR empowers participants and treats them as experts (i.e., “Nothing about me, without me”). Using data placemats, we heard directly from our women leaders to understand their experiences and identify root causes. From there, we held follow-up conversations to gather insights from our participants on how they would solve these issues. While this was advantageous for what we set out to do, we knew that using this approach would delay immediate action, as it required us to refrain from implementing company-led solutions, and instead, take on board the ideas generated by our participants (see Figure 1).

While there are numerous considerations of bringing an applied research methodology like CBPAR into the corporate setting, the presenters demonstrated through their case study looking at women leaders at Mars that it can be done and done well, to the mutual benefit of both the business and employees.

Figure 1. Research considerations: Translating the CBPAR methodology to a corporate setting

Research Considerations

Translating the CBPAR methodology to a corporate setting, with an employee-employer relationship, presented distinct challenges and considerations.

The need to center on employees' lived experiences

Possible skepticism around sincerity of intent

Potential for participants to share challenging experiences

Open-ended timeline around developing impactful, yet potentially not "quick," solutions

Requires delaying action, even when issues are known

Necessitates researchers who are well-versed in this methodology

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Workforce Health Equity and *Total Worker Health*[®]: Implementation with a Healthcare System

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In 2011, the National Institute of Occupational Safety and Health (NIOSH) initiated their *Total Worker Health*[®] (TWH) initiative; the program focus has continued to evolve and expand. Initially a focus on health promotion and health protection, the initiative embraces a more holistic approach involving all domains of employee well-being, including the physical and psychological work environment, as well as employer initiatives to enhance workplace culture and provide meaningful well-being benefits. As part of their commitment to the TWH effort, NIOSH provides grant funding for selected TWH academic Centers of Excellence based on a competitive grant process.

Researchers from the University of Illinois Chicago TWH Center for Healthy Work have been studying a regional mid-Atlantic healthcare system, learning about the organization’s efforts to implement a culture of health. Their research focus has at its center the idea that health equity is a vital part of culture of health efforts, so that employees at all levels

of the organization can benefit. Health equity presumes that all employees – from the C-suite to the front-line workers –deserve a meaningful opportunity to benefit from enhanced well-being and a safe workplace.

In their HERO session, the researchers provided insights into their findings, including these key observations:

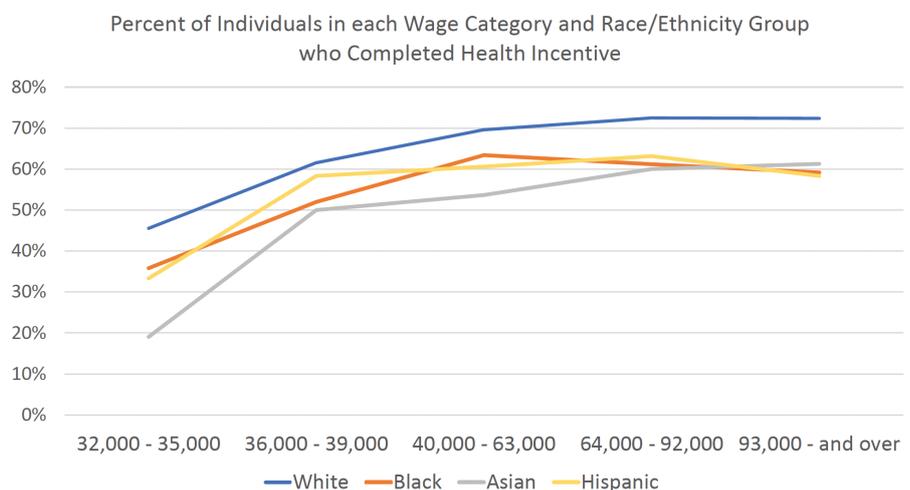
- A gap exists between leadership and front-line employee perceptions of health and health equity,

with workers having differing perceptions of the meaning and their culture of health experience.

- Chronic conditions, including diabetes, obesity and hypertension, were more prevalent among Black and Hispanic subpopulations, particularly those in low-wage categories. These conditions were also less well-controlled among low-wage workers compared to their higher-wage counterparts.
- Low-wage workers described their experiences with a number of different barriers that limited them from improving their health and well-being, including time, program access and affordability – as well as limited opportunity for career advancement.
- Low-wage workers were less likely to earn the \$600 premium reduction incentive (completion of a health risk assessment, visit to primary care clinician, and completion of at least one activity in the organization’s well-being program), as shown in Figure 1.
- There was an association of non-participation in well-being programs with employee turnover,

Figure 1. Percent of employees completing premium reduction incentive by race, ethnicity and annual wage.

