Case studies from the corporate world, putting health and wellbeing into action

The dawn of a workplace health system.
Workplace health has come of age

Employers from around the world recognise the fundamental importance of being a partner to their people in improving their health and wellbeing.

This support extends well beyond the traditional boundaries of the workplace to employees’ families, suppliers, customers associated businesses, and the communities they operate in.

There’s no denying that the advantages of workplace health are manifold, both for the individuals these initiatives support, as well as for businesses themselves. However, this relationship must be a true partnership.

There has been a fundamental shift in our thinking, recognising the importance of the workplace in supporting individuals’ health and wellbeing; after all, that’s where we all spend a very significant part of our lives, so it makes absolute sense that the workplace provides a crucial opportunity to enable us all to live well.

I am immensely proud that we are seeing so many amazing examples of companies in our network and Friends of the Network taking the lead on workplace health in such a variety of innovative and effective ways. It is a privilege to be able to share them with you and to be able to call upon such high quality thought and analysis in the commentaries included here.

This is the second report of the Global CMO Network and quite deliberately it moves from the challenging ideas of the first report into what is working in practice – and why. I hope that the reader will find plenty of value in here and plenty of ideas for how they can partner with their own people to live longer, healthier, happier lives.

Dr Paul Zollinger-Read
Chief Medical Officer
Bupa

With thanks to our contributors, expert commentators, the Global Chief Medical Officer Network and the report editors Gareth Lyon, Sirina Parr, Tarecca Musabir, Michelle Ball, Sarah Perkins, Sarah Mullin, Emilie Devienne and Julia Malanchuk.
Introduction

The Global Chief Medical Officer Network is a partnership of clinicians from around the world who work in many of the world’s biggest and most ambitious companies and are committed to improving the health of the world.

We recognise that companies have both a duty and an opportunity to play a crucial role in the rapidly changing way in which health and wellness is provided around the world. That this duty goes above and beyond business as usual – that it is ultimately an existential matter.

The demands on businesses from an employee health and wellbeing perspective are twin; employees increasingly expect their employer to partner with them on their health and wellbeing, in addition to fulfilling their role as a responsible business and a net contributor to the wellbeing of their communities.

Ignoring this can ultimately mean the wellbeing of their communities. We understand the opportunities opening to us if we forge open, creatively and with other decision makers to work in many of the world’s biggest and most ambitious companies and are committed to improving the health of the world.

We acknowledge and appreciate how well positioned we are to influence health and wellness in the workplace. We also understand that by harnessing our collective power we can make a huge contribution to the global fight against NCDs.

With access to the level of experience, expertise, innovation, resources, thinking and willpower that we have within our network, we have a significant opportunity to improve the health of millions - starting with our own people.

And we are growing...

Our numbers as a network are growing practically every month as more rally to our great cause – but this in itself presents an almost daunting responsibility – we know we must not fall short.

But we are heartened by the progress we are making. Following our last report we started to scope, test then deliver a number of shared projects which will be the first fruits of our labours as a network.

We have also seen increasing recognition in recent months by other global organisations of the contribution we can make and the value in having us at the table.

We are collectively and individually motivated by what we have started and that in itself is starting to send a powerful message.

This report is a demonstration of our journey to date.

Within are numerous examples of innovative and exciting initiatives that we are individually leading as Members and Friends of the Network.

We have grouped them into common themes which stood out to us:

1. Community and prevention
2. Changing mindsets
3. Holistic approaches
4. Digital interventions
5. Mass participation and sustaining engagement
6. Shaping our world

In each case we have asked one of the most exciting thought leaders we have encountered in that space to reflect on these case studies and to draw out what they see as the most valuable lessons that we as a network and others around the world can learn.

Our intention here is both to continue learning from each other as a network as we have been doing so far but also to share these lessons with the wider world for others to benefit from.

As always we remain committed and willing to build new partnerships within and outside the network wherever we find those who are willing and share our goals.

An increasing focus for us will be building these partnerships and our projects with others – be that SMEs, governments or NGOs around the world. We know that this will be vital to our ongoing success.

