An Interview with Nick Baird, M.D.

US Healthiest, a 501(c)(3) public private partnership, was formed by governmental public health agencies (CDC, ASTHO, and NACCHO) in response to a growing concern about the way we approach health in the United States and the need to change it. We are spending $2.8T annually, yet rank 37th in world health systems, according to the World Health Organization. Our aging population and the increasing burden of chronic disease have created dramatic and unsustainable health care costs. Unhealthy behaviors are driving 70 percent of healthcare spending that’s preventable. We need to look at new, innovative ways to transform health.

Our vision is to “Make US the Healthiest Nation in a Healthier World.” We seek to create a social movement promoting health and well-being everywhere people live, work, learn, and play. We want to find new ways to solve perennial problems of health and well-being, encourage people to make healthy choices, and to create a social and physical environment that advances healthy living and well-being. Our primary goal is to leverage public/private partnerships and combine the science and credibility of public health with the creativity, innovation, and focus of the private sector.

WH: The HealthLead™ Workplace Accreditation Program is the signature initiative of USH. How does it differ from other award and scorecard programs that are available today and why should companies consider participating in HealthLead?

Faced with rising healthcare costs and market pressures to improve productivity, companies fully recognize the value of healthy employees but are struggling to find the best way to improve workplace engagement and well-being.

HealthLead accreditation is an independent, evidence-based, comprehensive assessment and a smart investment. Its mission is clear, its recommendations impartial, and there are no follow on products to sell. Our singular goal is to help drive continuous workplace health improvement through benchmarking, recognition, improved employee engagement, lower costs and better shareholder value. Think of HealthLead doing for business sustainability what the US Green Building Council has done with LEED certification for sustainable building and environmental practices.

WH: Financial incentives are becoming more common in motivating employees to participate in worksite health promotion programs; yet there are limited financial incentives for companies, especially small to mid-sized companies to become engaged. Is USH addressing this issue?

We are. While financial ROI is important, we feel that an employee’s sense of purpose and engagement has a huge effect on absenteeism, presenteeism, work ethic, productivity and therefore, shareholder value. In fact, we feel that HealthLead accredited organizations demonstrate significant health and productivity related savings which should, therefore, be viewed by the institutional investment community as positive factors in valuing publicly traded organizations. Also, we feel that accredited organizations that are fully insured represent a lower actuarial risk and therefore, should be eligible for premium discounts. We are in discussion with several business schools and health plans to validate and develop proofs of concepts for each.

WH: There remains no consensus today on what constitutes a comprehensive worksite health management program, though a consortium of organizations including HERO and the American Heart Association have published recommendations on “design elements.” Why is it important as a movement to have standards not only for program design, but also for outcome metrics?

Standardized scores and benchmarking are relevant because so many employers invest so much in wellness programs, but are in effect flying blind because they have no way of comparing how effective or efficient their programs are relative to other employers evidence-based standards. Outcome metrics are essential to demonstrate not
only initial engagement in programs, but also their ongoing value in employee improvement and sustainability. The outcomes data that the HealthLead assessment asks employers to provide, helps facilitate increased communication and engagement between the employer and their health plan(s), benefit consultants, and other third-party vendors. In doing so, we are improving the processes for data management and evaluation and strengthening the business case for worksite health management.

WH: USH conducted a 13-organization pilot phase of HealthLead that included well-known Fortune 100 companies. What were some key findings and lessons learned?

These organizations said repeatedly that HealthLead was comprehensive, relevant, effective, simple, efficient, and actionable. Going through the process reinforced strategy, programming, and measurement. It also encouraged a cross-functional team effort. It helped them to make better decisions about health benefits, work environment, corporate culture, and community investment. It also helped them align these practices with business sustainability, health, productivity, and financial outcomes.

In addition, we discovered that regardless of the size and maturity of the program, all organizations were challenged in such outcome areas as employee engagement rates and medication adherence for chronic health conditions.

WH: As you were a member of the President’s Council for Physical Fitness and Sports for eight years under President George W. Bush, what do you believe companies can do to improve the fitness of their workforce?

