Evolution of the wellness industry

The Employer’s Shift in Perspectives about Health, Wellness and Employee Well-being

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Moving in the Same Direction With an Altogether Different Perspective
Cannot identify companies in sample due to HERO Scorecard privacy statement

Companies ranged in size from 762 to over 270,000 employees

Average EE age ~43 years

56% of employees were male

Percent return higher for study portfolio

Stock performance by quarter

Outperformance predominantly based on stock selection, NOT sector performance

Outperformed the S&P 500 in 16 out of 24 (67 percent) quarters during the study period.
Comparison against other studies

Legacy Perspectives and Metrics

- Individual Health Risk Assessment
- Population Health Data Reporting
- Organizational Health Scorecards
- Return on Investment
Questions 1 to 4

1. GENDER
   What is your gender? [Female]

2. AGE
   What is your age? [45 years]
   Enter a number between 20 and 79 into the box.

3. SMOKING
   Are you a smoker? [Yes]
   Answer “Yes” if you have smoked cigarettes within the past month.

4. FAMILY HISTORY OF HEART DISEASE
   Has anyone in your immediate family been diagnosed with early heart disease?
   “Immediate family” is a blood-related parent, brother, sister or child.
   “Early heart disease” is being diagnosed with heart disease before age 55 (for male relatives) or 65 (for female relatives).

HEART ATTACK RISK
(from current risk factors)

HEART ATTACK RISK
(from changed risk factors)

22% high risk
22% high risk

Modifiable Risk Factors

Total cholesterol (mg/dL)
220 [moderate risk]

HDL (good) cholesterol (mg/dL)
43 [borderline high risk]

Current Risk Factors

Cholesterol
Blood Pressure
Smoking

In general, lowering your risk factor levels will lower your projected heart attack risk estimate. However, the HDL (good) cholesterol risk factor is the exception.

This tool uses a scoring system from the Framingham Heart Study to assess your risk for heart attack or dying of coronary heart disease in the next 10 years. It is important to discuss your situation with your doctor.
HERO EHM Best Practices Scorecard in Collaboration with Mercer

- Online tool
- Version 4.0 launched July 2014
- Instantaneous report sent to your email
- Compare results against the national averages
- Over 1200 companies have take the Scorecard since the inception
### SCORING COMPARISON

<table>
<thead>
<tr>
<th>Version 3</th>
<th>points</th>
<th>Version 4</th>
<th>points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Planning</td>
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<td>Strategic Planning</td>
<td>20</td>
</tr>
<tr>
<td>Leadership Engagement</td>
<td>33</td>
<td>Organization and Cultural Support</td>
<td>50</td>
</tr>
<tr>
<td>Program Level Management</td>
<td>22</td>
<td>Program Integration</td>
<td>16</td>
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<tr>
<td>Programs</td>
<td>56</td>
<td>Programs</td>
<td>40</td>
</tr>
<tr>
<td>Engagement Methods</td>
<td>67</td>
<td>Participation Strategies</td>
<td>50</td>
</tr>
<tr>
<td>Measurement and Evaluation</td>
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<td>Measurement and Evaluation</td>
<td>24</td>
</tr>
<tr>
<td>Total Points</td>
<td>200</td>
<td>Total Points</td>
<td>200</td>
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</table>
Emerging Perspective and Metrics

- Work and the workplace
- Well-being
- Value on Investment
What We Say Versus What We Do: HERO Scorecard Analysis

<table>
<thead>
<tr>
<th>Health-Related Policies</th>
<th>% Yes</th>
<th>Physical Environment Support</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco-free policy</td>
<td>66%</td>
<td>Environment of safety</td>
<td>86%</td>
</tr>
<tr>
<td>Healthy eating policies</td>
<td>58%</td>
<td>Physical activity encouraged by features/resources at workplace</td>
<td>68%</td>
</tr>
<tr>
<td>Work-life balance</td>
<td>57%</td>
<td>Healthy choices available</td>
<td>66%</td>
</tr>
<tr>
<td>Promote use of community health resources</td>
<td>54%</td>
<td>Stress management and mental recovery areas provided</td>
<td>36%</td>
</tr>
<tr>
<td>Responsible alcohol use policies</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allow use of work time for stress management or rejuvenation</td>
<td>31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allow physical activity during work time</td>
<td>29%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Supports Physical Activity

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>6%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

### Supports Healthy Eating

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>51%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8%</td>
<td>26%</td>
<td></td>
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</tbody>
</table>

### Supports Stress Management

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>10%</td>
<td>54%</td>
<td></td>
</tr>
</tbody>
</table>

Research by Drs. Jessica Grossmeier and Tatiana Schnaiden
Job Stress

- *Neurology* Journal published results from six previous studies
- Tracked employee health for 3.4-16.7 years
- Stoke 22% more likely with “high strain” jobs. 33% more likely for women.

