



Phase II: Developing the Business Case – World Café Results

Role of Corporate America in Community Health and
Wellness

Clear communication

Shared values

ROI

Shared definitions

Leadership/buy-in

Shared vision

Metrics/measurement

Support

Provided by



Robert Wood Johnson
Foundation

About this Report

This report is the result of a one-day meeting of over 50 thought leaders representing Corporate America, Federal Government, Foundations, and Non-profit Organizations who all have a stake in the health of the nation. The meeting was sponsored by the Robert Wood Johnson Foundation. The convener of this project was the Health Enhancement Research Organization (HERO), a national leader in employee health management, research, education, policy, strategy, leadership and infrastructure (www.the-hero.org). Denise E. Stevens, Ph.D. of MATRIX Public Health Solutions, Inc. (www.matrixphs.com), an independent consultancy, summarized the results of this meeting and turned it into this report.

Special thanks are extended to the organizing committee:

- Catherine Baase, M.D., Global Director, Health Services, The Dow Chemical Company
- Nico Pronk, Ph.D., Vice President & Chief Science Officer, HealthPartners
- Jerry Noyce, President & CEO, HERO

The views presented in this report do not reflect any specific individual or industry position, nor are they representative of the views of the Robert Wood Johnson Foundation. It has been prepared to generate discussion and inform future work.

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INTRODUCTION

Overview and Purpose

This report presents the results of Phase II, which is part of a series of work that enhances our current knowledge regarding the role of Corporate America in community health and wellness. Phase I, commissioned by the Institute of Medicine, IOM, Population Health Improvement Roundtable, began with an Environmental Scan¹ that captured the types of activities that corporations are engaged in around the country that impact community health and wellness. It also began to capture some of the rationale for their involvement. The scan highlighted relevant literature and case examples and began the process of building a logical framework for further reflection and analysis. Phase II has engaged a diverse group of thought leaders in a facilitated discussion on key questions of interest using a World Café format (explained below). Phase III will triangulate data and knowledge obtained from Phases I and II and a report will be prepared suitable for publication in a peer reviewed journal. In addition, a web-based platform will be developed that will serve as a resource useful to employers interested in community engagement and collaboration. Further, a proactive dissemination agenda will be pursued to share the business case and methods for effective engagement of businesses in community health.

The results of the Environmental Scan revealed that many businesses are already engaged in programs/initiatives that address community health and wellness. The literature review and key informant interviews were able to uncover a number of key levers and drivers that are important to making the business case for engaging in community health efforts. Commonly stated reasons identified in the scan included: a) enhanced reputation in the community as good corporate citizens; b) cost savings that would increase over time; c) job satisfaction; d) healthier, happier and more productive employees; and e) healthy vibrant communities that draw new talent and retain current staff.

The purpose of Phase II is to extend these findings by convening business executives and organizational thought leaders to address the business case for healthy workplaces, healthy communities. The use of the World Café Forum allows for the collective intelligence and wisdom of multiple stakeholders to address challenging real world problems in a collaborative learning environment.

¹ Role of Corporate America in Community Health and Wellness, Institute of Medicine, Roundtable on Population Health Improvement.
<http://www.iom.edu/~media/Files/Activity%20Files/PublicHealth/PopulationHealthImprovementRT/Background-Papers/PopHealthEnvScan.pdf>

Participants

More than 50 executives and thought leaders from a variety of sectors and industries (refer to Appendix A) representing a broad spectrum of organizations/entities participated in the one-day, invitation only session. The participants represented national business organizations (e.g., US Chamber of Commerce), non-health businesses (e.g., large and small business), health sector businesses (e.g., health systems, health plans and wellness service providers), federal organizations (e.g., Federal Reserve Banks, Centers for Disease Control), non-governmental organizations (e.g., American Heart Association, Canyon Ranch Institute, Institute of Medicine), hospitals, universities, and foundations (e.g., Clinton, Robert Wood Johnson). Figure 1 illustrates the breakdown.

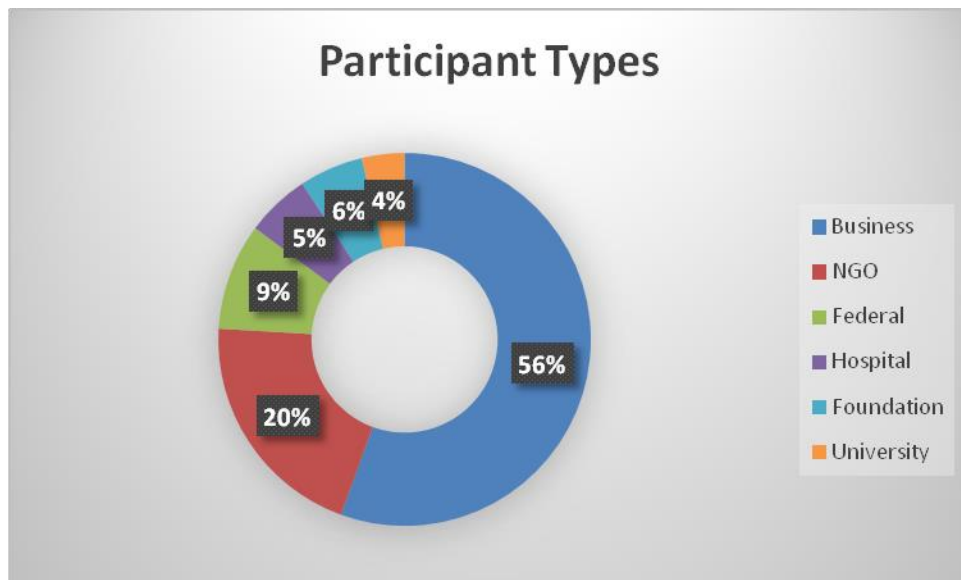


Figure 1

Setting the Stage

In preparation for the World Café, a panel of experts began the meeting by providing a critical perspective and framework for the day. The panelists included:

1. Catherine Baase, M.D., Global Director of Health Services for The Dow Chemical Company
2. Nico Pronk, Ph.D., Vice President for Health Management and Chief Science Officer for HealthPartners, Inc.
3. Michael O'Donnell, Director of the Health Management Research Center in the School of Kinesiology, University of Michigan

4. Tony Buettner, Vice President of Product and Business Development at Blue Zones, LLC
5. Elizabeth Sobel-Blum, Senior Community Development Advisor, Federal Reserve Bank of Dallas
6. Scott Peterson, Executive Vice President and Chief Human Resources Officer, Schwann Food Company

Key messages from the panel presentations setting the stage for the World Café sessions included:

- Importance of focusing on ‘health creates wealth – wealth creates health – it is bidirectional’. (Nico Pronk)
- An exemplar (highlighted in Phase I) is Blue Zones which is currently in 20 communities. Blue Zones has demonstrated that health care costs can be lowered by 40% through programs that address the built environment and policy, creating lasting sustainable change – so it is possible for businesses to have an impact. (Tony Buettner)
- Our federal spending on health care is so high that ‘I don’t think our nation will exist as a nation if this problem continues. If the USA falls – so will the world’. ‘Our nation’s debt as a percentage of GDP will be over 200% (refer to Figure 2) in the next few decades. If however, we take the best of workplace wellness programs to the community we may have an impact. A way of funding this would be to allocate approximately \$200 per covered life per year.’ (Michael O’Donnell)

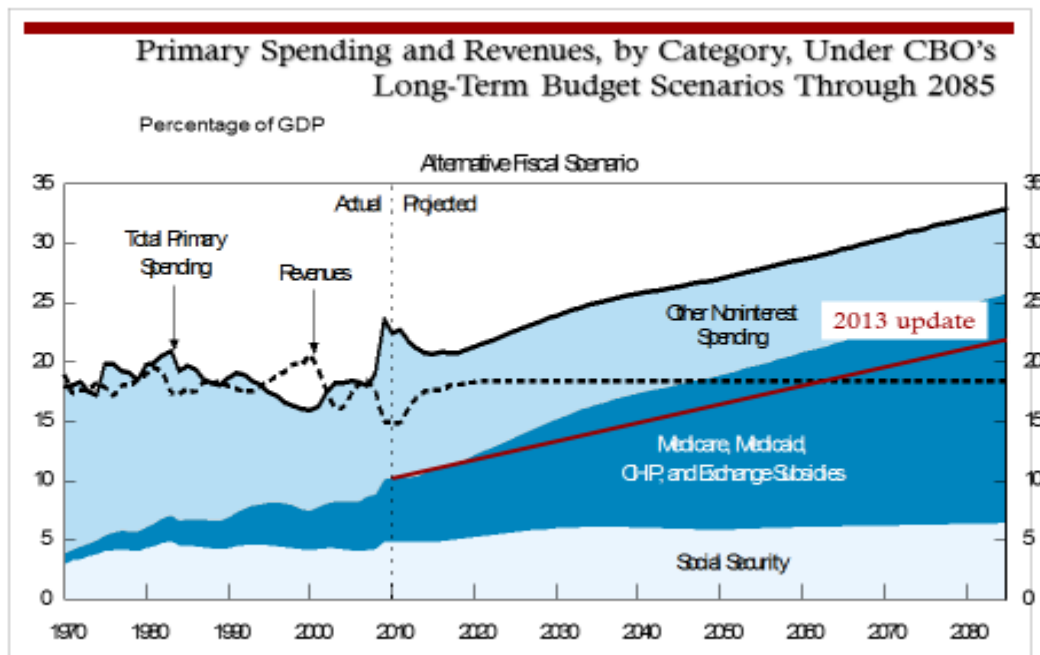


Figure 2

- ‘Health of our country affects our economy and the health of our economy impacts our nation.’ There is a need to support public policies, support high quality cradle to career programs, and get involved in collaborations (‘financial acumen, public policy acumen’). (Elizabeth Sobel-Blum)
- Businesses want to attract families, and ‘employees are citizens of communities where we as a business are part of the community ecosystem’. (Scott Peterson)
- Our current situation is destructive to businesses. ‘Non-communicable diseases are strongly connected to other global risks – fiscal crises, underinvestment in infrastructure, food, water, and energy security.....’. ‘Moreover, by not investing in communities, we are creating ‘social structure erosion’ by less funding going into education, infrastructure, and societal priorities.’ (Cathy Baase)(Figure 3).

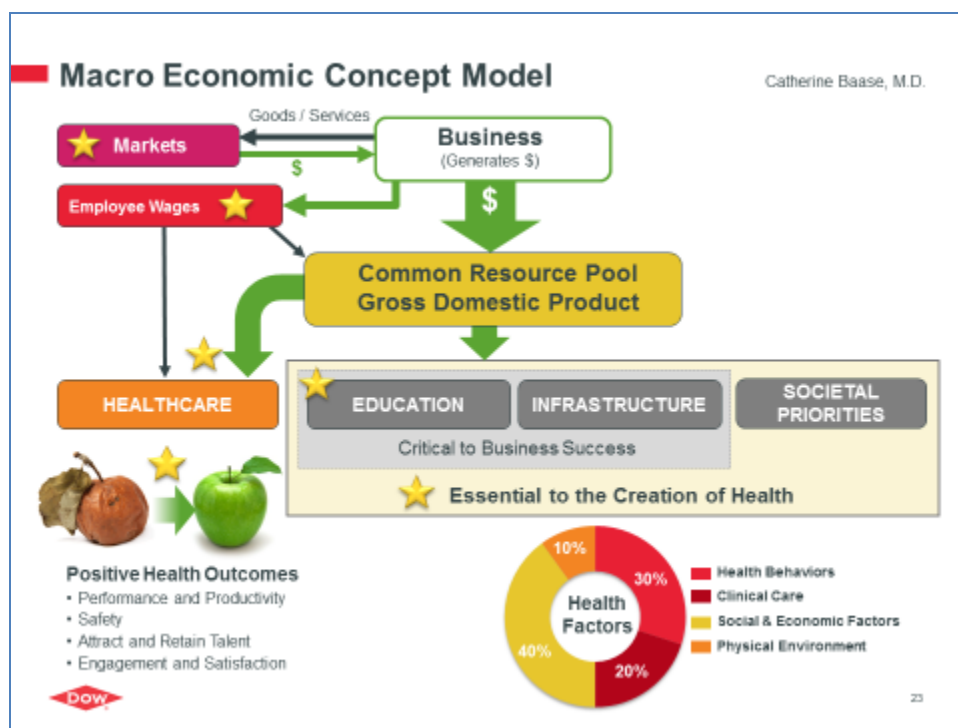


Figure 3

WORLD CAFE METHOD

The World Café process is a simple method for bringing people together to focus on answering key questions. It is founded on the assumption that people have the will and capacity to work together. The process uses connected conversations to share knowledge, ignite innovation, and tap into the intelligence of the group. The key elements of the process include:

- Small groups around tables
- Informal conversations focused on key questions
- Sharing ideas and knowledge as participants move among small groups
- Opportunities to record ideas in words and images
- Weaving of emerging themes and insights
- Awareness of the social nature of learning
- Noticing that individual conversations are part of and contribute to a larger web through which collective intelligence can become aware of itself

Critical Question #1: What are the strongest elements of a business case that will generate higher levels of employer leadership in improving community health?