Fitness, like safety and quality, requires an “enterprise,” rather than a tactical solution. Businesses have the power to help support employees and their families not only at work, but also away from the 9-5 world. Buy in and support from all levels in an organization are critical to success. Removal of barriers; providing adequate time and physical enhancements like walking paths, bike racks, space for group yoga, or other fitness activities; and most importantly seeing senior leadership “walking the walk” will empower employees to make the right decisions about fitness and other behavioral choices, as well.

WH: With your public health background as former Commissioner of Health for the State of Ohio, is there a place for public health to get more involved in worksite health during this age of budget and staff cuts?

Absolutely! State and local public health agencies are finding that engaging the private sector is an effective and efficient means of expanding the scope of their direct prevention efforts. In this case, the targeted public is private sector employers who participate in accredited worksite wellness programs. State health agencies alone cannot reach all people to the depth that an employer can. Employers who are HealthLead accredited are proving to be important commodities in a state’s prevention and wellness agenda. In addition, they bring tremendous resources to public health in a time of huge budget and staffing cuts.

To learn about the HealthLead™ Workplace Accreditation Program and IAWHP member benefits, please contact: healthlead@ushealthiest.org or go to: www.ushealthiest.org

### HealthLead™ Workplace Accreditation Program/Pilot Scoring Summary

<table>
<thead>
<tr>
<th>Practice Areas</th>
<th>Aggregate</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Engagement/Alignment</td>
<td>88%</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Population Health Management/Well-being</td>
<td>89%</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Outcomes Reporting</td>
<td>35%</td>
<td>45%</td>
<td>31%</td>
</tr>
<tr>
<td>Aggregate Scores (13 organizations)</td>
<td>77%</td>
<td>83%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Maximum score 100. Scoring is weighted: 40% (Organizational Engagement/Alignment), 40% (Population Health Management/Well-being), 20% (Outcomes Reporting) Medal Ranges: Gold > 92, Silver 84-92, Bronze 75-83 Maximum of one point credited for nationally recognized awards (e.g., C Everett Koop Award, Fortune Best Places to Work) Source: US Healthiest HealthLead Workplace Accreditation Program. All rights reserved.
TURCK began introducing wellness in 2003. In 2007, along with HealthPartners, Inc., a nationwide, top-performing medical provider, TURCK opened one of the first onsite clinics, and by implementing the holistic, integrated approach of building a culture of well-being, is creating both a healthier population and lower health care costs, as compared to normative data. During the initial phase of an integrated approach to well-being introduced in late 2008, TURCK invited employees to participate in a holistic offering that not only included health assessments, biometrics, and a coaching session with an Advanced Care Provider, but also setting a personally meaningful well-being goal for the year as part of the well-being theme, “Invest in Yourself.” At open enrollment in the following year, employees shared success stories to inspire such as:

- Improving quality time with children.
- Losing weight and encouraging, “If I can do it, you can too!”
- Changing their evening routines to get more quality sleep, which increased their energy for work and life.
- Incentives based on participation awareness and bring attention to offerings.

TURCK believes that people have intrinsic motivation to enhance their own well-being and that role is to support them in meeting their own goals. However, incentives, or rewards, are aligned with the completion of the integrated steps, and offer choices including lower medical premiums or paid time off to invest time in family and interests outside of the work setting.

Overall awareness was increased through encouraging employees to receive coaching from their onsite Advanced Care Provider and, more recently, a Well-Being Coach, and taking a health assessment and screening in order to understand their personal risk factors.

In 2010, based on employee health assessments and claims data, customized education plans were designed to support well-being goals and cover gaps in care. TURCK, through HealthPartners, took it a step further and supported advancement of personal well-being goals by adding, at both its corporate office and manufacturing facility, an onsite Well-being Coach, who is a dietician and personal trainer. The Well-being Coach offers one-on-one coaching, personal training at a company-sponsored fitness center, and monthly seminars and challenges on topics that align with employees’ well-being goals and address gaps in care that were identified through the health assessment and aggregate claims data.

In 2011, the evolution continued with the addition of an onsite pharmacy, which resulted in a shift in use of the clinic from primarily acute care treatment toward chronic disease management and medication adherences. TURCK has strong engagement through this process in both identification and proactive treatment of health risk factors.