Completion of Health Incentive



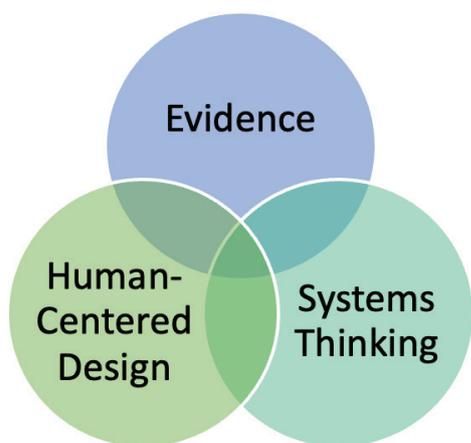
Employees who were benefits eligible for 12 months (N=8,106), of which 5,243 (65%) completed health incentive

such that individuals who were not engaged were more likely to leave their jobs.

With awareness as a first step, what can employers do to address workforce health inequities?

Researchers developed a framework to guide their approach, involving three process components, shown in Figure 2 and described in more detail in the following text.

Figure 2. Venn diagram showing a suggested approach to developing and implementing solutions for workforce health inequities



Evidence

Analysis of available data to build evidence around health inequities likely represents the best starting point for efforts to understand if workforce health inequities exist. Evidence sources include quantitative data, such as medical and pharmacy claims detail, as well as qualitative data representing employee perceptions. Employers can then use the evidence to determine how significant or impactful the inequities are and then use the details to inform strategic planning decisions to correct them.

Specifically, quantitative analyses should incorporate employee demographics (distribution by wage band, as well as race and ethnicity) to evaluate results across specific sociodemographic subpopulations. With that information, medical and pharmacy claims (healthcare utilization patterns), well-being program participation and clinical outcomes data can all be analyzed on the basis of subpopulations to see what health inequities exist. Additional sources of data include absenteeism, turnover, as well as business performance measures, as available.

Qualitative evidence from employee surveys, interviews and focus groups can be particularly helpful, especially in relation to understanding employee perspectives from historically underrepresented minorities as well as low-wage workers.

Systems Thinking

In many organizations, employee health and well-being initiatives fall across multiple departments or committees and are sometimes pushed down to front-line supervisors to implement. To be effective, solutions to address identified inequities should include a systems-based approach to problem-solving, so that solutions are incorporated into existing work processes, and are then aligned within organizational operations. Doing so can ensure that the solutions will be adopted with minimal disruption. In addition, there needs to be executive-level support for these initiatives in order to prioritize them among competing organizational alternatives.

Human-Centered Design

This consideration may be the most significant component of the framework. Ensuring that the end-users – the individuals actually engaging in the planned solutions – are included in developing those solutions will increase the likelihood that they’ll use them. Too often, benefits are provided as a one-size-fits-all offering, which may not be relevant or useful for individuals in minority or low-wage groups. Having those individuals involved in sharing their unmet needs and co-developing solutions can yield the most impactful and effective solutions. Perhaps equally important is the fact that involving those individuals in the process of developing solutions can also give them more of a “voice” within the organization and help them feel more engaged with their employer.

Including these three components into a strategic approach to address workforce health inequities can help to optimize the likelihood of success. Mitigating health inequities among employee populations is more than a moral obligation – doing so may well contribute to improved business outcomes. While more research is necessary to validate this hypothesis, it makes intuitive sense.

Impact of Lifestyle Changes on Men's Health and Chronic Disease Management

Kevin L. Billups, MD, Professor of Urology & Internal Medicine; Director, Men's Health & Lifestyle Medicine; Chief Medical Officer, Heal90, Inc.; Meharry Medical College

Introduction

This session at HERO Forum24 highlighted the significant impact lifestyle interventions can have on men's health, particularly in the context of chronic disease management. The presentation focused on chronic disease management through the Heal90 program, a virtual 90-day intervention designed to reverse chronic metabolic conditions like obesity, diabetes, and hypertension. This program integrates medical education, nutrition, and self-care, offering participants a pathway to better health outcomes.

The Crisis in Men's Health

The U.S. is facing a severe health crisis: 50% of adults have hypertension, 75% are overweight or obese, and more than 40% suffer from two or more chronic conditions.^{1,2,3} These diseases disproportionately affect ethnic minorities, particularly African American men. There is an urgent need to shift the healthcare system from "sick care" to one grounded in prevention and restorative health to address the current situation characterized by out-of-control medical costs, amounting to billions of dollars annually.

The Heal90 Program Overview

Heal90 is designed to address the root causes of these chronic conditions by teaching participants how to make sustainable lifestyle changes. The program's four pillars—blood pressure, waist size, blood sugar, and cholesterol—are essential for improving metabolic health. Participants learn to reduce their consumption of processed foods, increase their physical activity, manage stress, and improve sleep. The core principles of Heal90 constitute a program that educates, engages, and empowers participants to take control of their health.