Critical Question #2: What are the most important barriers and limitations that will keep employers from playing their critical role in improving community health?

Each of the roundtables included an assigned leader tasked with soliciting input from participants and summarizing responses to the questions. Participants went through three rotations of roundtables and during the last rotation were asked to narrow the responses to five key findings which were then shared with the larger group in a discussion session.

In the results section, in addition to providing specific examples of some of the responses to the key questions, and in order to provide some rigor to the data collected, a qualitative software program Dedoose was used to summarize the findings. Appendix B includes detailed summaries of responses from each of the roundtables as well as several interesting illustrations created by participants.

WORLD CAFE RESULTS

Question 1: Strongest Elements of a Business Case

As presented in Figure 4, seven thematic areas were identified that represent the elements of a business case to engage employer leadership in addressing community health and wellness.

The most frequently reported elements included the need to address return on investment (ROI) and measurement and metrics. These were followed by shared values, vision and definitions as well as strong leadership/buy-in.

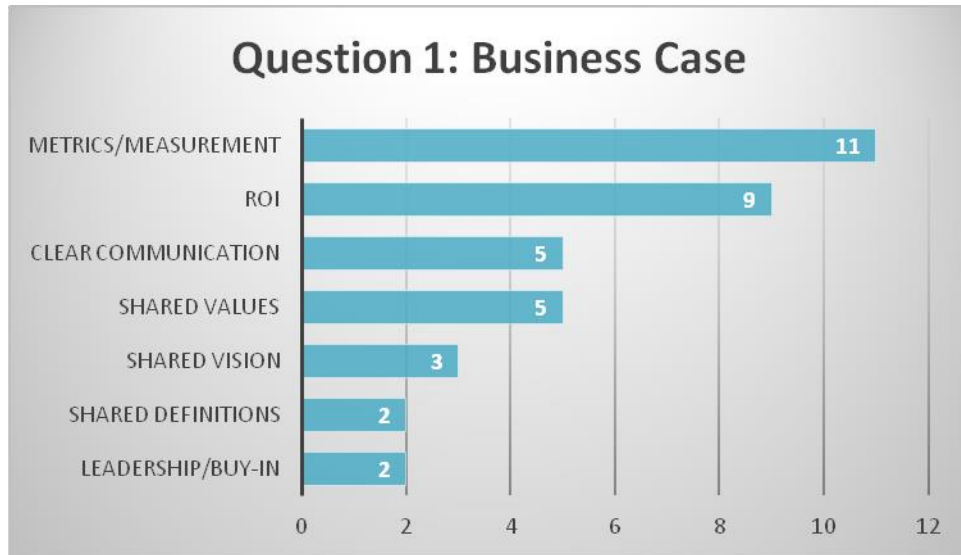


Figure 4

Examples of responses provided by participants under each of these include:

1. Metrics/Measurement

A. There is a need for common definitions and a set of metrics for the measurement of health relevant for both businesses and the community. Specific to businesses:

- Metrics that matter need to be developed – for example, define key health metrics that are ‘standard’ for all companies (Health Index) that could be reported alongside key business metrics (e.g., profit, revenue)
- A dashboard for C-Suite that shows health of employees and health of communities where they have a footprint would be useful.
- Health should be as important a metric as other aspects of social responsibility.

B. The business case would be strengthened by creating and disseminating an inventory of best practices (e.g., a story of what works). This would involve analyzing data from all existing initiatives that demonstrate value/return.

2. Return on Investment

A. When presenting the business case, it is important to speak the language of profit and through the lens of the CFO.

- “Well Organizations” control costs, increase productivity, attract talent and limit turnover.

- It is not just about medical costs but also about absenteeism, presenteeism and disability.
 - How does 'charitable' become an investment – short term vs. long term ROI?
 - Profits remain central in the argument (no margin, no mission, no \$, no competition).
 - Social responsibility is an investment.
 - There is strength in numbers and a diminishing ROI with internal health investments only.
- B. Investing in the community can lead to greater profits
- An investment in community (e.g., education system) dramatically impacts sustainability of business (e.g., talent pool, retention).
 - Community is critical to profit/survival (refer to BMI bathtub story where internal interventions have limited impact therefore the need to address community health challenges).
 - If focus on employee human capital only (e.g., employee productivity, workers comp and safety), you miss 2/3 costs related to spouses and dependents, so there is a need to invest in the community where families live.
 - Health of the community is linked to company sustainability financially, socially, culturally.
 - Partnering with the community can create supply/demand – business opportunities through collaboration (e.g., increasing purchasing power).
3. Clear Communication
- A. When articulating the business case the messaging needs to be clear and focused.
- There should be simple, clear and consistent communications and messaging tailored to different audiences – the stories of the benefits of involvement in community health and wellness should be impactful and will be important moving forward.
- B. There is a need to consider the differences between businesses.
- There is a need for different value propositions for different sized businesses -- may need to pool resources with other businesses.
 - There is a need for different 'stories' for different types of businesses (including ROI) – 'no one size fits all'.
 - Not all businesses are in the same stage of readiness.
- C. Messages created need to take into consideration the interplay between health, safety and economics.

- There is a need to understand the interdependence between the social and economic determinants of health and the systemic impact of poor health on sustainability of business (e.g., the economics of health).
- There is a need to build upon what we know of successes in the area of safety to ensure health is seen in a similar way (e.g., financial security, health security).

4. Shared Values

- It is important to understand shared risk and shared values between business, communities and stakeholders (e.g., pooled resources, shared benefits, shared expenses).
- Recognition is important, to be seen as the “employer of choice, community of choice”.
- Shareholders (who represent the ‘community’) can play a role promoting investments in health and ‘green’ living; young adults are more likely to be attracted to business that is socially conscious.

5. Shared Vision

- Employers and communities need to focus on sustainability with the integration of a culture of health internally and externally.
- There should be a common/collective investment and benefit (the workforce comes from the community).
- Business is part of the community and the community is part of the business. Employers impact only 1/3 of family members currently and must partner with the community to address the other 2/3 in order to improve health outcomes that will impact their business.

6. Shared Definitions

- There is a need to define: a) health beyond medical care; b) what we mean by ‘leader’; and c) what we expect the ‘influence model’ is for businesses in their community.

7. Leadership/Buy-In

- There is a need for visionary leadership that communicates to peers the value of community both short-term and long-term and understands the ‘big picture’ and economic realities.

Question 2: Important Barriers and Limitations

There were a number of potential barriers and limitations noted by the participants. These are summarized in Figure 5. The most commonly reported barriers included lack of understanding, the lack of a strategy/playbook, overall complexity of the problem, issues of trust, lack of a common language, ROI and lack of metrics. Interestingly, many of these parallel what was identified under Question 1.



