Inside this Issue

Interview: Paul Terry PhD
Where Do You Fit in Your Organization?
Observations of a Facilitated Carousel Exercise on Pertinent Workplace Health Themes
Stressed by Managing Your Worksite Health Program? Here’s What the Pros Recommend
Do Investors Believe Good Health is Good Business?
2018 Global Healthy Workplace Award Winners

Paul Terry, PhD discusses the value and need for raising the bar for best practices in worksite health promotion
Paul Terry, PhD, CEO/President
Health Enhancement Research Organization

WH: You have a very broad background of experience in worksite health promotion and population management—health system executive, former president/CEO of a major health promotion company, and today, Editor-in-Chief of the American Journal of Health Promotion (AJHP) and CEO/President of the Health Enhancement Research Organization (HERO). How have these different roles shaped your perspective on the value of worksite health promotion, its challenges, and opportunities?

It’s a timely question George, as I do think we’re at a crossroads in our profession where we need to better exploit the best in management principles alongside our longstanding expertise in behavior change. The theme of the last “Art and Science of Health Promotion Conference” explored the thesis that “Best Science + Expert Implementation = Best Outcomes.” I’ve invariably presented at conferences as a health promotion expert, usually with results from a recent study to share. This was the first conference where I brought my experience as an executive and gave a presentation on how we as a profession need to learn and utilize industrial strength quality improvement principles if we aspire to deliver our behavior change and culture change initiatives at a scale that can address the scope of today’s national health challenges.

I’ve never been more enthusiastic about how well our profession is positioned to contribute to solving societal problems. The launch of a “new healthcare company” by Amazon, Berkshire Hathaway, and Chase affirms that employers lack confidence in and patience for the current pace of healthcare reform led by the Government payer and healthcare providers. Prior buyer’s coalitions, community health systems measurement projects and the Leapfrog project have all been grounded in a concern that transformation has not been occurring at the speed of change desired by the private sector. My background includes formal training in “Kaizen” which is one of the more widely adopted continuous quality improvement methodologies for the industrial sector. Henry Ford made good cars but he transformed auto manufacturing by designing production systems that accelerated the pace of production and turned a solution that had only been available to the rich to something accessible to nearly all Americans.

It’s not a coincidence that Kaizen is now being employed in progressive health systems seeking serious answers to access and affordability questions. Our greatest opportunity as a profession is to codify health promotion’s “value stream” (what we consider to be the indispensable services needed by those we serve), to determine our “standard work” (methods everyone in our profession should do the same way, every time) and to employ approaches like Kaizen so continuous improvement processes are built into our professional practice such that things like coaching, social support and culture change become commonplace for large and small employers alike.

We can only be a major partner in moving the sick care system to a healthcare system if we have both “best practices” and systems change expertise to offer these practices at a scale that can be deployed on behalf of millions of lives. I describe these challenges in more detail in open access editorials I write for the Journal (see References).

WH: Over the past 20 years, the Health Enhancement Research Organization has been a leading organization in the promotion and advocacy of worksite health management. What’s HERO’s mission and what would you say has been its leading accomplishments?

HERO has long been known as a leader helping to advance best practices in worksite health promotion and we continue to uphold that reputation but our ambitions and our value proposition are broader today. Our vision is that “all workplaces will positively influence the health and well-being of employees, families and communities.” As a think tank, our accomplishments relate to our influence in improving the profession which is best exercised by providing venues for thought leaders to convene, researchers to collaborate, policy advocates to reach consensus and exemplary companies to share their stories. HERO’s success is closely tied to the energy and passion of our member volunteers, to our study committee charters, to the studies we

An Interview with
Paul Terry, PhD
Worksite Health International Interview: George Pfeiffer, Senior Editor and Paul Terry, PhD

sponsor and to the educational and networking events we host. When we annually report on our accomplishments, we share our research results, the papers we’ve published, the reviews of our conferences and webinars and the Proceedings from our Think Tanks. In keeping with a Kaizen philosophy, our main goal is to keep getting better and better at all of these elements in our value stream. (See https://hero-health.org/publication/2017-hero-annual-report/)

HERO is at our best when we continuously improve the capacity of our members and partners to contribute to the betterment of health promotion for the nation. One such example is the study we conducted with support from the Robert Wood Johnson Foundation where we met with leaders nationwide to better understand the business case for why employers should contribute to the health of their communities. We developed a website to share our research and publish success stories from companies who are actively partnering in solving societal problems. (See http://get-hwhc.org/)

WH: There have been significant transitions over the past 40 years in worksite health. For example, fitness-focused programs; risk reduction; demand management; health and productivity management; population health, etc. In your opinion, what initiatives do you feel have made the greatest impact on population health especially within an occupational environment?

