Sâmia Simurro, MS, discusses worksite health and well-being programs in Brazil.

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WH: Welcome Sâmia! How did you get involved in worksite health issues?

I was hired by an insurance company to assess stress levels among professionals in executive positions. During this time, some employers who attended my stress management sessions asked me to present to their organization and help them plan and implement stress management programs at work. In order to attend this need, I reached for a better understanding about work factors that influence stress levels and what can be done to prevent them. Despite my previous knowledge and experience of this, it became even more evident that organizations had to try to address and reduce work-related psychosocial hazards and increase personal resilience. As such, I really had to address more than just individual stress; this involved assessing and improving workplace polices, culture, employee’s lifestyle, and many other factors that may be contributing to high stress and illness. I had to build employer and employee awareness about these factors and provide useful tools to deal with these factors. Also, I realized that in order to better address work-related stress, I needed to get more involved in integrating health promotion and quality of life at work programs into the total program design.

WH: You are currently Vice President of the Brazilian Quality of Life Association (ABQV). How did ABQV come about and what’s its mission and goals?

As the work continued, this group founded the Brazilian Quality of Life Association® (ABQV®) in 1995 to disseminate studies in the field, to facilitate the exchange of information and experiences between Brazilian practitioners and companies. Soon the group created the National Quality of Life Award® (PNQV®) in order to encourage companies to develop quality of life programs. It was offered as recognition to companies that developed best practices and obtained success in improving the health and well-being of their populations. The PNQV® importance has grown over the years, encouraging the commitment of companies that increasingly seek implementation of consistent actions to boost quality of life and well-being in their respective workplaces.

ABQV® offers educational activities through workshops, webinars, an MBA in health promotion program management, and promotes a national conference with more than 600 attendees each year. Our challenge is to assist organizations in implementing, improving, and achieving new levels of best practices.

WH: Can you expand a bit more on what “quality of life” means from your organization’s perspective and how you measure it?

We understand the concept of “quality of life” as wellness and well-being in a more comprehensive way. Controlling health risks or chronic diseases are important, but they are not enough. Besides that, it is equally important to address the work culture and all other wellness dimensions for successful quality of life programs. In order to realize the best human performance, it is imperative to empower people to make better lifestyle choices and create a supportive environment for it. Needless to say, Brazilian organizations want to help employees prevent and manage health risks and associated chronic health conditions, but we feel this is only half the picture. We believe that a total wellness model including happiness at work is a means to address the whole person.

Wellness and quality of life are complex concepts and in order to achieve these at work, it is necessary that leaders and employees work together to develop a shared wellness vision and be open to find creative solutions. Evaluation is always a big challenge in Brazilian companies. Because health and well-being are still seen as social issues, not a business concern, we lack pertinent benchmarks on Brazilian health and wellness programs. Recently, the discussion about understanding the importance of this subject and how and what to measure has
been growing. Measuring only the economic benefit (e.g., ROI) of wellness programs is not enough. We understand that the programs should provide value to employers and employees alike. Therefore, besides quantitative methods, we also use qualitative methods such as interviews, observation, and focus groups. We understand that outcomes in wellness are not linear and deterministic and to better understand the impact of these programs we try to use different types of evaluation methods.

WH: How do employees view employer sponsored programs such as wellness or quality of life? Is it an expected benefit or do employees express concern regarding privacy and confidentiality?

Just like the rest of the world, a growing number of employers in Brazil are concerned about escalating healthcare costs. The prevalence of chronic diseases is increasing and has become the dominant economic burden in many developed nations. As in all other countries, Brazilian business leaders would like to reduce costs, avoid absences, enhance productivity, and improve morale. Besides that, in our country many diseases may be considered work-related according to our labor law regulations.

For employers and employees it is very common that Brazilian employers sponsor most worksite wellness initiatives. Our new generation of talented, educated workers view quality of life and health as very important and they look for employers who offer these programs as a consideration for accepting a position. Moreover, if a company offers a wellness program, they lessen the demand on Brazil’s overstrained public health services and allow more resources to those who really need it.

As medical costs continue to rise, the government should recognize that the workplace is an appropriate place for helping and supporting people to adopt healthier behaviors and in turn, provide incentives to enterprises to plan and implement these programs.

WH: In Brazil, what are the most common health risks and conditions that employers focus on through their health promotion/wellness initiatives?

The Brazilian Government has an action plan to 2020 to reduce the incidence of chronic non-communicable diseases through reducing health risk factors such as obesity, the harmful use of alcohol, smoking, nutrition (healthy eating), and the practice of physical activity in leisure. This action plan was based on risk factors according to the World Health Organization and their relative burden of disease within respective regions of the country.

According to the Willis Towers Watson Staying@Work survey, as in many developing countries, chronic diseases are now the main cause of death in Brazil, and they continue to outpace other causes of death. Lifestyle choices are considered the main cause of it.

In some areas of Brazil we have a high incidence of dengue fever and efforts are being made to improve surveillance and decentralize vector control, in addition to laboratory diagnosis. Controlling dengue involves a multi-sector agenda including garbage collection and access to clean water. Recently, cases of yellow fever were reported that prompted Brazilian authorities to carry out a mass vaccination campaign against it.