Pilot Study Results

In a pilot study, the program showed significant improvements in health metrics over a 90-Day intervention period. Data listed below were collected pre-intervention and then post-intervention (90 days later) for statistical analysis. All results were found to be statistically significant:

- **Weight Loss:** Participants lost an average of 17.7 pounds, which corresponded to reductions in BMI and waist circumference.
- **Blood Pressure:** The average decrease in mean arterial pressure was 11.6 mmHg.
- **Dietary Improvements:** Participants' diet scores, as assessed by the Mediterranean Eating Pattern for Americans (MEPA) survey tool⁴, increased by 4.6 points as they shifted to healthier, plant-based meals.
- **Physical Activity and Sleep:** The number of participants achieving more than 150 minutes of exercise weekly increased from 17% to 50%, while those getting adequate sleep (7-9 hours) rose from 6% to 40%.

These results underscore the effectiveness of Heal90 in addressing chronic health issues.

Lifestyle Medicine and Restorative Health

Lifestyle changes, particularly in nutrition, are crucial in addressing chronic diseases. The Standard American Diet (SAD), rich in ultra-processed foods, contributes to metabolic inflammation, which leads to conditions such as Type 2 diabetes, hypertension, and heart disease. By contrast, whole food, plant-based diets have been shown to reduce inflammation, improve metabolic markers, and even reverse certain chronic conditions.^{5,6} The Heal90 program teaches participants how to make these dietary changes, focusing on foods that heal rather than harm.

Emotional and Mental Health

A unique aspect of the Heal90 program is its focus on emotional and mental health. Stress, depression, anxiety, and other emotional health issues are intertwined with chronic diseases. Many participants in the program reported improvements in their mental health, alongside their physical health. Addressing emotional well-being is key to sustaining long-term lifestyle changes, and the Heal90 program integrates strategies to manage stress and improve emotional resilience.

Health Equity and the Importance of Targeted Interventions

Dr. Billups also touched on the need for targeted health interventions that resonate with diverse populations. He pointed out that ethnic groups with the worst health statistics, such as African American men, stand to benefit the most from lifestyle programs like Heal90. However, to be effective, these programs must be tailored to

the specific needs and cultural contexts of the communities they serve. Dr. Billups stressed the importance of building trust between healthcare providers and patients, particularly those from underserved populations. The Heal90 program's success in minority communities demonstrates how trust and cultural relevance can enhance engagement and improve outcomes.

Looking Forward

The presentation concluded with a look at the future of the Heal90 program, which is expanding at Meharry Medical College to include faculty, staff, and students for a one-year intervention. This expanded program will incorporate emotional health assessments and explore how building trust with participants can further improve outcomes. The goal is to create a scalable, evidence-based model for chronic disease management that can be implemented in diverse communities across the country.

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Belonging at Work: A Case Study at the University of Iowa

Joan M. Troester, MBA, CEBS, SPHR, Senior Assistant Vice President, Deputy CHRO, The University of Iowa
Kerry E. Evers, PhD, Co-President and CEO, ProChange Behavior Solutions

The University of Iowa (UI) has recently expanded its commitment to holistic well-being with a focus on a sense of belonging within the workplace. This session provided a case study of the university's approach, including strategies, initiatives, and the measurement of outcomes.

A leading public research institution and member of the Association of American Universities since 1909, the University of Iowa is known for its academic medical center and excellence in writing, arts, and sciences. With approximately 32,000 students and 25,000 faculty and staff, the university emphasizes a people-focused strategy to support its mission of teaching, research, service, and patient care. In the mid-2000s, UI launched a comprehensive wellness program aimed at improving individual health and reducing healthcare costs. Over time, the focus expanded to include well-being at the unit level, with additional emphasis on mental health following the global pandemic. In 2024, UI remains committed to holistic employee well-being, recognizing that well-being extends beyond the individual to the broader campus ecosystem.

Strategic Plan for Well-Being

UI's 2022 strategic plan seeks to embed well-being and mental health across campus culture, aiming to create a cohesive framework of services and resources. By focusing on access, awareness, and improvement of mental health supports, the university strives to be a destination for talent, fostering a thriving, supportive community. In 2021, UI President Barbara J. Wilson established the Well-Being and Mental Health Campus Collaborative (WBMHCC) to drive the strategic plan's well-being initiatives. The collaborative, made up of students, faculty, and staff, reviewed university data and peer institution practices to identify focus areas such as physical

activity, mental health, resilience, and basic needs. Subcommittees were created to assess these areas and recommend improvements.