Figure 5

1. Lack of Understanding

- Of why it's important to care about health outside of business' four walls
- Of what 'health' is
- Of diverse agendas and their potential misalignment
- Of ideology
- Of who is responsible
- Of the benefit – as it is high risk 'toe in the water'
- Of the problem(s), roles(s), the fix and the ask

2. Lack of Strategy/Playbook

- Lack of framework or models
- Lack of a playbook to tell what to do, how to do it and why
- Lack of a common language/definitions
- Where to start -- ‘overwhelming’ – no way forward
- Need for a roadmap and infrastructure (e.g., community involvement for dummies)
- Need for a ‘sales pitch’ to get the attention of companies not investing in their own employees let alone the broader community
- Lack of a clear system for healthcare or community health – lots of noise and we need to avoid reinventing the wheel

3. Complexity of the Problem

- Vision is so large it needs to be ‘doable and chewable’
- The need to ‘walk before you run’ – build internal worksite capacity first and then look externally to the community
- The problem is enormous and needs to be simplified so it is easily understood
- Complexity of the collaboration needed to solve the issues and create solutions (e.g., broad stakeholders around the table, coordinating towards one end point, maintaining own priorities)
- If we built it will they come – when presented with the healthy choice vs. unhealthy choice, many still choose the unhealthy choice
- Scope and complexity are so big making it impossible to fix; it may take a long time with fear and a high risk of failure

4. Trust

- Companies are not willing to take the risk of being a first-mover
- Lack of a trusted convener and infrastructure
- Although coalitions have been formed – people just don’t know each other and don’t know who to trust
- Need to recognize that trust is linked to competition

5. Lack of a Common Language

6. Lack of Resources, Time, Leadership

- Small businesses don’t have the time and other resources for healthy communities programing
- Lack of sense of urgency

- Large upfront expenditure of resources, money, and time with payoff lagging years

7. Other Important Points Raised

- Need policies and regulations that incentivize
- Philosophy among leadership
- Lack of common metrics

SUMMARY

The Environmental Scan conducted during Phase I of this work presented a preliminary framework for the business case for why employers should engage in community health and wellness. Many themes presented in the Environmental Scan were reinforced and extended through the collective insight and wisdom shared by this diverse group of thought leaders representing the nation's leaders in health and workplace health and wellness. Through this World Café exercise additional critical elements have been distilled for building the business case. The dialogue centered around addressing the strongest elements of a business case that will generate higher levels of employer leadership in improving community health and identifying the most important barriers and limitations that they are likely to face.

The most commonly articulated elements when woven together around Question 1 included the need for a clearly articulated common language including a playbook/strategy that speaks to the level of the CFO, and that addresses profit, ROI, includes metrics and presents a compelling story. These are essentially factors that are important to internal communication including shareholder buy-in. Externally however, business leaders need to know how to communicate effectively with and engage community stakeholders in a way in which there is an understanding and appreciation of shared vision and shared values.

The results of Question 2 focus on the barriers and limitations that would need to be addressed in order to effectively make the business case or implement a plan of community involvement. The barriers and limitations noted by participants link back to many of the elements identified in Question 1. In order for businesses to develop their case and act on it, they need to address the need for a common language and metrics, develop trust with the community, understand divergent agendas, acknowledge the complexity of the problem and develop strategies to make it manageable by creating a roadmap.

Following the debriefing of the World Café results, the open discussion session led to several additional points of information that feed directly back to the results as well as provide some key take home messages. These include:

1. This is the beginning of something really big that warrants national effort and for which HERO is fulfilling a key leadership role.
2. There is a need to value collaboration – and recognize employers investing in their communities (e.g., consider developing a national award program and/or link to existing awards such as RWJ's Culture of Health Prize).

3. There are others tackling the 'metrics' issue (e.g., Gallup-Healthways Well-Being Index, National Quality Forum) that we should be paying attention to, rather than reinventing the wheel.
4. Holding meetings like this with multi-stakeholder involvement (e.g., business with foundations, government, NGOs) is the beginning of building 'trust'.
5. Health care costs are taking enormous amounts of funding that should be building our nation's infrastructure (e.g., schools) in order for us to remain competitive globally.
6. Economic and community development organizations' departments within communities or government are a natural resource to tap into, including Federal Reserve Banks that support this and health.
7. Today's meeting has only been about the 'why' – we need to tackle the 'how' and the 'what'.
8. There is the need to understand that 'health' is not the only concern – businesses are also investing in 'green' and 'climate change' among other movements. There may be links in each of these areas.

NEXT STEPS

The meeting ended with a series of next steps including:

- Participants will receive a report from this meeting and accompanying slides.
- A short survey will be sent soliciting feedback on next steps.
- Phase III is about dissemination and support for the effort so Ambassadors and Collaborating Partners will be identified to help get the information out.
- The Environmental Scan is a living document; additional case studies/stories can be added.
- A website will be developed that will include the Environmental Scan, repository of case studies, etc.

APPENDICES

- A. Participants
- B. World Café Results
- C. Panel Presentations

A. Participants

Ron	Loeppke	MD, MPH, FACOEM, FACPM	President	American College of Occupational and Environmental Medicine (ACOEM)
Mark	Schoeberl	MPA	Executive Vice President, Advocacy & Health Quality	American Heart Association
Larry	Lee	MD, FACP	Vice President, Executive Medical Director for Provider Relations & Quality	Blue Cross and Blue Shield of Minnesota
Tony	Buettner		Senior Vice President of Business & Product Development	Blue Zones
Gwen	Martin		Managing Director, VP Corporate Development & Education	Blue Zones
Jennifer	Cabe	MA	Executive Director & Board Member	Canyon Ranch Institute
Rebecca	Payne	MPH	Senior Advisor for Business Engagement & Coordination	Centers for Disease Control and Prevention (CDC)
Regina	Chandler		Administrator, Wellness Institute	Cleveland Clinic
Alex	Chan		Clinton Foundation Fellow	Clinton Foundation
Dee	Edington	PhD	Founder & Chairman	Edington Associates, LLC
Elizabeth	Sobel- Blum	MBA, MA	Senior Community Development Advisor	Federal Reserve Bank of Dallas
Ela	Rausch	MPP	Project Manager, Community Development	Federal Reserve Bank of Minneapolis
Jim	Harter	PhD	Chief Scientist of Workplace Management and Well-Being	Gallup
Julia	Halberg	MD, MS, MPH	VP Global Health, Chief Medical Officer	General Mills
Mary	Brainerd	MBA	President & Chief Executive Officer	HealthPartners
Nicolas	Pronk	PhD, FACSM, FAWHP	Vice President & Chief Science Officer	HealthPartners
Patricia	Dennis		Senior Vice President, Health and Care Engagement	HealthPartners
Abigail	Katz	PhD	Senior Data Analyst	HealthPartners