Our HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) has been one of our fields most widely used tools for helping to answer questions about recommended practices that drive health and well-being outcomes. It is a freely available program planning, assessment and evaluation tool that has been used now by nearly 2000 companies in America. We also have an International Version of the scorecard (https://hero-health.org/hero-scorecard/) so we’re beginning to be able to answer your question with examples from around the globe as well. We make most of our results from the Scorecard available in the public domain so I’d encourage your readers to review our video (search Youtube under HERO Scorecard) about why the Scorecard is such a useful tool and explore results from the 2016 HERO Scorecard Progress Report (same link as above) as it speaks to what experts consider best practices and offers important benchmarking data.

It will come as no surprise to Worksite Health International members that organizations that take a more comprehensive approach, have strong leadership and cultural supports and build and monitor robust evaluations are reporting better outcomes than those, sadly more common, organizations that take a piecemeal approach. What came as more of a surprise to me and my colleague Dr. Jessica Grossmeier, HERO V.P. of Research, is the fact that a minority of companies show a commitment to strategic planning. It’s an important finding from the scorecard when put alongside our data showing those with formal written strategic plans are reporting better outcomes. What’s more, our data show most organizations use scorecards just once or only occasionally so we’ve launched an initiative that emphasizes the importance of an intermittent schedule of scorecard use to abet strategic planning and continuous quality improvement. Jessica and I and our Scorecard users have written often about the role of scorecards in assessing and driving greater impact for our field. (See Grossmeier J. and/or Terry, PE., at: https://www.ncbi.nlm.nih.gov/pubmed/) Open access examples are in the reference section below.

WH: The value of incentives continues to be a hot button among decision-makers and practitioners. Outside of improving participation rates in such areas as health risk assessments and biometric screening, we know that the literature is pretty weak in demonstrating sustained engagement in behavior change, let alone showing meaningful outcomes. What’s your opinion on incentives and what would you suggest decision-makers consider when designing an incentive model?

It was twenty five years ago that I wrote my first articles on this topic and I have written more often on this subject than any other because it relates to fairness and equity in health promotion, effectiveness in program design and, as your question suggests, prudent reviews of evidence for and against select tactics in supporting health and well-being.

In the 1990’s I was flat out against what was termed “risk rating” incentives which amounted to thinly veiled insurance cost shifting based on lifestyle risk factors. One of my articles from 94’ was “A Case for No-Fault Health Insurance” so I’ve long been cautious about the use of incentives. Following on current controversies that co-mingle the wellness provisions of the Affordable Care Act (ACA) with the regulatory and legal challenges brought to the EEOC, I joined with a team of experts to draft a Joint Consensus Statement: “A Response to Proposed Equal Employment Opportunity Commission Regulations on Employer-Sponsored Health, Safety, and Well-Being Initiatives.” It proved to be an influential position paper with policy decision makers because we laid out the limits and potentials of the use of incentives and emphasized that data privacy and voluntariness standards must be met. The key to voluntariness is whether incentives are subsumed within a “reasonably designed” program where autonomy, choice and participatory program planning and design are paramount.

It seems it should go without saying, but an incentive scheme is not a wellness program. The title of a rebuttal I wrote to researchers who published a study in Health Affairs was
“Confusing wellness incentives with a wellness program.” In a similar vein, journalists look for stories that capture or create controversy and misconceptions are regularly promulgated by angry loner bloggers. They and an occasional economics researcher will view health behavior change so myopically that I’ve found we can’t stress the point enough that incentives are but a tactic. Smart strategic program planning, ideally via a proven systematic process (i.e. the PRECEDE/PROCEDE model) that employs social ecological principles is what determines program success.

One recent survey indicates interest in incentives is waning and I hope it is more bathwater than baby being tossed. My view on incentives has become more subdued than per my opposition in the 90’s and I’ve tried to cover both the promising side and the dark side in conference presentations. Given my doubts about the utility of “outcomes based” incentives, but with an interest in exploring the nascent potential of well-designed incentives, I co-wrote an article with my long time mentor and collaborator David Anderson entitled: “Finding common ground in the use of financial incentives for employee health management: A call for a progress-based approach.” It was interesting to see this idea take hold around the country though I think it’s still a work in progress, pun intended.

In 2016 I invited some of the best minds in behavioral economics to summarize the state of the art in the use of incentives in a special open access section of the American Journal of Health Promotion. In that issue I refined my thinking further on the fairest use of incentives and called for an “Effort based approach.” We need continued legitimate debates about the best use of incentives and I think we’re making progress on finding common ground. I’m hopeful continued refinements don’t get mired in an all or nothing thinking.

WH: Paul, you have been a strong believer and advocate in community and international service. What have been some of your most memorable experiences and what would you recommend to the practitioner community regarding volunteerism?

Thanks for noticing my passion for promoting the private sector’s role in improving community health. It is heartening to observe how eagerly worksite health promotion professionals are mobilizing their expertise to build strategies to solve for addiction, depression, violence in the workplace, suicide and other socially induced maladies. The opioid epidemic is just one community-based example that is leading employers to become more conversant about social determinants of health and the role of the private sector as a partner in addressing public health issues. The health promotion profession, from our leadership vantage point in advancing healthy workplaces, should be at least partly invested in the work of creating healthy communities. The population health management field has always resided in the intersection between the public and private sectors and between healthcare and public health. Now, that space in the Venn diagram will increasingly also be occupied by corporate social responsibility/corporate sustainability leaders and worksite health and well-being experts.