Belonging in the Workplace

UI is in the early stages of understanding the relationship between workplace belonging and holistic well-being. Research highlights the importance of social connections in fostering belonging, with supervisors playing a key role in shaping a supportive culture. To address this, UI developed an online supervisor training program in 2023, focusing on mental health awareness, empathy, validation, and self-care. Over 600 supervisors have accessed this training, with positive feedback suggesting it fosters useful daily interactions. UI's liveWELL program, which measures faculty and staff well-being, uses an annual health assessment to gather data on behavioral health risks and productivity barriers. However, the assessment initially lacked questions on workplace belonging. In collaboration with ProChange Behavior Solutions, UI developed a short survey tool in 2023 to assess sense of belonging at work. This work resulted in ProChange identifying an initial 3-item measure ($n=372$; $\alpha=.77$) that was found to be highly related to resilience, well-being, loneliness, depression, psychological safety, and professional fulfillment. Currently identified as the IOWA-B assessment (Inclusive Organizational Workplace Assessment - Belonging), the questions were launched as part of an updated online health assessment in 2024.

In the first eight months of 2024, over 8000 employees had completed the IOWA-B as part of their Personal Health Assessment (PHA), with an average score of 64.9 out of 100. Those employees who reported excellent health, thriving, and lower number of health

risks reported higher scores on sense of belonging. In addition, those who reported a Patient Health Questionnaire-2 (PHQ-2)¹ item score of 3 or above, and those who reported a Generalized Anxiety Disorder 2 (GAD-2)² item score of 3 or above reported lower belonging scores. Finally, those who strongly agreed with the statements “My physical work environment provides opportunities for me to make healthy choices” and “My supervisor supports health and wellness within my unit” reported higher sense of belonging.

Future Goals

These insights will inform areas for improvement, embedding elements of well-being into a more supportive work culture. Additionally, UI plans to explore whether certain demographics, such as gender, job type, income level, race, or age, experience different levels of belonging. The impact of remote and hybrid work arrangements will also be examined, with the goal of identifying challenges and providing targeted interventions.

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Furthermore, well-being, including belonging, may play a significant role in employee retention. Given the university’s strategic goals, retaining top talent is essential to becoming a destination university. The University of Iowa’s commitment to employee well-being is long-standing and continues to evolve. By better understanding belonging, the university can implement strategic initiatives to foster a supportive work culture, enhancing well-being and providing value across the organization.

By continuing to examine the IOWA-B across multiple campus groups, we can determine areas of priority to improve an individual’s sense of belonging at work, and in turn embed elements of holistic well-being into a more supportive work culture overall.

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10 Steps to Longer, Healthier Employee Lives: A Workforce Health Equity Roadmap

Pamela Garmon Johnson, MBA, National Senior Vice President, American Heart Association Healthy Living and NextGen Programs

Kim Bradley, MA, Vice President, CareFirst BlueCross BlueShield Total Rewards

The average American lives to be just 77 years old, according to the Centers for Disease Control and Prevention¹. It's the shortest life span the country has seen since 1996.

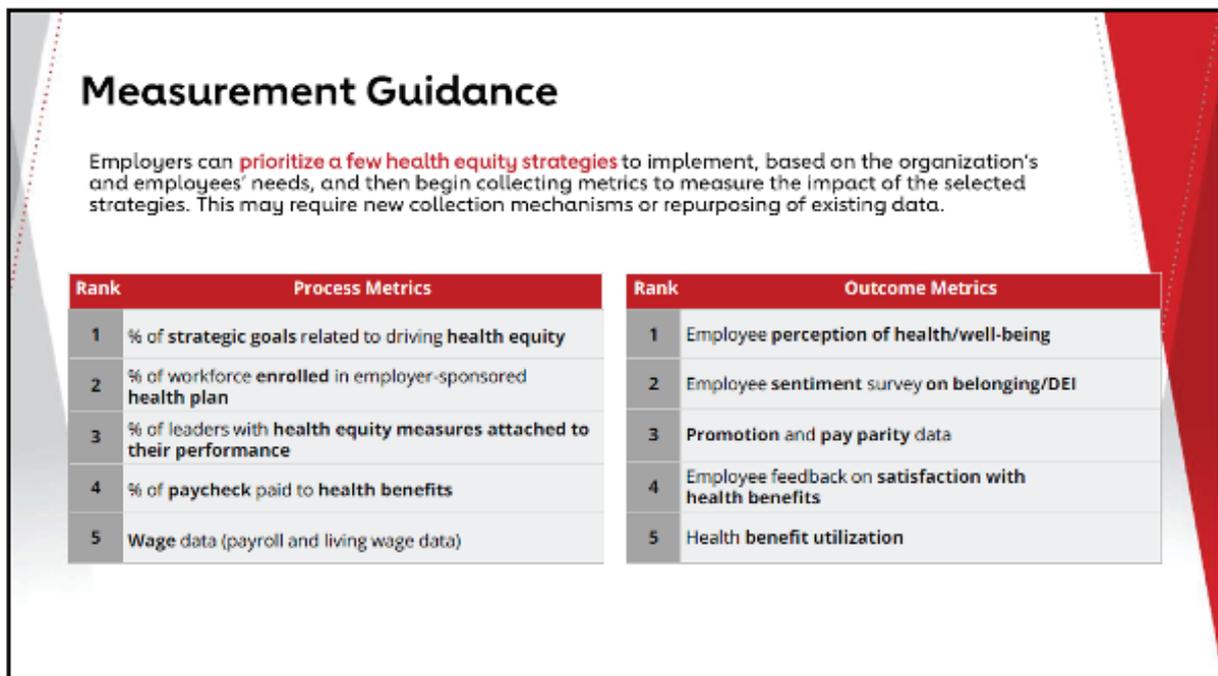
This number has been steadily declining. It peaked in 2014 at 78.9 years and has since been on a downward slide, owing in large part to the COVID-19 pandemic and drug overdose deaths. Potentially more concerning is that only 85 percent of those years are spent in good health, according to a report by Deloitte released in June. The report estimates that the cost of health inequities will grow from \$320 billion today to \$1 trillion in 2040².