Each CMO and contributor here is a leader in that success. They and others in the network are leading on amazing initiatives which are even now starting to reshape the world.

Similarly, as a network, our projects are reaching exciting stages and it is our intention to share the first results of these in our next report.

As such these represent just a small sample of what we are already doing individually - and the first rays of a dawning sun for the network as a whole.

The dawn of a workplace health system is at hand.

Community and prevention

There is a clear need to share how the challenges of what and how to evaluate have been tackled and (where possible) overcome. Were the CMO Network to engage with the community and prevention agenda, it will help to clear the path to a much greater understanding of what works in promoting healthy lifestyles, over what time scale, in what settings and for whom – in the workplace and beyond.

Changing mindsets

For too long mental health difficulties have been outsourced to Occupational Health or to an Employee Assistance Programme. Open communication between employees and their managers is crucial along with providing people with the tools to manage their work lives and emotions more effectively. However, initiatives and interventions require data on the long-term impact to ensure finance holders invest in this new approach in the future.

Holistic approaches

We need implementation and dissemination research to identify ways to diffuse best practices within the Total Worker Health and systems approach framework so that they become the industry norm among not only large corporations but also small and medium-size companies.

Digital interventions

With no end to the rise of digital health in sight, employers looking to improve employee productivity would be well-served to think about how digital health can be integrated effectively into workplace health initiatives.

Mass participation and sustaining engagement

Continued engagement is more likely and more effective when driven by supporting social processes, such as social conformity and social comparison.

Shaping our world

A critical component of shaping the future of healthcare will require a repurposing of primary care to engage and support patients in understanding their preferences to avoid uninformed treatment decisions at the frontlines and uninformed capacity investment and funding decisions at the system level.
Community and prevention

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Walmart: Importance of associate health and wellbeing

by David Hoke and Daniel Stein, MD, MBA

Creating and implementing a rigorous wellbeing programme at the world’s largest retailers is no cake walk. Through a commitment to the science of wellbeing and rigorous evaluation of results, Walmart’s wellbeing programmes have produced meaningful impact for our associates and our business.

Corporations spend considerable effort and resources trying to nudge or incentivise their employees towards healthier lifestyles. Historically, the success of these initiatives has been limited and it has been difficult to document objective outcomes.

Walmart has taken a different tack. Based on wellbeing and behavioural science research, Walmart embarked on a disciplined approach to improve the wellbeing of the 1.2 million associates based in the United States.

Our initial work focused on answering two fundamental questions:
1. Is wellbeing important to our associates and business?
2. Can Walmart improve our associates’ wellbeing?

In a 2013 pilot Walmart tested traditional approaches to wellbeing including surveying Walmart associates using a validated wellbeing assessment and biometric testing. Wellness coaches then worked with associates over a six month period. We found modest but statistically significant improvement across almost all wellbeing domains for participants.

While improvements were evident across multiple areas of wellbeing, some areas impacted more than others. For example 13% of associates made improvements in healthy behaviours which resulted in a 7% improvement in physical health. Other categories demonstrated smaller yields: emotional security for example only showed 4% improvement.

Significant additional insight came from secondary research into these findings. Surveyed associates revealed significant perceived barriers to work across many domains of wellbeing. See barriers chart below.

This early research was formative for Walmart. It showed how frequently associates experience psycho-social barriers affecting their work and the importance of taking a holistic approach to wellbeing. This research also highlighted the relationship associates make between their personal issues and their job performance.

Informed by this early research, we then performed a deep dive in the sciences of behaviour change, wellbeing, and successful change movements in order to determine the best path to approach these barriers in a more sustainable, scalable way. Based on this, we developed a set of guiding principles of design philosophy:

• Build a movement – don’t offer a programme
• People follow people
• Simple
• Trust + authentic + relevant = results

Using these principles, we evaluated market solutions available from the payer, disease management, and wellbeing vendor community. However, unable to find a solution that fulfilled our guiding principles, we embarked on a journey to co-create a new wellbeing solution to serve our associates.