Leaders from the Harvard Business School and the T.H. Chan Harvard School of Public Health acknowledge that historically, collaboration between their schools would have been unexpected, if not highly unlikely. Still, with some inducement via funding from the Robert Wood Johnson Foundation, the “Health as a Business Imperative” program has garnered impressive participation from the private sector in working on frameworks that ratify the business case for community health engagement. HERO has been an active participant in this work and hosts a Committee called Healthy Workplaces/Healthy Communities. Similarly, the Institute of Medicine has a “Employer Coalition for Community Health,” the American Heart Association has a “CEO Roundtable”, the CDC has a Workplace Health Resource Center that includes community collaboration and Don Berwick’s Institute for Healthcare Improvement (IHI) has an active employer cohort to help advance their 100 Million Healthier Lives (100MHL) initiative.

These are each examples of robust private/public sector partnerships that workplace health thought leaders can contribute to and benefit from as collaborators, measurement and data partners, program designers and policy advocates. Unlike the evolution of ROI as a business case metric for wellness, the test of the market advantage of full engagement with such initiatives will have more to do with credible community benefit stories and less to do with health care cost containment. For more details on the business case connecting the private sector with community health issues see: http://get-hwhc.org/ which is a HERO/RWJF initiative.

Related to this, you’re right that I have long advocated for the full inclusion of volunteerism in health and well-being program design. It’s been argued that lack of social connectivity and support may well be the health risk equivalent of being a smoker. For those of us interested in the connections between health and productivity and well-being and optimal performance, or “flow”, volunteerism offers a triple bottom line of benefits at the individual, organizational and community levels. For greater detail on these mutual benefits of volunteerism see the references section below.
Worksite Health International Interview: George Pfeiffer, Senior Editor and Paul Terry, PhD

WH: Paul, you have been a CEO of a major vendor in worksite health management. Are there any lessons that you have learned that you would be willing to share to aspiring entrepreneurs who wish to get engaged within the employer space?

The last ten years has indeed seen an impressive surge of start-up wellness companies, many of which have built stunning apps and brilliant strategies for engaging more participants in health promoting activities. Most of the entrepreneurs I’ve had the pleasure of connecting with make me mindful of the premise: “if it’s not fun, it’s not health promotion.” So I’m bullish on seeing more entrants in our field yet, more recently, we’re seeing more mergers between wellness providers who are likely trying to establish a larger footprint in the large employer market. Consolidation might suggest that the market is saturated in the large employer segment so I’d be cautious about entering that market unless I was confident I had a transformative product.

I’ve never led a start-up so I don’t feel qualified to offer advice for aspiring entrepreneurs but I’ve presented at many finalist sales presentations so I do feel tuned in to problems employers are eager for help with. If I was on the purchasing side of the table, I’d be focusing on three factors. First, and this will sound nerdy to some, but tell me what theories your approach derives from. I’m not interested in subjecting my workforce to an experiment. If your product is related to health education, what proven principles underpin your process? If you are promising me greater workforce performance, what theories, ratified by what researchers, are you basing your products upon?

Second, I’d belabor your outcomes. Which of my company metrics do you say you can affect, by how much and by when? I’d ask you to show me data, preferably peer reviewed and published, that convinces me your company has done what it says it can do. Whether it’s increasing my percent of thriving employees, reducing average HbA1c’s from 11 to 7 or reducing my spending on Prozac, give me data that I’d find irrefutable.

Finally, as I mentioned above, I’d be looking for the Wow factor, or at least a fun factor that makes me smile and wish I had thought of it first.

Selected References
Two fascinating perspectives are presented in this issue of WHI. Paul Terry and Wolf Kirsten present insightful evidence on how worksite health promotion (WHP) can support organizational goals be it controlling healthcare costs, being an employee of choice, improving employee engagement, to being socially responsible.

As a health promotion practitioner, how does your function support your company’s business goals? Terry emphasizes using established corporate performance models such as Kaizen and strategic planning to facilitate integration. Kirsten outlines how employee health fits within the environmental, social and governance (ESG) evaluation and investment scorecard.

Why is this important? The better you are able to align your programming with the business goals of the organization and demonstrate its relative value in relation to these goals, the better are your chances to grow and sustain your program efforts. Thus, you should strive to shape your health promotion strategy to be integrated within the organization’s goals and objectives. This is more than words. Not only do you need to understand why your organization exists, but how it provides value through the goods and or services it provides to its customers, the community, and if appropriate its shareholders.

This doesn’t only take a lot of study, but more importantly you need to develop personal partnerships and departmental bridges linking health promotion throughout your organization.