The workplace can be a driver of health and, with the right tools, employers can make a positive impact on the health and well-being of their employees. The American Heart Association has developed the **Well-being Works Better** program

to foster, evolve and continuously improve a healthy work culture and environment. At HERO Forum24, the American Heart Association offered evidence-informed best practices shown to improve workforce well-being using the Workforce Health Equity Roadmap outlined in the Health Equity in the Workforce **Employer Resource Guide**. CareFirst BlueCross BlueShield explained how they've addressed health inequities and shared their strategy and vision for their organization. Using the Roadmap, CareFirst gave firsthand accounts of their successes using the roadmap.

The Workforce Health Equity Roadmap is a toolkit of resources for leaders to evaluate and improve the state of health equity within their own organizations. The roadmap gives actionable and achievable steps to address workplace policies, practices and culture that improve health equity and build a healthier workforce.

Figure 1. Process and Impact Measurement Guidance for Health Equity



Here are 10 health equity strategies leaders can use in their workplaces:

1. Offer comprehensive, understandable and affordable healthcare coverage, including mental health, for all employees.
2. Support employee financial well-being through education, benefits and other resources.
3. Strive to assemble a leadership team comprised of people from diverse backgrounds that are representative of the workforce and community.
4. Ensure pay equity and promote a living wage.
5. Embed health equity as a strategic priority in the organization's mindset, strategy, operations, resource allocation and budget.
6. Take steps to minimize bias and discrimination in hiring, retention and promotional practices.
7. Offer paid family, medical and sick leave.
8. Improve performance assessment methods to help ensure equitable and fair evaluation for all employees.
9. Educate managers about workforce health equity and equip them with resources to implement and sustain health equity strategies.
10. Implement workplace well-being benefits, policies, programs and systems that have been intentionally designed to promote more equitable employee health outcomes.

When strategies are implemented, employers can utilize and review metrics to measure the impact

of those strategies. Figure 1 shows the top five process measures as voted on by U.S. health equity leaders. The right side of the graphic lists the top five outcome measures, with an emphasis on employee feedback and perception.

Health Equity in the Workforce

The Health Equity in the Workforce initiative was developed to inspire and activate business leaders to equitably improve the health and well-being of the nation's workforce by providing tools, guides and resources.

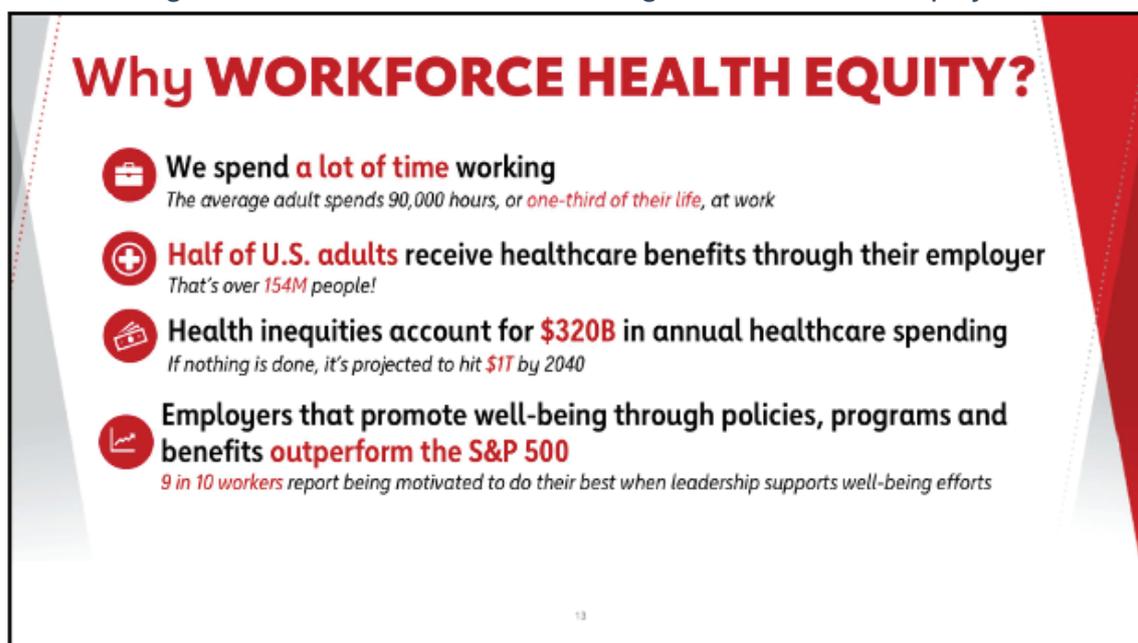
Health equity means well-being for everyone in the workplace. Workforce health equity is achieved when all employees have fair and just opportunities and resources to achieve their highest level of health and well-being.