Vicki	Shepard		Senior Vice President, Strategy & Government Relations	Healthways
Janet	Calhoun		Senior Vice President, Strategy & Innovation	Healthways
Jerry	Noyce		President & CEO	HERO
Pat	Rohner		Director of Operations & Marketing	HERO
Marlene	Abels		Coordinator, Member Services	HERO
Karen	Moseley		Coordinator, Research & Committees	HERO
Barb	Tabor		Communications Coordinator	HERO
Monique	Nadeau	MPA	Co-Founder & Board Member	Hope Street Group
Lyla	Hernandez	MPH	Senior Program Officer	Institute of Medicine
Jennifer	Bruno	BS	General Manager, Employer Franchise, Wellness & Prevention, Inc.	Johnson & Johnson
Elisa	Mendel		Vice President, Healthworks and Product Innovation	Kaiser Permanente
Holt	Vaughan	MBA	Senior Director, myHealthCheck	Life Time Fitness
Andrew	Webber		CEO	Maine Health Management Coalition
Denise	Stevens	PhD	President	MATRIX Public Health Solutions, Inc.
Jim	Yolch		Administrator, Healthy Living Program, Office of Wellness, Office of Population Health Management	Mayo Clinic
Jennifer	Flynn	MS	Health Management Strategy Consultant	Mayo Clinic
Karen	Adams	PhD, MT	Vice President, National Priorities	National Quality Forum (NQF)
John	Waters	MBA	Director, Population Health Consulting	Optum
Fred	Goldstein		Executive Director (Interim)	Population Health Alliance
Meg	Molloy	DrPH, MPH, RD	President & CEO	Prevention Partners

Steve	Flagg		Founder & President	Quality Bike Products (QBP)
Marjorie	Paloma	MPH	Team Director & Senior Program Officer	Robert Wood Johnson Foundation
Matt	Trujillo	PhD	Research Associate	Robert Wood Johnson Foundation
Bonnie	Sakallaris	PhD, RN	Vice President, Optimal Healing Environments	Samueli Institute
Scott	Peterson	MA	Executive Vice President & Chief Human Resources Officer	Schwan Food Company
Erin	Seaverson	MPH	Director, Research	StayWell
Joshua	Riff	MD	Director of Health and Wellbeing, Medical Director	Target Corporation
Tom	Mason		President	The Alliance for a Healthier Minnesota
Catherine	Baase	MD, FAAFP, FACOEM	Global Director of Health Services	The Dow Chemical Company
Brent	Pawlecki	MD	Chief Health Officer	The Goodyear Tire & Rubber Company
Steve	Romberg		President & COO (Retired)	The HAVI Group
Derek	Yach	MBChB, MPH, DSc	Executive Director	The Vitality Institute
David	Lagerstrom		President & CEO	TURCK Inc.
Randel	Johnson	JD, LL.M.	Senior Vice President, Labor, Immigration, & Employee Benefits	U.S. Chamber of Commerce
Michael	O'Donnell	PhD, MBA, MPH	Director of the Health Management Research Center in the School of Kinesiology	University of Michigan
David	Kindig	MD, PhD	Professor Emeritus	University of Wisconsin-Madison, School of Medicine
Nick	Baird	MD	Chief Executive Officer	US Healthiest
Peter	Wald	MD, MPH	VP, Enterprise Medical Director	USAA
Amy	Pearson	BSN, MPH, COHN-S	Administrator, Corporate Health Services	Vidant Health

Dalana	Brand	MBA	Senior Director, Global Benefits	Whirlpool Corporation
Bob	Thomas		Chief Experience Officer	YMCA of the Greater Twin Cities

B. World Café Results

Question #1: Build the business case-top 5 elements

Table 1: (Elizabeth Sobel-Blum)

1. ROI and Return on Value
 - a. This is not just about medical costs but about absenteeism, presenteeism & disability
2. Common, shared definition & measurement of HEALTH
 - a. Need dashboard for CEOs (C suite) that show health of employees and health of communities where they have a footprint
 - b. Drain issue (Cathy Baase's slide)-increasing medical costs decreases expenditures in education and other components of community infrastructure
3. "Shared Risk"- provide diverse companies examples of what works
4. Collaborate –across companies because draw from same labor pool
5. Visionary Leadership

Table 2: (Nick Baird)

1. Metrics that matter
2. Shared values= Shared results (community plus stakeholders)
3. Clarity on CSR as an investment
4. Visionary leaders that communicate to peers (value of community) long term vs. short term
5. Pivot from ROI to Value
6. Different value propositions for different size businesses
7. Value of recognition

Table 3: (Alex Chan)

1. Measurement
2. Common/collective investment & benefit
3. Financial ROI
4. Simple/clear/consistent communications & messaging
5. Sustainability: integration of a culture of health (internally & externally)

Table 4: (Patricia Dennis)

1. Multiple business cases
 - a. What's the story –ROI for different types of business
2. Leadership buy in
3. Diminishing ROI for internal investments only (strength in #'s)
4. Interdependence: Relationship between social & economic determinants of health
5. Change the definition of health beyond medical care

Table 5: (Jennifer Flynn)

1. Data to define key health metrics that are “standard” for all companies to roll up to a “health index” that could be reported alongside key business metrics like profit, revenue, etc.
 - a. Metrics should include company specific & community specific elements
2. Quantitative data from all existing initiatives that demonstrates value/return for prioritizing health of community
 - a. Disseminate a story that includes best practices, show that it works. Leaders want proof it will work
3. Investment in community (education system) dramatically impacts sustainability of business (talent pool, retention, etc.)
4. Safety/health/security connection-learn from our successes in the area of safety and ensure health is seen in a similar way (financial security, health security)
5. Economics of health are important to communicate –business leaders need to see the systemic impact of poor health to our sustainability as business and a nation

Table 6: (Abigail Katz)

1. Outside community becomes part of your organization
2. Use #s people believe
3. Employer impacts only 1/3 of family (employee only)
 - a. Must partner to address the other 2/3
4. Talent-“Well organizations”
 - a. Limit turnover
 - b. Attract talent
5. “Classic” wellness argument
 - a. Control costs
 - b. Increase productivity

Table 7: (Tom Mason)

1. Measurement (ROI by company and community)
2. The value of sharing success narrative
3. Recruiting & retention
4. Productivity through “caring management”
5. Public/private cooperation

Table 8: (Meg Molloy)