Again, the first point is to understand YOUR organization. The second is to understand your role as a supporting member (actor) of a broad organizational cast. Designing your health promotion approach to support the organizational goals seems obvious, yet can you demonstrate it? We ask for budget dollars and support a project with a 2:1 ROI for the fiscal leaders to cash-in at some point in the future. Yet, our leaders allocate resources that align with the its mission, vision, values and long- and short-term goals and objectives driven my market conditions. A proposal to document how worksite health promotion programs mutually support those long and short-term goals is more likely to succeed than the one dimensional claim of a 2:1 ROI.

The ESG structure and components outlined by Kirsten justify employee health promotion within the social (the “S” in ESG) category. The amount of contribution health promotion leverages across all organizational goals and evaluation standards is the crux of the argument. We seldom hear objection to the notion that a healthy employee is good for business. We do hear that there is not enough funding available and health promotion is a lower priority than other initiatives. Promoting employee satisfaction, engagement, and health through our programs meets little resistance as an ideal. Yet, health promotion as a “nice thing to do,” is much different from the proposition that it’s “a needed thing to do” as a business sustainability strategy!

Other tips:

- Enlist multiple senior leaders to actively support your programs and let them define what’s important for them to see.
- Consider the evidence on how strong and successful health promotion programs are associated with successful organizations as outlined by Kirsten. Leaders understand associations.
- Be sure to develop measurable metrics that are approved and can be part of a performance dashboard.
- When possible, soft pedal the ROI arguments—try to sell multiple bottom lines that reflect value to the organization. Be sure to provide formal and informal updates—keep management informed as well as the rank and file!
- Once a year do a private reflection based on the following questions: Why does my program exist? What value do I provide to our employees? What value do I provide to the organization? What do I need to provide greater value to both?

When you understand that value proposition, you’ll know where you fit in your organization!
Observations of a Facilitated Carousel Exercise on Pertinent Workplace Health Themes

George J Pfeiffer, MSE, FAWHP, Jennifer Childress, MS, Nico Pronk, PhD, Tina Lankford, MPH, J. Nicholas Baird, MD

Introduction

On January 22, 2016 US Healthiest, a not-for-profit organization and the Centers for Disease Control and Prevention (CDC) co-hosted the fourth annual HealthLead Forum at CDC Headquarters. As part of the proceedings, a facilitated “carousel” exercise was conducted among 130 participants who represented academia, worksite health, public health, and not-for-profit organizations. The CDC hosted this event after participating in the HealthLead Worksite Health Accreditation Program where they received a “Bronze” designation for their employee health and well-being initiatives.

Carousel Process

The “Carousel Exercise” is a version of a World Café format where participants at each table were given 15 minutes to address questions on one of six specific themes. The themes included:

1. Culture of Health
2. Behavior Change
3. Environment
4. Evaluation/Outcomes
5. Business Case
6. Leadership

Participants were instructed to write a response to a specific question that was relevant to the “table theme,” and pass the marker to the next participant without comment. The intent was to write down as many observations “unfiltered” by participants within the assigned time allotment.

After all of the participants at each table provided their respective observations, over the next 15 minutes, an assigned table facilitator guided the discussion to address the following:

1. Related to the specific theme, review the list of “common practices” generally used by health promotion practitioners today.
2. Based on these “common practices,” identify a practice that can either be an adaptation/improvement of that practice or identify something new that could significantly impact the defined problem statement. This is your “Big Idea.”
3. Identify and prioritize potential barriers to implementing your “Big Idea.”

Once the time allotment expired, each table shared their observations with the general assembly that took approximately 60 minutes.

Summary of Topic Responses

Below is a summary of carousel exercise responses preceded by the overview and problem statement that each group addressed. Since, there was no official transcription of group reports, we relied on reviewing each group’s flipchart notes especially how they ranked their “Big Ideas” since all groups came up with multiple ideas.

Note: In some instances due to the number of attendees and table seating limitations, some groups responded to the same topic theme such as culture of health, leadership, and evaluation/outcomes. In these instances, it was the first author’s discretion to select what he felt was the most unique submission among similar themes.
Culture of Health

Today, the term “culture of health” is used by business leaders and practitioners alike. Assuming that a culture of health is a shared vision of organizational and individual health and well-being that is driven through such supports as: leadership policies/benefits, environment, communications, incentives, and information and support, etc— How can more organizations embrace and embed this concept within their respective work environments?

List Common Practices

- Aligning a healthy workforce to the organization’s mission and vision
- Environmental supports that encourage positive lifestyle practices (e.g., fitness centers, healthy vending/cafeterias, walking paths, quiet rooms, tobacco-free campuses)
- Policies and benefits design that reduce barriers to healthy behaviors and job/personal safety

List a Big Idea!

- Organizational health and well-being measures within manager performance assessments

What are some barriers to making this Big Idea happen?

- Lack of leadership support, especially among middle/supervisory roles
- Managers have a bias that a culture of health doesn’t impact employee productivity and its’ not their responsibility to keep employees healthy
- Employee health initiatives are considered a cost center rather than a capital asset
- No standard measures for a “culture of health”
- “Turf battles.” Many organizations have a silo mentality and avoid collaboration
- Misalignment of resources associated with a silo mentality
- Poor communications

Behavior Change

Changing detrimental health behaviors and related risks is difficult and challenging from a population health perspective. For example, one national employer survey showed that participation rates in popular behavioral health interventions such as tobacco control; weight management, health coaching, and disease management ranged between 8 percent and 14 percent.