There is a growing awareness among business leaders, public health officials and physicians that employers are uniquely positioned to have a positive impact on their employees' overall well-being.

Companies that take this responsibility seriously stand to benefit from a more productive, dedicated workforce, and employees who may work longer before retirement (see Figure 2).

The goal of the American Heart Association is to

Figure 2. Business Case for Addressing Workforce Health Equity



Source: <https://www.heart.org/-/media/Healthy-Living-Files/Well-being-Works-Better/Employer-Resource-Guide/HE-Employer-Resource-Guide.pdf>

enable employers to positively impact the health outcomes of 10 million employees by 2025. This number represents approximately 10 percent of the U.S. workforce earning at or less than the median salary – roughly \$54,000 a year.

Good health for all is good business. Up to 80 percent of health outcomes are driven by

social, economic and environmental factors. By addressing drivers of health inequities in the workplace, employers can increase health and productivity and reduce healthcare spending. Employers can dramatically affect their employees' quality, and perhaps length, of life.

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Enhancing Employee Experience to Drive Workforce Engagement, Productivity, and Related Outcomes

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Elizabeth Click, DNP, ND, RN, CWP, Medical Director and Associate Professor, Case Western Reserve University
Jesse Gavin, MA, Well-Being Officer, Baylor College of Medicine

The workplace landscape and workforce dynamics have undergone significant changes in the past several years. We have experienced shifts in how, when and where people work, and organizations are constantly working against macro-forces (e.g., inflation, job shortages) which contribute to the evolving needs and expectations of the workforce.

Despite investments in programs and solutions to support employee well-being, recent survey research has reported concerning rates of disengagement, stress and burnout. There is a new level of awareness to how work impacts our lives, and employers recognize the need for ongoing investment in solutions that support holistic employee well-being. Many employers have gone as far as specifically incorporating a focus on work well-being as a core dimension of the overall well-being strategy.

WebMD Health Services defines work well-being as how employees feel and interact with their job and places of employment and includes factors that exist at the individual level and the organization level.¹ This panel session provided research and three unique university-based case studies to highlight why employee experience

at work is a critical pathway to a more holistic approach to employee well-being.

CASE STUDY #1

For employers who invest in the well-being of their employees, achieving optimal employee outcomes can be challenging. Research has shown that organizations who leverage evidence-based solutions and follow best practices can achieve success with their well-being strategy. There are several scientific models that have served as a framework for employer-sponsored health and well-being programs.

Baylor College of Medicine (BCM), located in Houston, TX, with a total population of nearly 15,000, has grounded their well-being strategy using many behavior change frameworks including the well-researched Self-Determination Theory (SDT). SDT aims to satisfy three critical basic needs for employees, including autonomy (i.e., sense of ownership), relatedness (i.e., sense of community and belonging) and competence (i.e., sense of mastery).² Our speaker, Jesse Gavin, provided several examples of specific tactics and programs leveraged by BCM (Table 1).

By leveraging an evidence-based framework, BCM has experienced improvements in employee

Table 1. Example Application of Core Tenants of the Self-Determination Theory at Baylor College of Medicine

Autonomy	Relatedness	Competence
<ul style="list-style-type: none"> • Peer Resource Networks and Student Leadership Groups • Trainee ownership of schedule, meeting agendas, and task delegation • Flexible work arrangements 	<ul style="list-style-type: none"> • Social programs; In-person and virtual events/outings • Recognition and appreciation programs • Compassionate conversations and transparent communication 	<ul style="list-style-type: none"> • Continuing education opportunities • Burnout/stress-related surveys • Job sharing, cross-training, and project creation

engagement and reduction in employee burnout. Distinct basic needs were identified across different employee groups (e.g., faculty, trainees, etc.), and the approach was aligned with a well-being framework tailored to these needs. By regularly surveying employees, BCM continues to assess how well these needs are being met and track employee satisfaction over time.