Brazilian companies are recognizing the importance of health and wellness strategies both to reduce these risks and better control the rising costs of health insurance.

WH: Back in 2014 while attending the ABQV conference in São Paulo, I recall hearing a panelist remark that employee wellness has little relevance to the common worker if he or she is not sure that they will be coming home from work due to an unsafe workplace. Is this an accurate statement, where worksite safety is a major challenge among Brazilian companies?

Brazil is the world’s fifth most populous country and is very diverse. Its economy is wide ranging, with strong manufacturing, agriculture, mining, and service sectors. Therefore, a wide variety of workplace hazards confront our workforce. We have implemented strong laws to protect workers and happily, incidents of workplace injuries have decreased in recent years. Still, accidents at work are under reported and there is a large informal sector of workers at greater risk. Brazil illustrates the disparity that exists in many countries between regulations that are in the law books and the actual regulations that are implemented and enforced.

“The Working Well: A Global Survey of Workplace Wellness and Health Promotion Strategies,” developed by The Global Healthy Workplace Center assessed trends in employer-sponsored wellness strategies and practices. It showed that workplace safety is the third main issue that drives Brazilian entrepreneurs to implement quality of life, health promotion, and wellness programs. Recently, workplace health promotion programs have become more integrated with occupational health and safety programs—similar to the Total Worker model promoted by the U.S. National Institutes of Health. Therefore, I think that controlling and minimizing occupational risks is an important element in Brazilian quality of life programs.

WH: What are common program elements that employers implement? Do employers hire full-time professional staff such as an EAP counselor or health promotion/wellness manager?

The most common Brazilian health and wellness program elements are biometric screenings, health risk appraisal, immunization campaigns, stress, physical activity, and nutrition
programs. Usually, health promotion/wellness managers are located in human resources, occupational medicine, or occupational safety. I believe that most of these practitioners are full-time employees, but they may have other duties besides health promotion. Originally, they were hired for one of these areas and later they were asked to implement a health/wellness program. Many are not properly trained in that field and they have to look for some extra training to fulfill their responsibilities.

WH: In Brazil, who pays for employee/family healthcare costs? Do health plans offer any prevention-oriented wellness programs?

In the Brazilian Constitution, health is a right of all and an obligation of the State. The Unified Health System (SUS) was created to provide healthcare entirely free of any cost, for any person, including foreigners. More than eighty percent of the Brazilian population depends on it, but the system is extremely overstrained. As such, the government requires twenty-five percent of the population to be covered by private insurance. Many companies subsidize, on average, seventy percent of the costs to finance their employees’ medical care. The cost of healthcare is the second highest HR expense. Therefore, health and wellness programs have been widely valued in Brazil. In some instances, health plans work with their respective employer accounts to help implement health and quality of life programs in order to analyze, monitor and reduce health risk factors.

WH: Based on these organizations, do you have any evidence connecting “good health” to a positive impact on absenteeism, workers’ compensation, presenteeism, and/or return to work?

Research developed by the Social Service of Industry (SESI) with Brazilian companies from various sectors (industry, commerce, services, etc), demonstrated that by achieving improved lifestyle, it is possible to reduce absenteeism and presenteeism by three or more days.

WH: A common bias is that the United States has the best employee health promotion programs. Is this accurate? What can American businesses learn from Brazilian companies regarding protecting and improving the health and well-being of its workers?

Some initiatives of American wellness programs inspire Brazilian companies. Employers in Brazil focus on creating a workplace culture of health, and are concerned about health engagement and employee education. These companies are positively convinced that engagement is the key to success. As such, it’s very important to make the program fun, easy to participate in, and have a means to recognize and celebrate for every little step of successful effort!
The quote shown above was supposedly said by Louis Pasteur on his death bed in 1895. The gist of the pronouncement was the on-going debate between Pasteur and Claude Bernard who was a supporter of Antoine Bechamp’s Microzymian Theory of disease contrasted to Pasteur’s Germ Theory. In a nutshell, Pasteur believed that outside micro-organisms (e.g., germs) were the primary cause of disease. Bechamp believed that micro-organisms already exist in the body and serve to keep the body in equilibrium. When the body’s equilibrium (e.g., the soil) is disturbed, disease is created by these unhealthy conditions. Today, we know that the body has a tremendous ability to fend off potential disease and illness through a host of internal mechanisms. In addition, there are emerging studies that associate such risk factors as stress and traumatic events on “gene expression” for such mental health conditions as post-traumatic stress syndrome and depression.

Although “the soil” within this context relates to biological processes/responses to health or disease, can this metaphor be used in describing work culture? An “unhealthy” work culture/environment (“the soil”) can not only undermine a company, but also undermine the well-being, morale, and productivity of its’ employees. It’s a no-win situation that feeds on each other.

Today, emerging research addresses topics such as: happiness at work, personal well-being, thriving, and/or a “culture of health” on employee and organizational engagement and success. Does the presence of a “meaningful (work) environment” create the conditions for individual, team, and organizational growth while building resilience to the internal and external demands that business creates?