Compared to normative data, TURCK’s population outpaced the norms for diagnosis of high cholesterol by 3:1, high blood pressure by 2:1 and diabetes by 1.5:1.
Case Study

Corporate culture has been described as the foundation that drives not only success and profitability in today’s business environment, but also the shared values and norms of an organization. Corporate culture evolves one leader and team at a time within the climate they create each day. Formal and informal leaders or well-being champions, who lead by example, have made a difference across the organization. Concurrently, TURCK’s senior leaders support the well-being initiative and new benefits such as Work/Life Pursuit that was introduced in early 2010. Work/Life Pursuit supports flexibility that enhances organizational effectiveness, intrinsic motivation through autonomy, and social well-being for employees, their families, and the community. The social and community well-being benefit includes company matched paid time off for both volunteering and charitable contributions to causes that employees consider personally meaningful. By supporting that which is personally important to each individual, TURCK’s intention is to enhance a sense of meaning and purpose to working at, and contributing to, the organization each day.

Employees share their personal success stories at annual benefits meetings, and their “well-being in action” through the monthly Life Works @ TURCK newsletter. Physical well-being accomplishments have included completing marathons, groups running in a Corporate 5K, or just getting out to bike, walk, run, or rollerblade. Broader social and community well-being accomplishments have included volunteering for leadership positions in the community, leading charitable fundraiser challenges, such as Making Strides Against Breast Cancer (TURCK’s Team was a Community Leader in participation and funds raised), or coming up with their own initiatives such as the Taste of TURCK, a healthy employee potluck to raise funds for TURCK MS bike teams, participating in mobile blood drives, or cross-team events such as working together at Feed My Starving Children, or social well-being events such as TURCK’s annual Oktoberfest Fall Party celebration. These Well-being Champions have made a difference for so many and continue to inspire initiative and recognition of the exceptional people at TURCK. They demonstrate that the broader well-being focus is taking root in the culture and providing a broader sense of what it really means to work at TURCK.

Management Support: Leading the Way

TURCK’s leadership believes that well-being is important for goal-achievement, retention, innovation, and engagement, and ultimately to organizational success. TURCK’s climate of well-being that enhances the lives of employees and their families is an employee value proposition that cannot be matched by most other employers.

Leaders are the bridge to team effectiveness. For this reason, Lead by Example, a development track for leadership and well-being, was created to support managers/supervisors in enhancing their overall effectiveness both at TURCK and in life. Lead by Example was designed to strengthen awareness of the connection between their role as leaders and the impact they have on their teams and peers. As part of the initial assessment, leaders participated in a 360-degree feedback process that focused on emotional and social intelligence and related leadership effectiveness. Follow-up one-on-one coaching integrated goal-setting around topics including career well-being, self-awareness of the alignment of thinking and choice patterns, uncovering authentic leadership style and strengths, long- and short-term goals, values, engagement factors, and intrinsic needs.

In addition to the well-being activities offered to all employees, leaders participated in training and development opportunities that incorporated mindfulness, resilience, and well-being. TURCK had 100 percent participation by the Executive Team and 75 percent voluntary participation by the extended management team. As the health and well-being of leaders impact their overall team, Dave Lagerstrom, the company’s President and CEO, thanked all of TURCK’s team members and leaders for making their health and well-being a priority, and for supporting each other in their efforts because we want all employees to improve their quality of life by working at TURCK.

TURCK strives to provide a sense of belonging and inclusion among its highly diverse team. Employees are encouraged to suggest ideas for enhancing their own or their co-workers’ well-being, including starting a league, club, team, or volunteer group. TURCK supports new ideas for future offerings and provides credit for innovative initiatives through the well-being incentive reward. Also supporting TURCK’s diverse team, the onsite Well@Work Clinic provider and Well-being Coach engage a translation line, paid for by TURCK, that allows patients to communicate, “live during their visit,” in their native languages in order to fully understand the information shared with them. Finally, employees are able to use the clinic and onsite coaching during company time without being required to use PTO.

David Lagerstrom, frequently demonstrates his commitment to TURCK’s employees stating he wants everyone at TURCK to be happy and healthy both at work and home.