How can organizations engage and impact a broader critical mass of employees (and family members) in addressing modifiable risk factors and healthier behaviors?

List Common Practices

- Health risk assessment/screening systems
- Health education
- Health coaching
- Incentives
- Environmental supports

List a Big Idea!

- Create private/community partnerships that influence social norms regarding personal accountability when it comes to health and well-being.

What are some barriers to making this Big Idea happen?
Lack of leadership, collaboration, and coordination between private/public entities
Developing a strategic plan that’s inclusive to participating parties and their constituents
Limited resources
Creating and distributing impactful communications to diverse audiences
Challenge of implementing evidence-based interventions through approved vendors among small employers, faith-based organizations, schools, etc.
Influence of social-economic determinants in designing and implementing evidence-based interventions

Environment

We understand that environment is a critical health determinant not only from a broader community perspective, but also within the workplace. For most employers, they do not have the resources, nor the broad infrastructure (e.g., facilities, access to green spaces, etc.) to “build” their environment.

How can organizations (e.g., especially small to mid-sized) make significant changes to their work environment to support health behaviors and work engagement?

List Common Practices

Making health the easier choice! Environmental supports for regular physical activity, healthier eating, stress management, and tobacco control
- Fitness/stress breaks
- Fitness memberships/discounts
- Healthier vending/food services
- Lactation rooms
- Quiet rooms
- Flexible work schedules
- Telecommuting
- Team building
- Mentoring

List a Big Idea!

Become a “purpose-driven” organization by reinforcing that employee well-being and engagement drives business sustainability. Beyond the “built environment” that supports and reinforces healthier health practices, a broader work environment/climate includes trust, respect, and flexibility that are applicable to any sized organization.

What are some barriers to making this Big Idea happen?

- Built environments take time and money and change doesn’t happen overnight
- The value of employee health and well-being are not broadly articulated and aligned within the organization’s values, beliefs, and norms
- Lack of visible participation and/or support by managers in company sponsored well-being programs

Evaluation/Outcomes

There seems to be an ongoing debate regarding the validity and rigor of research studies pertaining to the effectiveness of worksite health programs. This is especially evident regarding return-on-investment (ROI). As such, these commentaries and their detractors can raise questions among decision-makers regarding the efficacy and value of worksite health programs.

How can WHP practitioners change the conversation, let alone address other meaningful measures within evaluation design?
List Common Practices

- Participation
- Health outcomes goals
- Strategic plan objectives
- Absenteeism/sick time
- Healthcare claims
- Presenteeism
- Scorecards (e.g., CDC, HERO)
- Health beliefs and behaviors
- Website use/unique visitors
- Morale
- Engagement

Big Idea

- More Random Controlled Trials (RCTs) are needed that study what components of multi-factorial strategies generate the greatest yield

What are some barriers to making this Big Idea happen?

- Organizations may not be willing to stop what they are doing to be able to randomize their respective study groups.
- Lack of consensus among leadership on meaningful scorecard measures
- Resource allocation
- Data systems not in place including security/privacy protection
- Chief Financial Officer accountability
- Defining presenteeism—not just the opposite of absenteeism
- Lack of accountability from the Chief Financial Officer for including meaningful financial measures related to health promotion investments

Business Case

For decades, managing escalating healthcare costs has been the prominent business case (The Why) for positioning worksite health promotion programs. Yet, the majority of employers (small to mid-sized) have no or a limited influence on health plan premiums due to their size and plan design.

How can we as worksite health promotion practitioners change the conversation within the C-Suite as well as to the general employee population on the “Why?”

List Common Practices

Making the business case for worksite health promotion is typically made to decision-makers by demonstrating the return-on-investment and/or the value-on-investment by impacting one or more of the following measures:

- Absenteeism
- Disability
- Employee turnover
- Healthcare costs
- Presenteeism
- Productivity
- Injury protection
Other rationales include:
- Employee recruitment/turnover
- Being an employer of choice
- Community engagement
- Environmental, Social, and Governance (ESG) performance to the investment community

**List a Big Idea**

- Creation of a Well-being Review Panel that holds the organization (e.g., C-suite, middle managers) accountable for support of employee well-being initiatives

**What are some barriers to making this Big Idea happen?**

- Lack of a clear vision by the C-suite on the value/potential of supporting employee health and well-being initiatives
- No “game plan” What’s our strategy?
- Standard measures
- Competing business priorities
- Limited resources/funding
- Middle management’s lack of understanding regarding the value of WHP

**Leadership**

A recurring barrier to the successful implementation and sustainability of worksite health programs is low leadership support and engagement. This is especially true among middle managers and supervisors.

How can we as worksite health promotion practitioners help “win” more managers within the workplace?