Health practitioner beware! Creating a “healthy soil” within an organization by offering such amenities as fitness centers, quiet/mindfulness rooms and gardens, cafes, onsite childcare, and concierge services can be merely band-aids to a work environment that is stressful and toxic. A healthy soil begins with organizing principles that establish fertile ground, not clay.

**Tending to the Soil**
- Meaningful products/services that address customer needs
- A clearly defined mission and vision. Why do we exist? What do we wish to become?
- Clearly articulated and communicated values and beliefs

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Revisiting the Value of Creating Human Capital Teams

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Authors’ note: This article was originally published in Worksite Health, the Association for Worksite Health Promotion’s official journal in the Fall of 2000. This revised version provides a fresh look at the benefits of cross-functional collaboration regarding human capital management—specifically health and well-being. Although the strategies in the original article were more applicable to large organizations with multiple functions dedicated to employee health, safety, and well-being, many of these strategies and techniques can be applied by smaller organizations (e.g., wellness committees) with “creative re-engineering.”

More than ever, worksite health promotion needs to be integrated within the organizational fabric and be part of the work culture that drives employee and organizational engagement. As such, the levers that influence and support a healthy, safe, and productive workforce cannot be a “one-person band” or a siloed work culture. The new model calls for collaboration within a team framework that calls for a joint effort not only to address issues that undermine the health, safety, and engagement of one’s respective workforce, but also the challenge of truly having the healthiest workforce across all dimensions of well-being.

Some observations that reinforce the value of creating human capital teams include the following:

- There is an emerging shift from strictly a population health focus to a broader well-being model that is multi-dimensional (e.g., physical, social, career, financial, mental/emotional, environmental, etc.) that addresses the total person. This provides opportunities for organizations to plan and implement initiatives that leverage the expertise and resources of various employee support services (e.g., human resources, benefits, health promotion, work/life, training and development, health and safety, community relations, EAP) into a more cohesive and integrated process.

- Although well-being programs provide a great opportunity for cross-functional collaboration—traditional population health strategies require a “tighter” approach to managing the programs and services that address the healthcare continuum. This is especially important since many of these services (e.g., health screenings, health coaching, communications, disease management, data management, etc.) often are provided by third-party vendors. In fact, because of multiple health plans, larger organizations may have “competing” health promotion programs and data management systems that are not part of a centralized, integrated approach to managing employee health. Fragmentation is difficult to manage, let alone, provide significant impact.

- The Total Worker Program established and promoted by NIOSH, encourages that employee health promotion/wellness and occupational health and safety programs become more integrated in promoting employee well-being and safety.

- Finally, though an observation by one author who audited organizations applying for the US Healthiest HealthLead Workplace Accreditation Program, Silver and Gold recipients had more people “at the table” when presenting their case then Provisional or Bronze recipients. In these cases, employers embraced and promoted a cross-functional model to managing their human capital with a common goal of engaging their employees in a healthy, safe, and a caring work environment.

Introduction

Within the context of human capital management, worksite health promotion initiatives are not health promotion per se, but work promotion activities that protect, support, and enhance human capital. In turn, the concept of work promotion is not exclusive to health promotion, it includes any function that provides employee-support services. Common functions include human resources, benefits, employee assistance, training and development, occupational health and safety, corporate communications, and work-life initiatives.

Although these functions have many common threads philosophically and programmatically, they frequently have limited interaction and are in fact often siloed. This is regrettable because the organization doesn’t capitalize on the gestalt of group collaboration when faced with the challenges not only managing the costs of supporting human capital, but more importantly, increasing the value of its human capital. Therefore, we believe an organization can benefit by creating what we call human-capital teams.
What is a Human-Capital Team?

A human-capital team (HCT) is a cross-functional work group dedicated to providing employee-support services through selected programs and policies that are either mandated by law and/or are part of the organization’s human resource/benefit initiatives. The HCT is comprised of the administrators of specific employee-related support services, such as human resources, employee benefits, health promotion/well-being, employee assistance, training and development, occupational health and safety, corporate communications, and work-life initiatives.

Third-party vendors such as managed-care organizations and insurance carriers, also can represent HCT members, employee-assistance contractors, and health-and-fitness program associates that provide selected employee-support services such as facility/program management, health screening, health coaching, employee communications, and data management/evaluation services.

The HCT can be created for a limited time such as a special task force that addresses a specific problem, for example, an exponential increase in workers’ compensation claims due to back injuries. Or it can be created as an ongoing team with a strategic-planning function for broader human capital issues such as developing a three- to five-year plan to address the organization’s population health management or well-being strategy.

Typically, the HCT is championed by a senior leader of the organization, such as the director for human resources, who keeps senior management informed about issues and the status of current and/or planned initiatives. Finally, the HCT process needs a facilitator who can assist members through the problem-solving and planning processes. In some cases, this may be an outside consultant who is hired to expedite the process. With time and experience, the HCT should be able to become a self-managing entity.