TURCK’s well-being is fully aligned with its core purpose that includes not only delighting customers and promoting technology, but also enhancing lives and supporting community. As Dave shared with all employees, it is good to know that our focus on well-being is working and contributing to TURCK’s success, which ultimately is good for all of us.
Building a Culture of Health and Engagement

Fostering a thriving, resilient organization supports sustainable, long-term success for TURCK as higher engagement, innovation, goal-achievement, and retention of the people who make it happen for TURCK’s customers each and every day. TURCK’s voluntary turnover rate was ~4 percent in 2010, ~2 percent in 2011, and ~1 percent in 2012, compared to industry averages of between 11 and 15 percent during the same timeframe. These statistics positively impact TURCK’s recruiting, replacement, training, and related costs. Career development and succession planning has seen improvement as internal promotion rates increased from 24 percent in 2010 to 36 percent in 2011 to 50 percent in 2012, indicating learning and growth happens, as each day employees are encouraged to enrich their work experience by utilizing and building on their strengths.

As a self-insured organization, the drop in per member per month medical costs since the clinic and well-being initiatives were implemented contribute directly to our bottom line. TURCK’s overall engagement numbers have increased company wide since introducing the well-being benefit and, according to two different independent survey sources, were found to be well-above manufacturing normative data both on factors that lead to being a top workplace and as compared to best practice companies for organizational effectiveness and flexibility nationally.

When TURCK was preparing to brand the well-being initiative, employees submitted their ideas and then voted Life Works @ TURCK the winner, which was an indicator that a positive cultural shift was happening. Life Works @ TURCK has become more than a well-being brand, it has become TURCK Inc.’s employment brand. It represents an employee value proposition that aligns with TURCK’s core values: to improve quality of life for friends, family, colleagues, and community; to learn and grow, personally and professionally; to gain a sense of accomplishment; and realize the passion to believe in and enjoy what you are doing. As TURCK employees align with these values, and use the support that is offered, their overall well-being and the well-being of their friends and family and the community in which they live and work, will be enhanced continually. TURCK shares its story so that our experience and success may assist other organizations in the broader community to truly support the well-being of their people.

Employer Awards/Recognition

TURCK has been honored regionally and nationally for innovative workplace practices including:

- “Top Workplaces” in the state of Minnesota for two consecutive years.
- Alfred P. Sloan Award for Workplace Effectiveness and Flexibility for being in the top 20 percent nationally for engaging the use of flexibility as an effective workplace strategy to increase business and employee success.
- Platinum Level Wellness by Design Award from Minnesota’s Municipal Government.
- 2013 HealthLead™ Workplace Accreditation, Bronze Level.
- Outstanding eWorkplace Employer Award from the State of Minnesota and the University of Minnesota.

Lora Geiger is Director of Human Resources at TURCK. She received her Doctorate in Organizational Leadership from Pepperdine University and a Master’s degree in Human Resource Development and Organization Development from University of St. Thomas. Lora earned the Senior Professional in Human Resources (SPHR) designation from the Human Resources Certification Institute.
The first Global Healthy Workplace Awards took place in April of this year at an Awards Summit in London. The Awards program is hosted by the Global Knowledge Exchange Network (GKEN), i-genius, and International Health Consulting, and supported by the IAWHP. It is the first truly global awards program in the field, and follows the World Health Organization (WHO) Healthy Workplace Model for Action (see below). Companies of all sizes from 28 countries submitted workplace programs to be considered for an award. The submissions were reviewed by an international panel of workplace health experts from five continents. This panel judged the workplace programs, and six finalists that exemplified leadership in the specified areas were selected to present their programs in London. After their presentations, the finalists were evaluated for the final time and the following three winners were chosen:

**Small and Medium-Sized Enterprises**

**Toyal America (USA)**

The main driver for launching the *Changes that Last a Lifetime* program in 2009 was reducing health care costs (Toyals health insurance is self-funded). Each year, employee engagement has been outstanding in the program, with a completion rate of about 65 percent, which is attributed to a benefit design that emphasizes behavior change and health improvement instead of just cost management (including incentives), as well as offering the program to spouses/significant others. As a result, Toyal reversed a multi-year trend of increasing health insurance premiums. In addition, the company lowered their workers’ compensation experience ratings through multiple safety improvements.