**List Common Practices**

- Leverage existing cultural elements (e.g., mission, vision, values, beliefs) that support worksite health practices.
- Align management with program rationale (e.g., business case).
- Establish a “line-of-sight” to where the program is working well and how line managers are supporting these initiatives.
- Communicate strategically—up and down the organization
- Link program to organization’s employee and team engagement efforts.
- Start small through a phased approach that leverages manager champions. Go for small wins and build from there!
- Wellness champions represent a lay leadership network that helps with program marketing, support, and planning input
- Publicly recognize outstanding managers/supervisors and champions.

**List a Big Idea**

- Establish a “Leadership Institute” within the organization that provides on-going leadership skill training, while aligning WHP with the organization’s mission and goals. As such, tie WHP measures to manager’s annual performance objectives

**What are some barriers to making this Big Idea happen?**

- Weak business case to leadership—the inability to articulate to leadership the relative value of WHP to business success
- Challenge of engaging middle management and supervisory personnel in WHP initiatives
- Competing business priorities
- Poor communication
Observations

The above summarized carousel exercise provided attendees with a “rapid fire” approach to brainstorm on pertinent themes relative to worksite health promotion. The limited time allotted for brainstorming and reporting challenged participants to quickly identify and articulate current and new approaches related to the practice theme. Thus, “fleshing out” the suggested “Big Idea” was not in the purview of this exercise. As a follow-up, it would be recommended that a carousel be facilitated that focuses exclusively on the barriers and challenges to build on the idea by identifying pertinent elements, resources, and supports as part of the planning process.

Though there were a few unique “Big Ideas,” such as greater employer/community collaboration in health promotion activities or establishing a Leadership Institute that integrated WHP principles into management training, overall the practices outlined were reoccurring approaches and/or barriers echoed within the WHP practitioner community. We are not suggesting that the feedback was “same old, same old,” approaches and issues. Rather, this exercise reinforces the need for organizations to take these recurring issues and address them through a “cultural lens” that is unique to their own organization.

These observations echo previous results from a World Café exercise conducted by the Health Enhancement Research Organization that focused on the business case of worksite health programs. Key elements identified were: metrics/measurement, ROI, clear communication, shared values, shared vision, shared definitions, and leadership/buy-in. Key barriers included: lack of understanding, lack of strategy/playbook, complexity of the problems, trust, lack of common language, ROI, and lack of metrics.

Another observation from this exercise was how identified practices and barriers were often listed across program themes. For example, ill-defined metrics and objectives create significant barriers to the business case, leadership, and evaluation/outcomes. Low leadership support impacts the business case, culture of health, environmental supports, and behavior change.

In our opinion, this clearly reinforces the importance of foundational elements (e.g., leadership, business case, evaluation, environmental supports, etc.) that need to be institutionalized and integrated within the cultural fabric of the organization including a comprehensive strategic plan that is monitored, managed, and measured against clearly defined goals and objectives. This is especially important when one considers that a recent employer survey of 1,000 employees and above showed that 44 percent of the survey do not have a health and well-being strategy, though they offer programming.

In conclusion, a carousel exercise as described can provide health promotion practitioners with relevant insights on the challenges, barriers, and opportunities to program development and sustainability. Based on this cursory assessment, program managers can further organize follow-up carousels that are designed to further drill-down on an idea and build on each team member’s contributions to create a more cohesive initiative that is designed to improve leadership and employee buy-in, engagement, and program success.

References:


Note: US Healthiest would like to thank the CDC for their assistance and support in hosting this event.
Stressed by Managing Your Worksite Health Promotion Program? 

Here’s What the Pros Recommend

Barry Roa, MA, IAWHP Group Leader

The following is a summation of opinions from IAWHP members participating in an online forum of the special interest group—“Mentoring Students and Career Development” conducted in September 2018. The theme of the discussion was focused on: “How do we as health promoters, take care of ourselves from a stress perspective as well as our employees? To learn more about IAWHP’s Special Interest Groups go to: www.iawhp.org

Key Takeaways

Walk the Talk. “I think we, as professionals, have to walk the talk in terms of self‐care and stress management or we won’t be credible. So, we should have the tools in place to cope with stress (e.g., mindfulness, resilience building, exercise), but of course the same challenges remain like in other jobs. At the same time, we need to advocate for a more conducive work environment, i.e. one in which we look at stressors and try to address these as part of the WHP strategy.”

Wolf Kirsten, IAWHP, Global Centre for Healthy Workplaces

Build and Expand Your Network. “Keep expanding your wellness champions/advisors/ambassadors' network to help ease the work burden; and learn that they can positively contribute to your efforts in more ways than you can imagine.

Take Care of Yourself. From a self-care perspective—take brief walking breaks (1‐3) minutes every hour to help clear the “brain cobwebs” and find an additional hour every day to exercise and get 7 hours of sleep. Also, contact IAWHP Membership who can provide access to leaders in our industry with decades of experience, who can share their knowledge to minimize your trial and error approaches to balancing your well-being and your job. Most of the time, it’s been done before!"