HCT Goals

The HCT’s purpose is to provide quality services that impact profitability and employability. These services can be placed under three general categories whose functions are to protect, support, or enhance the capabilities of individuals and work teams. The primary benefits of these initiatives include:

- Greater individual and group engagement in sponsored initiatives
- Greater day-to-day engagement of the workforce
- Better recruitment of talented employees
- Reduced turnover
- Reduced absenteeism and presenteeism
- Enhanced well-being of the workforce
- Reduced health and occupational risks, and associated costs
- A healthier and thriving work environment
To this end, the HCT needs to focus on these key goals:

- Linking or integrating existing employee support services for the protection, support, and enhancement of the organization’s human capital while aligning these services with the organization’s values, vision, mission, business goals, and objectives.
- Recommending new or re-engineered employee support services that are based on objective quantitative and qualitative need.
- Measuring and relating how selected employee-support services are aligned with the organization’s business goals and objectives.
- Coordinating employee-support services to provide optimum value as defined by leadership (e.g., return-on-investment, value-on-investment, value-of-caring) and aligned with the organization’s goals and objectives.

Integrative Thinking

By thinking and acting cross-functionally, HCT members first share employee support issues from their respective fields of expertise. Next, through the group problem-solving process, the respective strengths of participating members are blended into an integrated approach to the problems at hand.

This approach offers several operational advantages, including:

- Aligning initiatives with the mission and goals of the business
- Employing a systems approach to human-capital management
- Reviewing and incorporating best practices into the planning process
- Shortening planning, development, and implementation cycles
- Reducing redundant services and related resources
- Pooling resources (e.g., staff, budgets) on common initiatives
- Providing the opportunity for developing standard outcome measures and performance dashboards
- Creating standard operational procedures across functions

Based on the above operational advantages, the following outcomes have a greater chance of becoming realized:

- A healthier and more satisfied workforce
- Minimized risks and related costs to the business
- Improved business outcomes, such as productivity, profitability, and higher quality of products and services offered
- Increased value of an organization’s human capital, for example, retaining key employees
- Enhanced competitive advantage/corporate reputation

Pushing High-Performance Organizational Alignment

In a successful HCT, team members and the team as a whole need to possess common values and skills that establish a platform for high performance. For example:

- **Shared organizational vision and values:** Team members will have a clear understanding of their organization’s vision and values and how their respective functions bring total value to the organization and its employees.
- **Systems perspective:** HCT members have a big-picture understanding of the organization.
- **Consultative and participative management practices:** Managers seek information from employees and key stakeholders as part of the problem-solving process.
- **Customer focus:** The HCT maintains a strong customer focus. (Note: Human capital managers focus on the ‘internal customer,’ the employee. Within an HCT environment, the external customer becomes more tangible as the costs of doing business become more transparent (e.g., business development, overhead, cost of goods, account management, retention, corporate reputation)
- **Workload management:** The HCT must evaluate and interpret how workflow is distributed within functional areas, the volume of workload within each area, and how workload is managed during periods of high and low demand.
- **Resource management:** HCT members must be knowledgeable about the availability of organizational and third-party resources necessary to fulfill project expectations.
Factors for Success

In addition to high-performance organization alignment, it is to the HCT’s advantage to have members with a combination of skills. Individual members need not be strong in all areas, but the overall team profile should have a balance of skills to improve overall effectiveness.

- **Control and results orientation:** Control is the tendency to take charge, be assertive, or take control of a situation. HCT members place a high value on achieving results by having clearly defined goals and objectives that are time sensitive and measurable.

- **Sociability, emotional openness, and teamwork:** Sociability is the tendency to be outgoing and people oriented. Emotional openness is the tendency to show emotions and express feelings. Teamwork is a preference to be part of the team and work with others to fulfill organizational goals, rather than working in competition (against the organization) to achieve individual goals.

- **Precision, quality orientation, and analytic ability:** A concern for accuracy, high-quality work, and the ability to identify and evaluate problems using the right assessment tools.

- **Team ambition, positive expectancy, high engagement:** Team ambition is the tendency to champion the HCT’s purpose to serve the organization, have a strong desire to win for the organization, and be assertive and energetic. Positive expectancy is the tendency to have a positive outlook on people and outcomes. High engagement is a sustained commitment by team members in achieving the goals and objectives agreed by the HCT and executing respective tasks and responsibilities.

- **Strategic vision:** HCT members need the ability and the license to look beyond their respective functions and objectively assess how their initiatives support the organization’s short-term and long-term business objectives.

- **Patience with the process:** Team members must have patience with the planning process and with fellow team members. Lack of patience can force teams to cut corners and miss important information and/or opportunities. Also, lack of patience can create interpersonal tension that can undermine team efforts.

Creating a Successful HCT

Follow these steps to create a successful HCT.

**Step 1. Define the operational purpose of the HCT.** Why is the HCT being formed? Is its purpose to act as a special task force that addresses a specific problem such as chronic disease management, employee engagement, or a high injury rate? Is the HCT a standing committee whose purpose is to act more strategically? Or is it both—a standing committee with ad hoc ‘SWAT teams’ that address single issues cross-functionally?