**Large Enterprises**

**Alexandra Health (Singapore)**

Alexandra Health has implemented a workplace health strategy that is aligned with its corporate objectives, as well as the national mandate to keep Singaporeans healthy and out of the hospital. In order to achieve this goal, the organization is determined to take every opportunity to promote health to patients and their families, engage the community to stay healthy, and keep staff healthy through various staff and workplace health programs. Over the years, Alexandra Health has built a culture of health and wellness based on the “5 Pillars of Health”.

**Specialized Programs (not covering all four areas of WHO Healthy Workplace Model)**

**Royal Dutch Shell (Netherlands)**

Shell has identified the business need to have resilient, engaged, and empowered employees, who strive to be the best they can be (both personally and professionally). In order to achieve this goal, the *Global Resilience Program* was introduced in 2011, which goes beyond the existing stress management programs and includes the fields of positive psychology and personal development. The in-house program is marketed socially and run by 1,132 trained facilitators (a position open to all Shell employees). It has reached more than 5,000 employees to date, is being fully integrated in leadership training, and line managers have included it in annual goal setting with individual Shell employees.

**Regional Summits: Creating Learning Exchanges**

Next to the annual Global Awards Summit, regional seminars are planned to highlight good practices within given regions, and transfer learning to the country-wide level. The first Regional Summit on Healthy Workplaces will take place in São Paulo, Brazil, on September 29. One of the defined goals of the Global Awards program is to create a sustainable learning exchange and platform that will enable others to replicate the improved successful practices.

The IAWHP has fully endorsed the WHO Healthy Workplace Model, which defines a healthy workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety, and well-being of all workers based on identified needs within the model.

- Health and safety concerns in the physical work environment.
- Health, safety, and well-being concerns in the psychosocial work environment, including work organization and workplace culture.
- Personal health resources in the workplace.
- Ways of participating in the community to improve the health of workers, their families, and other members of the community.
Worksite Health Promotion for the 21st Century: Part 4
Dee Edington, PhD and Thomas Golaszewski, EdD

This is part 4 in a series of articles focusing on assessment for worksite health promotion in the 21st century. In this discussion, we address a relatively new outcome measure for program evaluation. We use outcome measures to mean those that address the long term, mission-focus of a strategic health management initiative. Historically, workplace health has concentrated on such outcomes as health care utilization and costs, composite or individual risk factors, and productivity measures, such as absenteeism and presenteeism. We add to this list by considering the variable of well-being (WB).

Health promotion proponents should be familiar with the definition of health provided by the World Health Organization more than 60 years ago: “...a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity...” (WHO, nd). Much of this definition is readily apparent, but what is this term “well-being”? Various descriptions are provided by numerous scholars, but they all address common factors that emphasize the states of being happy, healthy, and prosperous. Many look on WB as, perhaps, the ultimate goal of life. Robertson and Cooper (2011) provide meaning to the WHO characterization and describe WB’s three subcomponents as: psychological – the ability to handle stresses and maintain a positive attitude and sense of life purpose; physical – the practice of healthy lifestyles or occurrence of healthy outcomes; and social – the presence of positive and supportive friends and family. The US Centers for Disease Control and Prevention provide their own definition of WB: “a dynamic and relative state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life” (as cited in Kobau et al, 2010, pg. 274). In a recent paper, Huppert and So (2013) identify ten features of mental WB combining how individuals feel and function, and which represent the polar opposite of the pathological states of depression and anxiety. These features include: competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem, and vitality. When realized, these features create a state of flourishing – the epitome of mental health and another way of defining WB.