CASE STUDY #2

The impact the pandemic has had on the health and well-being of health care workers is well-known. Health care organizations are navigating issues like absenteeism, job dissatisfaction, and worker burnout. University of Pennsylvania Health System (UPHS) recently embarked on a transformative initiative to address these concerns by implementing a comprehensive Employee Listening strategy to enable use of data to drive organizational decisions to improve the work culture and the Penn Medicine brand and reduce staff turnover.

The UPHS listening initiative aimed to uncover employee concerns to understand their current state and help define how the organization should move forward. This approach now serves as a guide for UPHS, assisting in defining a forward path that addresses the diverse needs of its workforce while navigating a complex organizational landscape.

As Jennifer Brady highlighted, the strategy was simple:

1. Implement a 4-item survey to collect employee feedback regarding person-organization/job fit, emotional engagement, likelihood to stay and perceptions of organizational care.
2. Leverage data to identify gaps and opportunities.
3. Close the feedback loop.

In response to feedback, the UPHS well-being team partnered with the CHRO and HR Business Partners at four hospitals to implement a location-specific rounding strategy. The program was designed as a boots-on-the-ground effort to listen, engage, educate, communicate, and build

relationships with front-line staff. The results of this initiative have been highly favorable, including increased participation in the well-being program, enhanced communication pathways, as well as increased engagement and trust in leadership.

UPHS underscored the intentional alignment of employee voice, organizational strategy, and employee experience to foster a culture of caring and well-being.

CASE STUDY #3

Case Western Reserve University (CWRU), located in Cleveland, OH, supports nearly 4,000 faculty and staff through the University Wellness Program, aimed at creating a campus environment that supports the health and well-being of faculty and staff to maximize their quality of life and productivity. Initially launched in 2012 under the direction of Elizabeth Click, the program has continually expanded to meet the evolving needs and expectations of their population.

In 2024, the CWRU Wellness Program incorporated Career Well-being into the comprehensive worksite well-being initiative for the campus based on the work of Tom Rath and Jim Harter.³ Rath & Harter discuss three recommendations for boosting career well-being, including individual strengths, purpose and mentorship, and building relationships and community at work.

Table 2. Program Details of The Work Happiness Method™

<p>Resilience</p> <ul style="list-style-type: none"> • How to Manage Your Mind and Mood <p>Clarity</p> <ul style="list-style-type: none"> • How To Know What You Really Want and Define Your Unique Vision of Success <p>Purpose</p> <ul style="list-style-type: none"> • How to Make Conscious Decisions with Confidence and Live Your Values Every Day <p>Boundaries</p> <ul style="list-style-type: none"> • How to Self-Care and Avoid Burnout 	<p>Play</p> <ul style="list-style-type: none"> • How to Deal with Uncertainty <p>Discovery</p> <ul style="list-style-type: none"> • How to Explore New Roles and Responsibilities <p>Approach</p> <ul style="list-style-type: none"> • How to Transform Confrontations into Conversations <p>Refocus</p> <ul style="list-style-type: none"> • How to Return to What Matters (Without Pushing So Hard)
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Programs are offered through the CWRU Professional Development Center and include training and career coaching opportunities. Additionally, Work Happiness Together is a group learning and discussion experience based on The Work Happiness Method™.⁴ The skills-based program (Table 2) has been offered annually since 2020 and incorporates reflective, generative “live” trainings, pre- and post-series assessments,

worksheets, dashboard, and ongoing support to participants. Participants have experienced improved well-being, increased happiness, and decreased burnout. By enabling employees and their career well-being, CWRU aims to minimize burnout and foster greater engagement and greater enjoyment in daily life experiences for university faculty and staff.

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Harnessing the Power of Podcasting in Employee Wellbeing and Engagement

Monica Reinagel, Host of the Nutrition Diva and Change Academy podcasts, Wellness Works Here

Effective internal communication is critical to the success of any wellness program. But with most of us already experiencing email and video conference exhaustion, organizations need to find innovative ways to engage and connect with employees. Enter podcasting: a powerful communication tool that can cut through inbox overwhelm and bring wellness initiatives to life in a uniquely engaging way.

Giving your Wellness Programs a Voice

In terms of fostering engagement and inclusivity and reinforcing an organization's culture, podcasting offers several distinct advantages:

Connection. Hearing a colleague or leader speak directly to you can feel more personal and authentic than reading the same message in an email or newsletter.

Convenience. People can (and do!) listen to podcasts while commuting, exercising, or even doing household tasks, which gives employees a lot more flexibility in terms of when they engage with materials.

Content: Audio is an excellent vehicle for storytelling, allowing for the use of tone, pacing, and even music to convey emotion and create more memorable communications. This can be particularly powerful when sharing personal wellness journeys or success stories.

Community: A podcast can literally bring more people into the conversation, creating a more diverse and inclusive culture.

Pros and Cons of Creating a Wellness Podcast Benefits

- **Affordable:** Podcasting is a relatively low-cost way to create high-impact communications.