**Step 2. Reacquaint yourself with the business of the organization.** Regardless of its purpose, the HCT should begin with a broader view of the business environment and apply the same questions to how its function (e.g., health and well-being) fits within the organization. Important questions to address include:

**Macro (The Organization)**

- Why does our business exist?
- What are our organization’s core values, vision, mission?
- What is the nature of our business? What do we do? What do we provide?
- Who are our customers (external)?
- What are their respective needs?
- Through our products/services, how do we provide our customers with greater value compared to our competition?

**Micro (Function/Department)**

- Why does our function exist?
- What are our function’s core values, vision, mission?
- What products and services do we provide to support our internal customers (employees, management)?
- How does our function provide value to our internal customers?
- How does our function provide value to our organization?
What human-capital factors pose a risk to the organization? For example: escalating healthcare costs, increased disability, absenteeism, presenteeism, and/or turnover, low engagement and morale, etc?

How can our function mitigate these defined risks?

**Step 3. Audit initiatives.** Whether the HCT is strategic or short-term, it’s important for HCT members to conduct an audit of current, planned, and past initiatives. This review provides data to the manager and HCT members showing what each function is currently doing programatically and from a policy perspective. It’s also important to review initiatives that were discontinued within the past three–five years and the reasons for their discontinuance. These audits should examine:

- Program description
- Primary program goals/objectives
- Primary deliverables
- Manager in charge
- Age of initiative
- Target audience
- Participation rates
- Program resources and budget
- Outcomes
- Reason for termination (if applicable)
- Reason for continuing current program(s)

**Step 4. Identify problems.** A significant and ongoing responsibility of the HCT is the execution of a standard problem-solving process that identifies factors that pose risks to the organization’s competitive advantage. Based on this process, HCT members develop a consensus on what the key problems are that need to be addressed.

**Step 5. Internal benchmarking.** Once the HCT has identified and assigned priority to specific issues, the next step is internal benchmarking. This allows the HCT to develop an understanding of all major initiatives by function and begin to see synergies, disconnects, and redundancies. Then the HCT can analyze whether current and planned initiatives address the key problems identified in Step 4. In many cases, new initiatives aren’t needed. Rather, the HCT may encourage operating functions to work more closely together by pooling resources and modifying existing initiatives.

Internal benchmarking also can be used by the HCT and senior management as a recognition process for rewarding functions that are first-in-class. Please note: If the HCT is not addressing a specific issue and in fact is just being created, then internal benchmarking is still critical. This exercise allows HCT members to get an understanding of the scope and depth of services provided. In conducting an internal benchmarking process, HCT members use information from program audits to contribute to the matrixing exercise outlined below. Based on this exercise, HCT participants begin to see synergies, disconnects, redundant programs, and potential program gaps. Also, HCT members are able to benchmark their initiatives against those of other functions and identify best practices that can be assimilated by other team members.

Macro matrixing is a beneficial strategic-planning tool that benchmarks all program and policy initiatives on one master board. This allows HCT participants to get a sense of all human-capital initiatives that are currently under way and planned over the next 12 to 18 months. One technique is a color-coding system that ranks programs by such factors as comprehensiveness, reach, and impact.

Micro matrixing is a second-tier exercise that creates a programming board for targeted initiatives such as back injuries. This can provide HCT participants again with an idea of program synergies, disconnects, redundancies, and potential program gaps within their current strategies.

**Step 6. External benchmarking.** Depending on the project, the HCT may choose to do benchmarking on outside organizations that are recognized as best in class for particular functions, such as integrated health-data management systems, well-being communications, engagement strategies, return-to-work programs, risk reduction/chronic disease, etc. Based on this information, HCT members can make recommendations that can be incorporated into the program planning process.
Step 7. A management plan. Based on the analysis, the HCT may recommend new, revised, or expanded initiatives that need approval and funding from senior leadership. In other cases, current initiatives may just need a reshuffling of resources and better integration and coordination among participating functions. In either case, a management plan needs to be drafted to address purpose, target problems, goals and objectives, key solutions and initiatives, required resources, accountabilities, an implementation plan, and performance measures (dashboard).

Step 8. Stay on top of things. Once the management plan has been approved, it’s important that the key stakeholders who are responsible for implementing the plan, keep the HCT informed and updated on program status, as well as keeping senior management apprised periodically.

Evaluating the Total Risk Picture

The process of gathering information on an organization’s risk picture includes analyzing overall turnover, loss of key employees, benefits utilization, safety records, organizational performance, as well as surveying department heads and employees to gain their perspective on risks. After identifying risks, the HCT can begin to determine the associated costs, such as turnover. In addition, the HCT can begin to identify and associate specific risk factors with targeted risks. For example, high turnover is a risk—risk factors that are associated with high turnover include overwork, understaffing, stress-inducing supervisory styles, poor job training, and inadequate resources to do the job.

Costly and Undesirable Outcomes

- Low quality of products/services
- High error rates
- Low customer acquisition/retention
- High turnover
- Job burnout and associated health issues
- Inappropriate use of healthcare services
- Increased job-related injuries
- Loss of valuable talent to competitors
- High absenteeism, disability, and presenteeism
- High separation and divorce rates
- Low morale

Practices that Lead to Undesirable Outcomes

- Poor leadership at all levels
- Siloed approaches to managing human capital issues
- Poor and infrequent communications
- Inadequate resources
- Lack of meaningful benefits, policies, and environmental supports that help make health and well-being the easier choice
- Hiring the wrong people
- Poor or inadequate job training
- Overwork or underwork
- Poor safety practices
- Stressful and toxic work environment
Ongoing Operations

Each organization will need to decide how long the HCT will function. We recommend a sunset clause of no more than two years, with options to renew or reconstitute the team. This will ensure that the team continues to renew its focus by repeating the start-up steps.