Based on multiple cross-sectional, longitudinal, and experimental studies, a growing body of research indicates that WB is good for both the individual and society. From the individual perspective, research shows that WB is strongly associated with effective learning, satisfying relationships, creativity, higher incomes, and superior mental and physical health (as cited in Huppert and So, 2013). From the employer perspective, high WB translates into lower sickness-absence levels, both the attraction and retention of talented people, greater engagement and productivity, and for employees in service delivery, “going the extra mile” to produce more satisfied customers and clients (as cited in Robertson & Cooper, 2011). Extending this discussion further, recently released Gallup-Healthways (2013) data indicate that US states with high WB compared to those with low WB had citizens that exercised more, smoked less, reported higher energy levels, and a lower prevalence of high blood pressure, diabetes, and heart attacks. Extending the discussion even further, nations with high levels of WB compared to others are wealthier, have longer life expectancies, have more political engagement and stability, lower divorce rates, more equality, and better records of civil liberty (as cited in Kobau et al, 2010). Clearly, a perception of WB is something to be desired and fortunately, this outcome can be realized through many life endeavors. Potentially, the workplace can be one of its primary sources.

Recognizing this reality, scholars have differentiated employee well-being (EWB) from the more general WB as described above, Juniper (2011), for example, stated that EWB is that part of an individual’s general wellbeing that is perceived to be determined primarily by work. This distinction importantly limits the scope of WB to what the employer can realistically address. It is this employee-employer relationship to WB that is relevant to this discussion.

Many health management programs include EWB in their mission. For the most part, this labeling does not meet the tenets of WB as described above since most current programs are lifestyle-based and physical health centric. True EWB initiatives are multi-dimensional with a strong psychological and social emphasis. They cut across multiple organizational functions by integrating human resources, benefits, safety and occupational health, among other units.
Consider what an ideal EWB initiative could include (listed in random order):

- Reasonable security (e.g., steady income, retirement benefits, health/disability insurance)
- Adequate and fair compensation
- Knowledge enhancement, career development, and promotional opportunities
- A safe working environment
- Lifestyle-based health enhancement
- Flexible work scheduling
- Work-life balance
- Manager and co-worker support
- Satisfying and meaningful work
- Feelings of accomplishment and recognition for achievement
- Trust of senior management
- Challenging but realistic job expectations
- Manageable job stress
- Empowerment over job decision making
- Considerable bottom up communication
- And more…

As noted above, personal health lifestyle management is a necessary but not sufficient part of a much more systematic approach to improving the WB of employees. Most readers would welcome the opportunity to work for a company that adequately addressed the above as it is easy to imagine “flourishing” in such an environment.

As the saying goes: “you cannot manage it unless you can measure it.” So if employee well-being is considered central to the long term health of employees and success of the organization, it needs to be measured. We offer several articles on WB instrument development for further review: the Kobau et al (2010) paper cited earlier, along with those provided by Juniper, White, and Bellamy (2009), McMahan and Estes (2011), and Kinderman et al (2011). These should give the interested reader an understanding of how WB is measured and set the precedent for the advancement of new models as the 21st century unfolds.

Well-being – it is not just a figure of speech anymore.

References

IAWHP Communications Update
Mary Ellen Rose, PhD and Terry Karjalainen, PhD, RN

The Communications Team is excited to announce our initiatives and goals for 2013. As new members of the IAWHP Board, we are truly energized by the potential for member growth through better communication and outreach. If you would like to see something added to our working list of activities, please don’t hesitate to contact us directly. Mary Ellen can be reached at MERosePhD@aol.com and Terry can be reached at terrykarj@gmail.com

Our first priority is to make the IAWHP website a little easier on the eye and more informative for the membership. If any of you is a graphic design whiz and can help us out with the website, we welcome your assistance.

Next, we will be looking into establishing space in social media outlets such as Facebook and LinkedIn.

The plan at this point is to open a Facebook page and create a larger international conversation with worksite wellness professionals that simply need to get to know one another a little better. Since information sharing seems to happen more easily among friends, we are looking forward to creating a large circle of international friends that also happen to be in the same profession.

LinkedIn will allow us the opportunity to create groups and targeted conversations directed specifically toward the challenges facing worksite wellness professionals. This site will also help IAWHP grow the support system of professionals needed to manage the worksite wellness programs being developed around the world. We will post opportunities for internships as well as requests for internship placements for our IAWHP members.

Our final objective is to search actively for and post case studies of effective worksite wellness activities and initiatives as well as a listing of research studies supporting the development of this industry. Worksite Health will be published on a quarterly basis and we are welcoming proposals for articles. Submit your proposals to either Terry or Mary Ellen.

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