- **“Passive” jobs:** low psychological demand + low control (*manual labor*)
- **“Active” jobs:** high psychological demand + high control (*doctors, engineers*)
- **“Low-Strain” jobs:** low psychological demand + high control (*scientists, architects*)
- **“High-Strain” jobs:** high psychological demand + low control (*waitressing, nursing, service industry*)

Published online before print October 14, 2015, doi: [http://dx.doi.org/10.1212/WNL.0000000000002098](http://dx.doi.org/10.1212/WNL.0000000000002098)  Neurology
What is the meaning of Well-being?

• Culture Elements
• Connecting with Community
• Cost Benefit Analysis
Wellness Program Projections

More Types of Programs Being Offered

<table>
<thead>
<tr>
<th>Well-Being Programs Offered</th>
<th>2016 Employers that Offer Program</th>
<th>2017 Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>76%</td>
<td>-</td>
</tr>
<tr>
<td>Financial Seminars</td>
<td>73%</td>
<td>-</td>
</tr>
<tr>
<td>Financial Coaching</td>
<td>59%</td>
<td>-</td>
</tr>
<tr>
<td>Student Loan Assistance</td>
<td>13%</td>
<td>34%</td>
</tr>
<tr>
<td>Emotional</td>
<td>87%</td>
<td>-</td>
</tr>
<tr>
<td>Stress Management</td>
<td>54%</td>
<td>66%</td>
</tr>
<tr>
<td>Resiliency</td>
<td>27%</td>
<td>47%</td>
</tr>
</tbody>
</table>

Changes in Incentives

- 2014: 73% received some incentives
- 2015: 81% received some incentives
- 2015: 44% utilizing outcomes based incentives
- 2016: 24% utilizing outcomes based incentives

What is the evidence base for critical elements of a healthy workplace culture?

- Inclusion Criteria:
  - Conducted in a worksite setting
  - Implemented or evaluated a culture element
  - Reported health, well-being, or safety outcomes
## Top 10 COH Elements

<table>
<thead>
<tr>
<th>Culture Element</th>
<th># Studies</th>
<th># Research Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built Environment</td>
<td>34</td>
<td>5</td>
</tr>
<tr>
<td>Policies &amp; Procedures</td>
<td>31</td>
<td>2</td>
</tr>
<tr>
<td>Communications</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>Training &amp; Learning</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>Employee Involvement/Empowerment</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>Executive Leadership</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Organizational Resource Allocation &amp; Commitment</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Metrics &amp; Measurement</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Rewards &amp; Recognition</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Norms</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

Total # Standard Studies = 96  
Total # of Research Reviews = 7
The State of Culture of Health Research

- The majority of scientific support is observational & correlational
- 65% of conclusion sections reported positive associations
- Prevalent themes - leadership support & policy change influence culture and productivity
- Most commonly reported health & safety outcomes:
  - Self-reported health risks (17)
  - Safety (15)
  - Mental well-being/stress (10)
  - Work satisfaction (9)
  - Absence/disability/sick leave (8)
  - Others: costs, perceived support, food access, biometrics, engagement, intellectual capital
- A small number of studies were culture-focused interventions
- Most metrics & study outcomes related to individual health. Only a few collected data on changes in organizational culture elements.
What is a Culture of Wellbeing?

- Provide Livable Wages
- Respectful Managers
- Gratitude and recognition
- Access to healthy, affordable food
- Affordable, quality day care
- Permission to be active
- Leadership in sustainability
- Connected to communities
The HERO World Café

- 54 executives and thought leaders participated in a 1-day meeting
- World Café style meeting organized around small group conversation focused on *questions that matter*
- Attendees included/represented:
  - Business leaders (56%)
  - NGOs (20%)
  - Federal institutions (9%)
  - Foundations (6%)
  - Hospitals (5%)
  - Academic institutions (4%)
Moving Forward

Business Case Development and Evolution

Compliance-Driven
- e.g. meeting minimal regulatory standards for worker safety

Charitable
- e.g. corporate giving campaigns that enhance company brand, image

Strategic
- e.g. core business and management systems deployed to generate health and business value

Systemic
- e.g. systemic solutions designed to intentionally generate population health, business value, and address social determinants of health

Adapted from: Visser W. J Bus Systems, 2010; A New CSR Frontier. BSR, 2013; HERO: Role of Corporate America in Community Health, 2014
Call to Action

What do I do with this information?

• Join the HWHC initiative
• Use the tools on the HWHC website to get involved
• Contact Karen Moseley, karen.moseley@hero-health.org