The ongoing operational steps of the HCT can be viewed as a repeating cycle. It is important to consider whether the HCT is needed at the end of a planned cycle or if starting a new cycle with new members would be more beneficial. The HCT should resist the tendency to justify programs simply because “that’s what we do” or “we believe in them.” Programs will be continued, modified, discontinued, or new programs initiated based upon measured performance. The recommended operating cycle for the strategically oriented human capital team consists of the following steps:

- Implement periodic planning every one to two years to renew the focus and determine whether the team needs to continue.
- Perform an annual audit of programs to learn whether they meet organizational goals. This is the source of data to justify, modify, or reduce existing programs or develop new programs to better address human-capital risks.
- Develop and maintain working relationships among human-capital functions to coordinate their efforts in protecting, supporting, and enhancing employee employability and organizational profitability.
- Develop and maintain working relationships with operational units, viewing them as customers.
- Use the consultative management style to gather input and data, educate senior leadership and operating units, and evaluate the value-on-investment of your human capital.
- Continue to identify changing local needs in operational areas and jointly agree to modify or terminate existing programs or develop new initiatives to respond to changing needs.
- Regularly monitor program progress based on defined performance dashboards.
- Continue to sharpen HCT skills for collaboration, communication, and transparency.

Conclusion

Now more than ever, organizations need to manage the costs of doing business while enhancing the value of their human capital. The use of HCT can be an effective way to address employee-support services through an integrated decision-making and program-delivery process that thinks and acts cross-functionally. The potential benefits to the organization include reduced risks and associated costs to the business, reducing employee turnover and absenteeism, enhanced recruitment efforts, improved productivity, more efficient program delivery, and enhancing the competitive advantage of the organization.
The intent here is to examine the interpersonal and team structures that influence the workplace environment related to a culture of health. An employer’s health promotion profile includes the dynamic influences of employees and corporate factors as well as the interaction between these organizational factors and individual behaviors (DeJoy & Wilson, 2003). Establishing capacity in the employee population through an operating infrastructure of teams and champions is the focus of this article.

Developing an Organizational Health Promotion Audit

Employees operate in various ecological spheres from day-to-day. The workplace and family are two of the most intimate settings that influence the health of workers. The research published in recent literature support the impact of participatory management practices, change efficient organizations, perceived job security and job satisfaction, all contribute to employee health (Lowe, Schellenbarg, & Shannon, 2003).

The intent here is to examine the various influences within the workplace environment that influence worker health, wellness and well-being. Distinct components within the employee environment are key variables that have been established as a known influence on personal health.

The component areas include:

- Physical Resources
- Work Environment
- Organizational Policies
- Program Management
- Programs
- Employee Perceptions

**Physical Resources**

The physical resources in a workplace should support convenient access for employees to engage in healthy lifestyle choices.

- Personal space, employee density
- Workspace climate, lighting, temperature, noise, aesthetic appeal
- Social opportunity
- Access to healthy food options
- Access to physical activity options
- Ergonomic friendly workspace
- Non-toxic, non-pathogenic environment

The work environment describes various influences on the well-being of the employees. The cultural and organizational values are the primary components that constitute the work environment. Work environments can be considered dynamic systems that are constantly evolving and interacting with multiple sub-systems that shape the employee experience (Moos).

- Surveys of employees have indicated that employees appear to perceive more support from the organization than from individual managers (Crimmins & Halberg, 2009).
- Organizational policies form the regulatory boundaries and act as a road map for employees and managers to follow. Policies can serve as evidence of organizational support for the climate. Policies are also used to render decisions and day to day operations that can be viewed in the context of organizational justice.
- Program management attributes are driven by the specific manner that health promotion activities are designed and delivered to the workforce.
Research in the process that organizations/employers use to implement change has application in health promotion program management. When an organization attempts to implement a change in the culture of health, the process is comparable to other elements of change for employers. Health promotion programs that are available to the employees are the final component area.

Employee perceptions are a strong indicator of the organizational culture. These perceptions can be compared to leadership perceptions as well as to objective evaluations such as a physical resource audit, policy and procedure audit.

Introducing Change or an Innovation Into Your Company

The development of a health promotion initiative within a company may be considered as any other change management process. The introduction of health as an organizational value requires more than a few memorandums, email newsletters, and promotional spiels at town hall meetings. Establishing employee health as a core value is typically more daunting than other typical organizational changes.

A unique feature of health promotion as an innovation or change is the long-term implementation phase and severe influence on basic values within the employee population. The percentage of employees that require participation and engagement in health promotion programs is another unique feature. Health promotion programs that succeed, yield a participation rate of 50-70% (Edington, Yen, & Witting, 1997; S. Musich, Schubiner, & McDonald, 2009; S. A. Musich, Adams, & Edington, 2000).