Stephen Cherniak, Employee Health & Benefits, Marsh & McLennan Agency

Promote and Support Your Programming. “Mental well-being, as we know, can be affected by poor eating habits, decreased sleep, lack of exercise, job burnout, and isolation. Thus, feelings of low energy, mild depression, unwanted weight gain, and self-esteem issues will frequently improve because of evidence-based programs that you as a WHP professional offer.

Other support programs that address the mental well-being of employees include employee assistance programs and work/life balance services. Another unique support service is the use of Workplace Chaplains who outside of critical incident counseling, can provide day-to-day “in the aisle” consultations.

Leverage Your Team Members! We consider each team member of the committee as a “bird dog”. A “bird dog” brings opportunities to the committee and by extension to the program’s success. One simple way to define a “bird dog” is that they are great recruiters. As an example, there may be someone who is there but not high on anyone’s radar. Let’s call her Pearl. Turns out she has her favorite WHP event favorites and has become a beloved participant. To observe her physically, one would see her challenges. However, she is trying hard to make her life healthier, to reduce her stress, to eat better, to move more. She is trying her best. That is all we can hope for. Do your best. As Pearl does her best, she brings many others with her. She is a proven recruiter. Her skills would be welcomed in any WHP program.

Barry Roa, Curtis Wellness Programs

Be Sensitive on How You Promote. “Employee Assistance Programs (EAP) are often able to assist with the mental/emotional well-being of employees. When designing stress management programs within the worksite, it may be helpful to utilize terms such as “stress, resilience, or change management” in lieu of potentially sensitive words such as mental/emotional health and depression management.

Reed Engel, PhD. Wellness Coordinator, Chicago, IL.

Build Your Environment. “Create a designed quiet area for employees to visit, sit, read, and relax. Ensure a safe indoor or outdoor walking area. Develop and distribute one page “tip sheets” for supervisors to use at team huddles and departmental meetings on
how such areas as group stretches, deep breathing exercises and promoting healthy snacking/eating options in vending and company cafeterias. Offer healthy sleep and time management programs. Promote Employee Assistance Program options from your benefits plan or other mental health resources available within your community.

Walk tall! Commit to a walking program that’s visible to your employees. Invite one to two co workers to join you. Position your walks as “idea sharing” time. Remember what the philosopher Søren Kierkegaard said: “Don’t trust an idea you have sitting down!”

Charlie Estey, Asset Health

A Program Committee Can Reduce Your Workload. “Our worksite health program committee is very large! At 120, everyone needs to be on the same page. There are representatives from all the different county departments. This could add a deep layer of confusion if tool kits and great communications were not provided to each team member.

Other success factors for managing and engaging a large committee are 1) being able to delegate, and 2) having in place formal and informal ways to recognize committee members for outstanding service, not only within the committee, but to the whole organization.

Reina Cruz, Employee Wellness Program, County of San Mateo HR – Redwood City, CA
Melissa Wong, Employee Wellness Program, County of San Mateo HR – Redwood City, CA
Workplace health and well-being is an important indicator in determining employee productivity and overall business performance. The relationship between good practices in workplace health and corporate financial performance has been documented in numerous studies. As successful investors require intricate knowledge of the underlying performance of a company there is growing interest and activity in incorporating health-related criteria in investment analysis, often under the umbrella of Environmental, Social and Governance (ESG). Susana Peñarrubia, Senior Portfolio Manager at DWS in Germany, sees “health and well being as one of the most important social indicators for measuring company business performance”.

What is ESG?

According to Investopedia Environmental, Social and Governance (ESG) Criteria are a set of standards for a company’s operations that socially conscious investors use to screen potential investments. Bank of America Merrill Lynch ESG provides the following examples of ESG factors:

**Exhibit 1: Examples of Environmental, Social & Governance (ESG) Factors**

- **Environmental factors**
  - Natural resource use
  - Carbon emissions
  - Energy efficiency
  - Pollution waste
  - Sustainability initiatives

- **Social factors**
  - Workforce health & safety
  - Diversity/opportunity policies
  - Employee training
  - Human rights
  - Privacy/data security
  - Community programs

- **Governance factors**
  - Board independence
  - Board diversity
  - Shareholder rights
  - Management compensation policy
  - Business ethics

Source: BofA Merrill Lynch US Equity & US Quant Strategy (based on examples from MSO ESG Research LLC, Sustainalytics, and Thomson Reuters data sets)