1. Measurement of health things that matter
 - a. Link to business measures (profitability)
2. Broaden dashboard from organizational to shared community measures
 - a. Measures that matter to different groups (Michigan has this-used cost of health care as ultimate measure)

3. Standardize those measures/clear methods
4. Need peer reviewed literature on data that show linkages between progression of an issue (i.e. BMI in community; compare to organization's BMI, linked to turnover, health cost
5. Differentiate measures & tailor messages for different audiences (stories are door openers-data on relevant issues) and show publicly

Table 9: (Monique Nadeau)

1. Bottom line profits, medical costs, turnover
2. Human capital: productivity, workers comp, safety
 - a. But employee directed programs will only get you so far
 - b. 2/3 of costs are related to spouses and dependents
 - c. Little documented success thru employer programs
 - d. Thus...critical to meet families where they are-in the community
 - e. Likely to be more effective & holistic
3. Other considerations/themes
 - a. Connecting dots with employer programs
 - b. Wellness can spread
 - c. Goal to become employer/community of choice

Table 10: (Bonnie Sakallaris)

1. Impactful stories
2. Community is critical to profit/survival
3. Internal interventions have limited impact- must customize to supply BMI bathtub story

Table 11: (Erin Seaverson)

1. Make health as important a metric as other aspects of social responsibility
2. Health of community-company sustainability (financial, cultural, social, etc.)
3. Profit story-financials speak the language of CFOs
4. Supply/demand-create business opportunity thru collaboration (increase purchasing power, etc.)
5. Develop & focus on the metrics that matter (to a given audience)
 - a. Employer success stories

Question #2: Barriers & limitations to success

Table 1: (Sobel-Blum)

1. Companies are unwilling to take the risk of being a first-mover
2. Small businesses don't have enough time & other resources for healthy communities programming
3. Lack of sense of urgency
4. Lack of understanding of why it's important to care about health outside of their 4 walls
5. Lack of a playbook to tell them what to do, how to do it a& why

Table 2: (Baird)

1. Time & money
2. No common language
3. Misalignment of agendas
4. Ideology
5. Don't believe the data
6. Trust
7. Where to start-"overwhelming"-no way forward

Table 3 (Chan)

1. Lack of understanding of what "health" is/lack of common vernacular
2. Skepticism/trust
3. Size of business and /or community
4. Lack of common trusted convener/infrastructure
5. "walk before you run": build internal worksite capacity first, then look externally to the community

Table 4 (Dennis)

1. Competing ROIs
2. Infrastructure/roadmap
 - a. Community involvement for dummies
3. Buy-in from industry & leadership
4. Employers stepping out of the role of healthcare & moving to targeted impacts on wellness
5. Regulations

Table 5 (Flynn)

1. Complexity of understanding the problem; and the enormity of the problem (need to simplify it so it is easily understood)

2. Complexity of the collaboration that is needed to solve the issues/create the solution-broad folks around the table, coordinating towards one end point, maintaining their own priorities-very challenging
3. “Sales pitch”/story doesn’t exist-need to get the attention of the companies who are not even investing in their own employees let alone the community members. Need the store
 - a. There is a lack of a common language we are speaking
4. Short term ROI if investing in individuals who don’t even work for me? Is there any?
5. Consumer choice- individuals, when presented with the healthy choice vs unhealthy choice, many still choose unhealthy choice. We can provide as much as we want, but still need individuals to choose health

Table 6: (Katz)

1. Short term concerns
2. Philosophy among leadership
3. Lack of understanding re: what takes, who is responsible to participate
4. Lack of common definitions
5. Lack of infrastructure for a learning organization (self-correcting, adjusting, based on research/information)

Table 7: (Mason)

1. Lack of trust relationships, common language
2. Road map needed- simple can’t boil the ocean
3. Culture of health “Christmas tree”
4. High risk-unclear benefit –“toe in the water”
5. Lack of common metrics –build evidence

Table 8: (Molloy)

1. Uncertainty of – the problem(s), the role(s), the fix, the ask
2. Absence of a trusted convener –especially business leader involved
3. Scope & complexity are so big-impossible to fix, takes a long time, high risk of failure, fear
4. Lack of a clear system for healthcare or community health –so lots of noise, reinventing the wheel
5. Lack of a shared language

Table 9: (Nadeau)

1. Lack of leadership
2. Lack of- urgency, follow thru, common language
3. Disconnect between payment & benefit-free rider?
4. Vision so large – needs to be doable & chewable

Table 10: (Sakallaris)

1. Lack of clear models/framework/role definition
2. Lack of common language
3. Trust-competition, government-local alignment
4. Need policy /regulation that incentivizes
5. Large upfront expenditure of resources \$, time- payoff lags years-short term profit motive

C. Panel Presentations

Improving Health in America:
Employers Reaching Beyond the
Workplace

Healthy Workplaces, Healthy Communities

Hosted by: HERO, The Health Enhancement Research
Organization and HealthPartners
Made possible through a grant from the
Robert Wood Johnson Foundation



Improving HEALTH Through Employer Leadership

Your Hosts

- Jerry Noyce, President & CEO, HERO
- Mary Brainerd, MBA, President & CEO, HealthPartners
- Marjorie Paloma, MPH, Team Director & Senior Program Officer, Robert Wood Johnson Foundation
- Cathy Baase, MD, Global Director of Health Services, The Dow Chemical Company
- Nico Pronk, PhD, Vice President & Chief Science Officer, HealthPartners

Improving HEALTH Through Employer Leadership



Opening Panel

- **Nico Pronk**, PhD, Vice President & Chief Science Officer, HealthPartners
- **Michael O'Donnell**, PhD, MBA, MPH, Director of the Health Management Research Center in the School of Kinesiology, University of Michigan
- **Tony Buettner**, Senior Vice President of Business & Product Development, Blue Zones

Improving HEALTH Through Employer Leadership



Opening Panel

- **Elizabeth Sobel-Blum**, MBA, MA, Senior Community Development Advisor, Federal Reserve Bank of Dallas
- **Scott Peterson**, MA, Executive Vice President & Chief Human Resources Officer, Schwan Food Company
- **Cathy Baase**, MD, Global Director of Health Services, The Dow Chemical Company

Improving HEALTH Through Employer Leadership



Panelists

Nico Pronk, PhD
Vice President & Chief Science Officer
HealthPartners

Improving HEALTH Through Employer Leadership



Nico Pronk, Ph.D.
VP and Chief Science Officer
HealthPartners

Perspectives on the importance of employer-community connections for health drawn from Annual Reports to Congress of the **Community Preventive Services Task Force**

The Task Force is an independent, non-Federal, uncompensated panel of health experts appointed by the Director of CDC. It critically examines available research and conducts systematic reviews and economic analyses in order to generate recommendations on what works to:

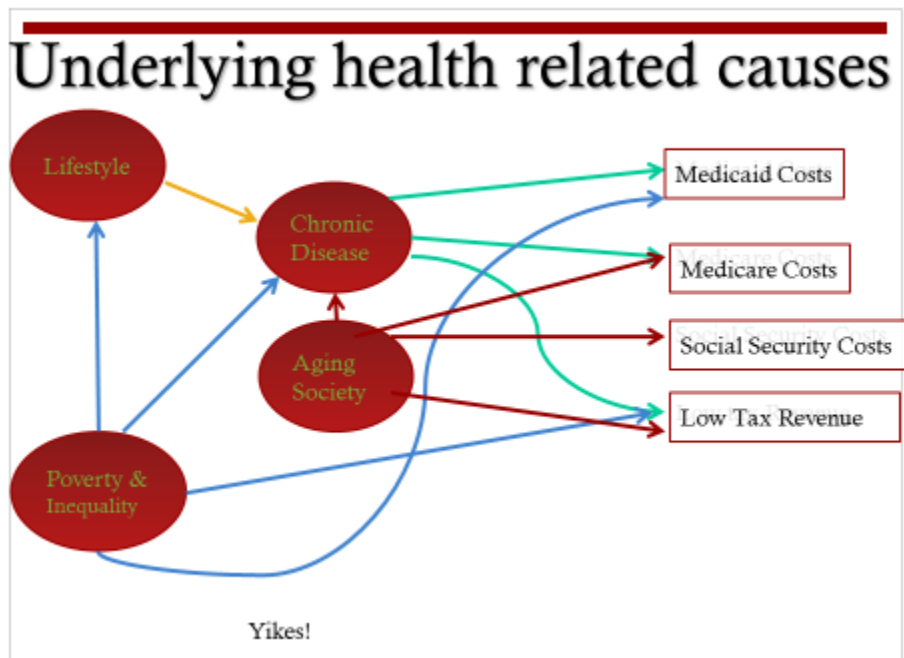
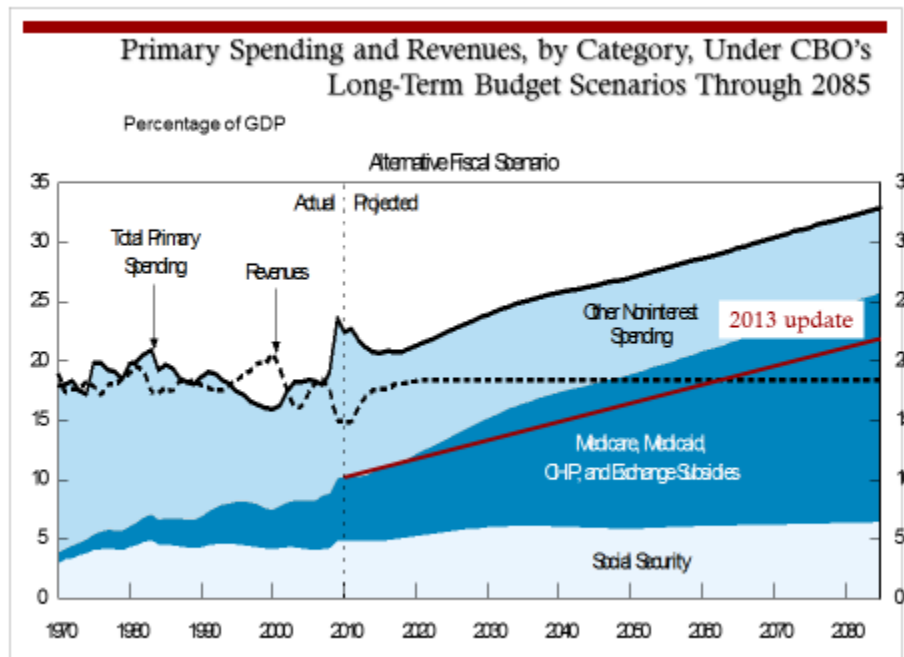
- Protect and improve people's health
- Reduce future demand for health care
- Increase productivity and competitiveness of the US workforce

- **Reduce healthcare spending**
 - Lower need and demand for health care
- **Reduce illness burden**
 - Fewer cases, better management, better function
- **Reduce the likelihood of becoming ill**
 - Prevention of disease diagnoses
- **Make healthy choices easy choices**
 - Environmental and policy changes
- **Maintain or improve economic vitality**
 - Healthy communities complement vibrant business and industry
- **Reduce waste**
 - Less productivity loss due to prevention
- **Increase healthy longevity**
 - Today's youth may live shorter and less healthy lives than their parents
- **Enhance national security**
 - Obesity as the leading reason for failure to recruit into the military
- **Prepare the future workforce**
 - A healthy workforce through education, environments skill building, resources

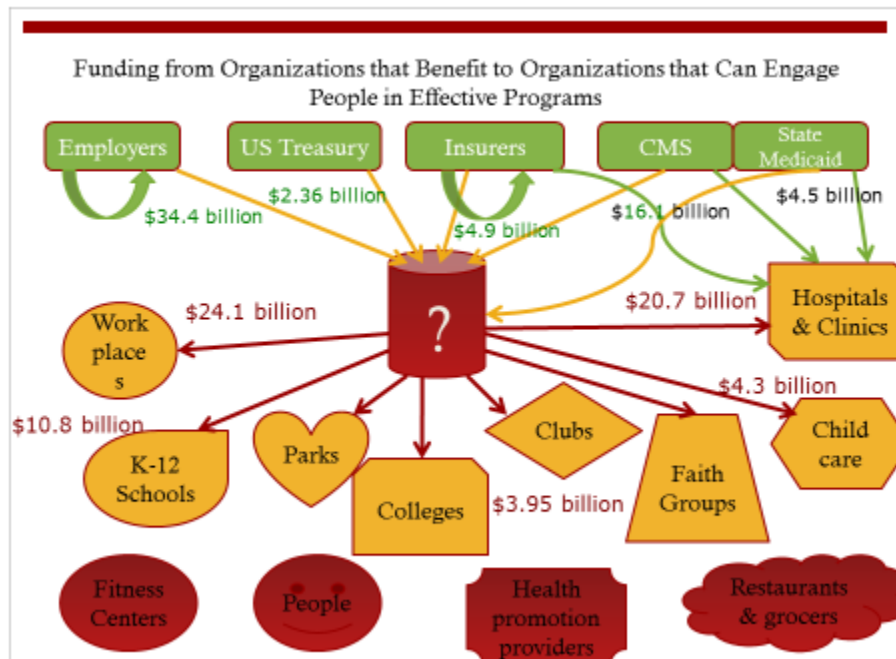


Panelists

Michael O'Donnell, PhD, MBA, MPH
 Director, Health Management Research Center
 University of Michigan