Unique Challenges in Every Company

Smaller companies have a more difficult time managing change. There are fewer employees to contribute to any project and less diversity across the breadth of the employee population. Companies that are predominantly quartered in one area or one location produce fewer innovations compared to companies with a more widespread footprint. Complexity in a company helps foster innovation. When the change evolves to a point that implementation is required, the complex company has increased difficulty. The more formalized or bureaucratic a company’s structure, the less capable of instituting changes and innovations. Government agencies, banks, and military organizations would have a tougher time than grocery store chains, retail stores, or manufacturing plants.

Interconnectedness is similar to social networking or neural connections in a company. The greater the web of connectivity between employees, the easier it is to diffuse innovations and changes into adoption. This is the key principal behind establishing a network of health champions in your company. Organizational slack may be restated as capacity. The greater the number of employees, the more likely you have extra capacity for a given project. Managers can solicit each other to recruit an employee who has both time and motivation to contribute on a change effort. Participation as a health promotion team member or a health champion will be easier in larger organizations.

Policies can serve as evidence of organizational support for the climate. The organizational climate created through the policy infrastructure can be segmented into categories of organizational support, co-worker social support, and relationships, intra-department communications, and enterprise wide communications (DeJoy & Wilson, 2003).

Previous experience and evidence-based literature substantiate the success of employee teams as the primary entity to promote and execute wellness programs, and help build a “culture of health.” Health champions serve as the marketing agents within the organization. Participation and engagement through the employee population is driven by these champions. The grass root level feedback, program customization, and competition execution is proposed to be coordinated by the health promotion committee described earlier.
Summary

Worksite health promotion includes an organization-wide approach to planning, operations, and evaluation. The implementation of health promotion in an employer setting is comparable to any major change across the organization. The best practices and theories that can serve as a model for health promotion program change parallel organizational dynamics grounded in business management.

The greater the integration of health promotion programs into day-to-day operations of a company, the greater the likelihood of success. If health promotion is viewed as an ad hoc or supplemental issue, resources and leadership support may be inadequate. Communication channels within the health promotion committee and bi-directional up to leaders and down to front-line employees is required. Changing culture in any organization is an extreme challenge. Values and beliefs may need to evolve and may conflict with current accepted values. The road to a stronger culture of health is an established science. The journey has challenges and requires a disciplined approach. Success is within sight, good luck.

Help Your Business Thrive

A workplace health promotion program can improve your employees’ physical, emotional, and financial well-being. That means increased productivity and lower healthcare costs for your business.

You can start a program or expand an existing one with the Centers for Disease Control and Prevention Workplace Health Resource Center (WHRC)—a website that features trustworthy resources backed by science.

- Find information all in one location to develop or expand a workplace health promotion program
- Use resources vetted by the CDC and workplace health promotion experts
- Tailor workplace health promotion goals to fit your company’s unique needs

Get started today at www.cdc.gov/WHRC.
Addendum: Environmental Audits for Culture of Health

Four organizational audit tools available through the Internet and at no charge are profiled below. Note: There are numerous tools that have been validated and published and are not listed here. We have chosen readily available instruments that are in common use today.

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Partnership for Prevention</th>
<th>Wellness Councils of America (WELLCOA)</th>
<th>Health Enhancement Research Organization (HERO)</th>
<th>Centers for Disease Control and Prevention (CDC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Tool</td>
<td>Health Management Initiative Assessment</td>
<td>Well Workplace Checklist</td>
<td>HERO Scorecard</td>
<td>CDC ScoreCard</td>
</tr>
<tr>
<td>Data Input</td>
<td>Paper</td>
<td>Online</td>
<td>Online</td>
<td>Online</td>
</tr>
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<td>Questions</td>
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<td>100</td>
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<td>130+</td>
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<td>Scored</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Report Generated</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Peer Comparisons</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nice Features</td>
<td>For each question, the user is directed to content and resources relevant to that domain within the resource guide: Leading by Example.</td>
<td>Narrative report</td>
<td>International versions</td>
<td>Very program focused (e.g., physical activity, tobacco control). Scoring is weighted based on evidence-based research</td>
</tr>
<tr>
<td>Considerations</td>
<td>Short</td>
<td>Long questionnare</td>
<td>Data intense</td>
<td>Relatively easy to complete considering the length. The relatively new online version will provide organizations the ability to compare themselves against organizations of the same size and eventually similar industry.</td>
</tr>
<tr>
<td></td>
<td>Very applicable for small- to medium-size organizations as a preliminary audit/benchmarking tool.</td>
<td>Data intense</td>
<td>Relatively easy to complete considering the length. The relatively new online version will provide organizations the ability to compare themselves against organizations of the same size and eventually similar industry.</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td><a href="http://www.prevent.org">www.prevent.org</a></td>
<td><a href="http://www.wellcoa.org">www.wellcoa.org</a></td>
<td><a href="http://www.hero.org">www.hero.org</a></td>
<td><a href="http://www.cdc.org">www.cdc.org</a></td>
</tr>
</tbody>
</table>

References

Background

- Headquartered in Copenhagen, Denmark
- Savings & Loans Bank
- 380 employees
- Vision: We want to be the customer’s personal bank by entering into close and relevant partnerships.