Empirical evidence underlines the notion that portfolios with high ESG ratings outperform their benchmarks and display substantially less downside risk. A 2015 study by Clark, Feiner, and Viehs (2015) of over 200 of the highest quality academic studies showed that 88% of firms with solid ESG practices resulted in having better operational performances; 80% of which had better stock price performance, and enjoyed 90% lower capital raising costs. While ESG data is increasingly available, many investment managers and analysts remain insufficiently aware or trained in ESG. However, according to the 2017 CFA Institute ESG Survey, portfolio managers and research analysts are increasingly taking environmental, social, and governance issues into account in their investment analysis and decisions. This applies not only to dedicated ESG funds, but also for an abundance of other funds. The same survey found that human capital (which is highly impacted by employee health) was the second most important issue in their members’ investment analysis / decisions. For example, Deutsche Bank manages 9.9 billion assets according to social, environmental and governance criteria with high sustainability standards for companies, countries and organizations in which they invest. It applies a proprietary ESG rating methodology and ESG Engine software, to enable it to rank corporations and countries on ESG issues. The ESG rating method (illustrated below) takes ethical and other extra-financial factors into consideration when evaluating risk and the potential contribution to the yield of an investment.
Health and well-being criteria fall under the social area in which employees are featured.

What Does This Mean for our Field?

Workplace health and well-being professionals need to advocate for an accurate analysis of the underlying health-related factors, which drive business performance. Company data needs to go beyond merely publishing statistics on occupational injuries and fatalities. Comprehensive assessment requires (but is not limited to): a systematic health and well-being process which includes a needs assessment and program evaluation; the addressing of risks in the physical and psychosocial work environment; measurable employee outcomes in areas such as health risks, engagement, turnover, sickness absence, and presenteeism.

References

5. BofA Merrill Lynch. Environmental, Social & Governance (ESG) The ABCS of ESG. 2018
6. Courtesy of Susana Peñarrubia Fraguas DWS
7. Environmental, Social and Governance (ESG) Survey, CFA Institute, June 2017
This year’s best employers for having an exceptional and globally recognized healthy workplace program were announced at the 6th Global Healthy Workplace Summit in partnership with ATS Bergamo, which took place at the Ex-Monastero di Sant’Agostino, University of Bergamo, Italy, 6-7 September 2018. The winning programs illustrate and highlight the importance of integrated approaches to workplace health, which includes occupational health, psychosocial risk management, wellness and the role of enterprises in communities:

Small and Medium-sized category: AB May, USA

AB May is a local, family-owned business of 250 employees providing home services in the Kansas City area. The owners play a visible leadership role in driving and living the 12 elements of great management which are designed to empower all employees. The holistic health programme is rooted in the five pillars of wellbeing: physical, financial, purpose, social and community. Success is measured by a comprehensive scorecard, engagement surveys, company driven data and a vision traction organizer. AB May credits its increased profits, increased engagement and decreased turnover to its health and wellbeing programme.

Large Enterprise category: Hospital Alemão Oswaldo Cruz, Brazil

HAOC is a philanthropic not-for-profit private hospital in São Paulo, Brazil. HAOC’s commitment to a healthy workplace is long-standing and is reflected in its value proposition, which underlines its commitment to contributing to business sustainability by providing the best health experience possible. The HAOC Programa Bem-Estar (PBE) touches the key dimensions of a healthy workplace, is driven by 18 health professionals as well as strategic partners and includes an integrated digital platform. Reductions in health risks, health care costs and absenteeism have produced a cost-effective program and a positive return-on-investment (ROI).

Multinational category: Lendlease, Australia

Australian-based construction and infrastructure company has demonstrated a long-time dedication to sustainability and actively promoting employee health and wellbeing. Lendlease’s Global Minimum Requirements (GMRs) provide a consistent global standard to create healthy and safe workplaces for all including the subcontractor workforce. The 2017 Global Work Health Insight study showed continued progress in various health and wellbeing areas such as mental wellbeing, healthy eating and physical activity. More than 1631 workers have participated in at least one mental health program, 66% of employees using their wellbeing leave and 74% of employees are highly engaged. This has led to a positive social return-on-investment (SROI).

Global Awards runners-up were:

- SME: VitaS (Belgium)
- Large: National Environment Agency (Singapore)
- Multinational: Flight Centre Travel Group (Australia).
Call for Nominations: William B. Baun Award

The Board of Directors of the International Association for Worksite Health Promotion is requesting nominations for the third annual “William B. Baun Award” that recognizes an outstanding worksite health practitioner.

The award was created to honor William (Bill) B. Baun, Wellness Officer at The University of Texas, MD Anderson, Cancer Center who passed away in 2016.

Honoring the “Practitioner’s Practitioner”

The “William B. Baun Award” is designed to recognize an individual who has dedicated his or her career to worksite health promotion, first in the role of practitioner and second as a contributor and advocate of worksite health promotion from a community to an international level. Lauve Metcalfe, MS was the 2018 recipient for her work and contributions to worksite health promotion as a practitioner, advocate, educator, and mentor.

The nomination form with selection criteria will be available online (www.iawhp.org) on January 15, 2019 with the admission deadline on February 15, 2019. The recipient will be invited to receive the award at the IAWHP Annual Conference, which is in conjunction with the ACSM Health & Fitness Summit, March 20, 2019, in Chicago, IL.

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IAWHP’s Mission

To advance the global community of worksite health promotion practitioners through high-quality information services, educational activities, personal and professional development and networking opportunities