- **Scalable:** Podcasts deliver your message to large numbers of employees across the globe.
- **Durable:** Archived podcast episodes create a lasting resource that can be accessed in the future, providing ongoing value and allowing new employees to benefit from past content.
- **Measurable:** Most podcast hosting platforms provide detailed analytics on downloads and listening duration, allowing organizations to track engagement and refine content strategies.

Challenges

- **Technical Requirements:** While they are minimal, there is still a need for basic recording equipment and editing software.
- **Time Investment:** Producing quality podcast content requires time for planning, recording, and editing.
- **Accessibility Concerns:** Organizations need to ensure that podcast content is accessible to all employees, for example, by providing transcripts or closed captions for those with hearing impairments.

Integrating a Podcast into your Wellness Program

Here are three examples of ways in which podcasts can be integrated into existing wellness strategies:

- **Wellness Education:** Create a recurring podcast series that explores different aspects of health and well-being. Topics could include stress management techniques, nutrition tips, exercise, and mental health awareness. Leverage internal experts or invite guests to share their knowledge.
- **Employee Storytelling:** Develop a podcast format that allows employees to share their wellness journeys. This peer-to-peer approach can help create a culture of openness around health and well-being.

- Leadership Conversations: Use podcasting as a platform for leaders to discuss the organization’s commitment to employee wellness. This can help reinforce the importance of well-being initiatives and demonstrate top-down support for these programs.

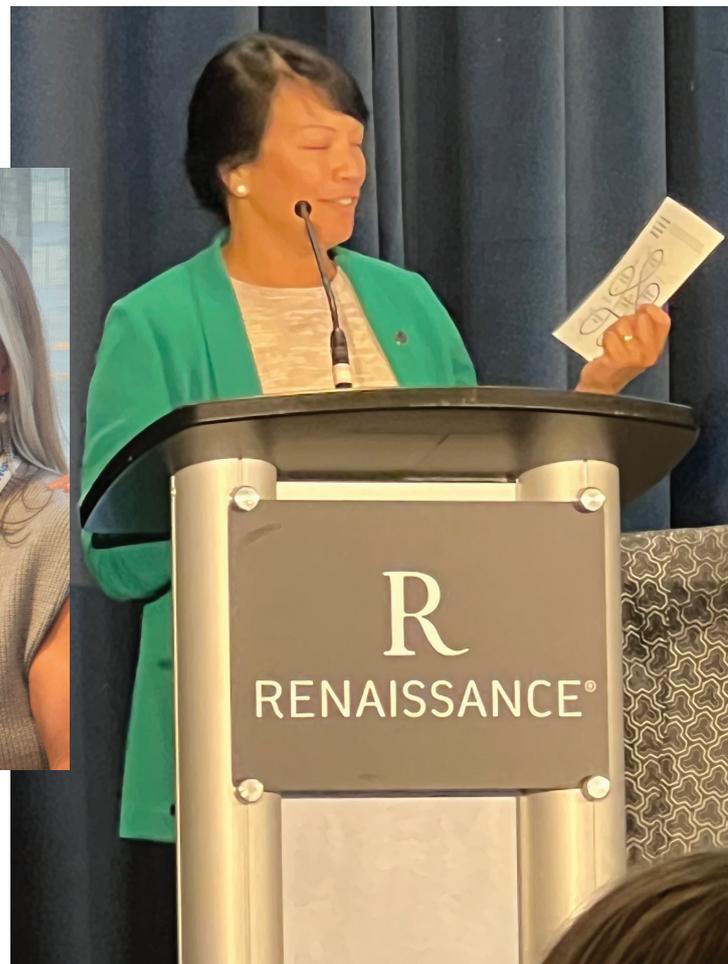
Implementing a Successful Wellness Podcast

In closing, here are a few best practices for launching and maintaining an effective wellness podcast:

- Avoid shiny object syndrome. Think about how a podcast aligns and complements your overall wellness strategy.
- Conduct surveys or focus groups to assess what topics and formats would most interest your employees.
- Use existing communication channels (e.g., email, intranet, team meetings) to promote your podcast and encourage listenership.
- Invite employees to submit questions, suggest topics, or even participate as guests on the podcast.

- Keep an eye on engagement metrics, such as downloads and completion rates in order to refine your content strategy.

I have found podcasting to be a powerful, yet often underutilized, tool for employee wellness communications. By taking advantage of the unique attributes of audio content, organizations can create more engaging, accessible, and impactful wellness initiatives. Of course, as with any communication strategy, thoughtful planning, consistent execution, and a willingness to adapt based on employee feedback and engagement data is key to a successful outcome. By embracing podcasting, organizations can breathe new life into their wellness programs, fostering a culture of health and well-being that resonates with employees on a more personal level.



YOU
BELONG
HERE