Michael P. O'Donnell, PhD, MBA, MPH, 2012



Michael P. O'Donnell, PhD, MBA, MPH, 2012

Panelists

Tony Buettner
Senior Vice President of Business & Product Development
Blue Zones

Panelists

Elizabeth Sobel-Blum, MBA, MA
Senior Community Development Advisor
Federal Reserve Bank of Dallas

Improving HEALTH Through Employer Leadership



***“There is a symbiotic relationship
between the health and resilience of
a country’s economy, and the health
and resilience of a country’s
people...”***

Richard W. Fisher
President and CEO,
Federal Reserve Bank of Dallas



FEDERAL RESERVE BANK OF DALLAS

Healthy Communities



Components integral to healthy, vibrant, resilient communities:

- ✓ Access to Healthy Food
- ✓ Access to Medical Care
- ✓ Aesthetics: Landscaping, Art, Culture
- ✓ Air, Soil and Water Quality
- ✓ Building Financial Capacity
- ✓ Built Environment
- ✓ Early Childhood Development
- ✓ Education
- ✓ Employment
- ✓ Entrepreneurship
- ✓ Personal/Public Safety
- ✓ Physical Activity
- ✓ Public Transportation
- ✓ Senior Needs: Accommodation, Care, Services
- ✓ Social Networks/Social Environment
- ✓ Social Services



FEDERAL RESERVE BANK OF DALLAS

Panelists

Scott Peterson, MA
Executive Vice President & Chief Human Resources Officer
Schwan Food Company

Improving HEALTH Through Employer Leadership



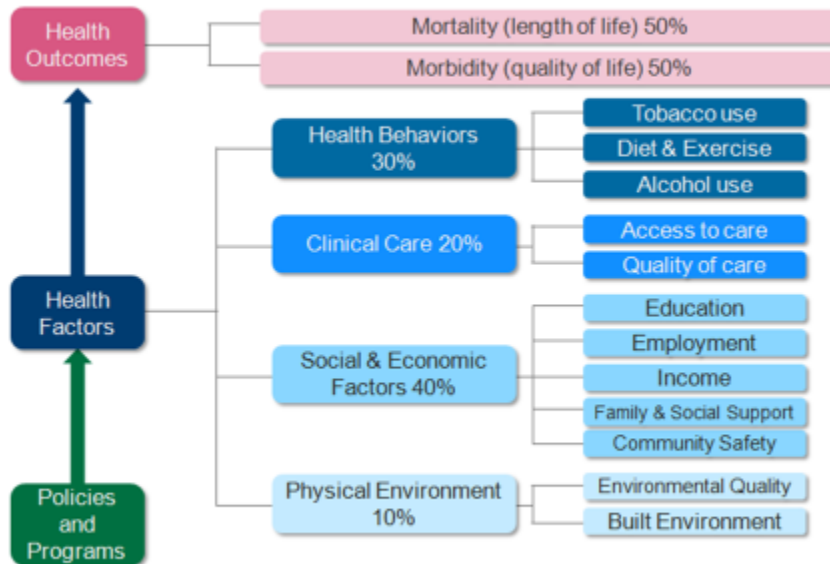
Marshall, MN:

Current Community Partnership Overview



Main Street in downtown Marshall, MN

What are the key factors driving Health Outcomes?





Panelists

Cathy Baase, MD
 Global Director of Health Services
 The Dow Chemical Company



World Economic Forum

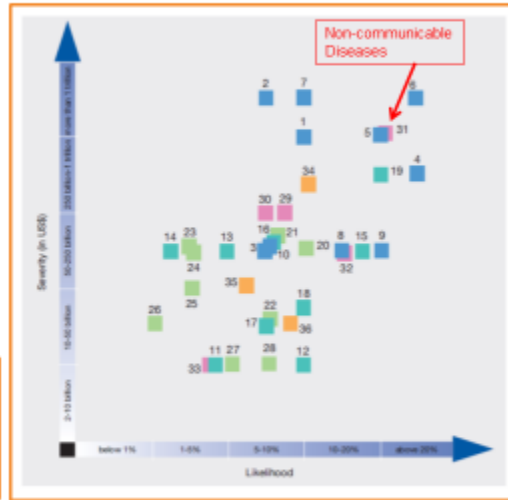
Catherine Baase, M.D.

Global Risks Landscape 2010: Likelihood with Severity by Economic Loss

Non-communicable diseases are strongly connected to other global risks: fiscal crises; underinvestment in infrastructure; food, water and energy security.

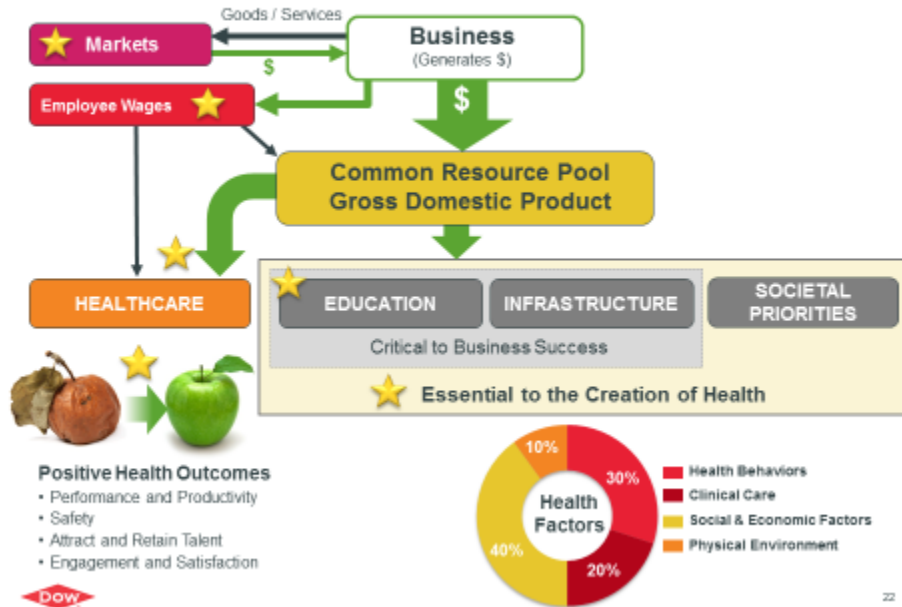
The mobilization of social forces and people outside of health systems is critical as it is clear that chronic diseases are affecting social and economic capital globally.

Source: World Economic Forum 2010



Macro Economic Concept Model

Catherine Baase, M.D.



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