Health in Business Strategy

Lån & Spar Bank’s Healthy Workplace program “Bank I Bevægelse” (bank in motion) has been a deeply integrated and important part of the Lån & Spar Bank business strategy since 2009. This program has demonstrated positive results in multiple areas, including a decrease in turnover and increase in productivity and customer satisfaction. L&S focuses on improving the mental, social, and physical well-being of employees, based on senior management’s belief that balanced and satisfied employees create the best business.

Each year, results from systematic employee surveys and health checks are evaluated by senior management in order to formulate strategies for further improving or maintaining mental, social, and physical well-being of employees. The survey and health check results as well as the strategic focus formulated by senior management is presented, discussed, and evaluated with the Health & Safety Committee, the Cooperation Committee, as well as all line management. The Executive Vice President in the HR and Communication Department is responsible for promoting and implementing the program. Throughout the year, line management plays an active role in implementing formulated goals related to the psychosocial working environment and physical working environment (e.g., reduction of musculoskeletal disorders). Through this approach, all employees are fully aware and engaged with the very clear business policy that Lån & Spar Bank is a healthy workplace in motion.

Programs

A unique feature of this wellness program stems from its active employee participation. Employees are involved in the planning and programming process by participating in annual health checks (75% participation rate) and an annual workplace assessment, which is offered to all employees (85% yearly participation rate). By employing an external survey institute, confidentiality is ensured. The survey includes questions on respect, communication, bullying, harassment, and threats of violence to ensure fair and equal treatment of all employees in their daily working life with colleagues and management, as well as in their dealings with customers and suppliers. There are also questions on general psychosocial well-being, physical working conditions, and personal health.

To make sure all employees are engaged when action plans are made, Lån and Spar Bank has developed a dialog tool called “The Wellbeing Compass” (Figure 1). The Well-being Compass ensures diversity and gender equality, since the dialogue process collects and evaluates the opinion of every employee equally. The line managers have a goal of performing and following up on this dialog four times a year. All line managers are certified coaches.

All employees have access to a program called “The Good Life.” Each employee is offered a health check and a one-on-one dialogue with a psychologist, followed by a 2-day workshop in groups of 15-20 colleagues. The purpose of the program is to own well-being, including life values, work/life balance, job satisfaction, lifestyle, and health.

The Bank is also active in the community by sharing lessons learned with other companies and institutions as well as offering mentoring programs.

Progress / Success

The psychosocial work environment is evaluated on a yearly basis and compared to the benchmark of the Danish National Research Center of Working Environment (NFA). The physical work environment and employee health status are evaluated on a yearly basis in relation to the benchmark database of consulting company Alectia.
A comprehensive report is reviewed each year allowing top management to discover correlations between business drivers, such as employee self-reported productivity and sick-leave with factors such as psychosocial well-being, quality of management, and employee health status. The correlation analysis of data is central to formulating strategies.

Achieved milestones include:

- Improvement in Great Place to Work national ranking from 73rd (2010) to 24th (2013)
- Scores above NFA national benchmark on psychosocial working environment in 2014
- Sick-leave reduced from 8 days yearly average (2008) to 4 days yearly average (2013), which is significantly below sector average of 6 days
- 4% increase in self-reported productivity (confirmed by objective productivity measurements)
- 93% employee satisfaction
- Increased customer satisfaction (ranked 2nd among financial institutions in Denmark)
- Number of employees engaging in 30-minute daily physical exercise increased from 27% in 2011 to 47% in 2014.

Conclusion / Summary

The “Bank I Bevægelse” program has demonstrated that it is possible to increase productivity and provide a good psychosocial work environment at the same time. Since the financial crisis in 2008, the bank has achieved a remarkable turnaround in earnings and customer satisfaction, which in part can be attributed to the healthy workplace program.

Figure 1: The Well-being Compass

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A Selection of Global Good Practices. Global Centre for Healthy Workplaces
Alberto Ogata Becomes the Fifth IAWHP President and Philip Smeltzer, PhD Is President-Elect.

Alberto Ogata, MD, MBA, of São Paulo, Brazil, became the fifth President of IAWHP at the Annual Meeting, April 12th, in Crystal City, Virginia. Dr. Ogata is a past-president of the Brazilian Quality of Life Association (ABQV) and is a recognized international expert in worksite health and health innovation.

Philip A. Smeltzer, PhD of Charleston, South Carolina, became President-Elect of IAWHP at the Annual Meeting. Spanning three decades in worksite health promotion, Dr. Smeltzer is Program Administrator, Total Population Health at the Medical University of South Carolina.

Lauve Metcalfe Receives the William B. Baun Award

Lauve Metcalfe, MS, FAWHP, of Tucson, Arizona, was honored at the IAWHP Annual Meeting as the 2018 recipient of the William B. Baun Award in recognition of her lifetime contributions to worksite health promotion and to the practitioner community. She is a past President of the Association for Worksite Health Promotion (AWHP) and a past Board member and currently is a senior advisor to IAWHP.