Associate wellbeing score changes in 2013 pilot

<table>
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<tr>
<th>Domains</th>
<th>Baseline</th>
<th>Post-pilot</th>
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<tr>
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Associate self-identified barriers to work

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<tr>
<td>Financial stress</td>
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Communities and prevention

Member of the Network
We co-created the ZP Challenge as a platform for motivational engagement and wellbeing improvement within the Walmart community. This voluntary programme invites associates and those they care about to make positive changes in their lives. Changes are focused in four main areas: fitness, family, food and money. Changes can be anything the associate wants to pursue to improve their lives, this was captured in the ZP Challenge invitation booklet.

ZP Challenge does not dictate what change the person should make nor require that the person formally enrol or track their progress. Instead of using lagging indicators as a result, the programme focuses on the process of engaging in change and building self-efficacy. This is achieved by focusing on change, rather than the outcome, which helps build trust, confidence, and establishes a community of support. The intent is to help Walmart associates, friends, and family support each other in lasting improvements, rather than creating short-term winners and losers.

ZP Challenge is not delivered through a mobile application or website; it is available through a simple booklet in Walmart stores and backrooms. Since habits are social and influenced by those we care about, ZP Challenge has unlimited eligibility – Walmart associates and anyone from the community can participate. We believe this group experience is incredibly powerful since shared experience fosters greater social connectedness, a key element of overall wellbeing.

As part of the ZP Challenge programme, participants are invited to submit their stories. When associates share their stories, the stories are automatically entered into a contest that rewards them with recognition and monetary prizes. We intentionally included this narrative component of the programme: by asking people to tell us their story, and recognising them for doing so, we are amplifying the peer-to-peer messaging component, which further reinforces social connectedness.

The ZP Challenge differs from traditional corporate “wellness” and health programmes in numerous ways. Whereas typical programmes tend to be more structured, prescriptive and expensive, ZP Challenge is unique in its flexibility and seemingly lack of structure.

The ZP Challenge was also designed to be cost-effective and scalable across our entire associate base. To date, we have had over 700,000 Walmart associates participate in ZP Challenges. Participant enthusiasm has exceeded our original expectations. In addition, we have been pleased with the breadth of challenge entries. In most instances, participants elect to make better choices in all four categories (fitness, family, food, and money) and so are choosing to participate in four challenges at once.

Furthermore, in our first three challenges we saw that the average associate participant invited four non-Walmart associates to participate with them.

While we have been pleased with this participation and feedback, we also wanted to better understand what impact, if any, that ZP Challenge was having on the business. To evaluate the business impact, we conducted a sophisticated, statistical analysis to isolate the impact of ZP Challenge. We first identified specific associate and employment characteristics that predict store performance. We then controlled for external factors that impact store performance, such as community socioeconomics and the type of retail store format.

Next, we isolated the impact of ZP Challenge by creating a variable reflecting if and how intensely the store participated in ZP Challenge. We then conducted statistical analysis to determine which factors contributed to store business performance, measured as net store revenue. The impact was isolated by measuring the impact of ZP Challenge participation on store performance, holding other variables constant. This analysis showed stores that participated in the ZP Challenge had a statistically significant higher business performance.

While we cannot attribute direct causation to ZP participation, this analysis found a statistically significant correlational effect between ZP Challenge participation and store performance. The effect is independent of other factors impacting store performance, and it remained consistent across a variety of statistical modelling and sensitivity tests.

This result has been heartening for us. It affirmatively answers both our questions at the outset of the work: Yes, associate wellbeing matters. It matters for the associate and it matters for our business. Yes, we can positively impact wellbeing through carefully designed and implemented programmes. In addition, we have shown that this impact is related to significant improvements in business performance.

While encouraged by our efforts, we are pursuing a variety of approaches to improve the programme and help it reach more associates. This year, we are introducing a digital ZP mobile application to broaden adoption and increase the social component. We are also adding additional infrastructure around the domains of fitness, family, food and money. These efforts will continue to be centred around creating emotional connectedness using the ZP Challenge.

We believe the success of this programme is a result of our efforts to apply behavioural science research and create an environment that supports a social movement within our associate community. Through this approach, we have been able to achieve meaningful results across over 700,000 participants for a fraction of the cost of traditional programmes. It is our hope that others may learn from this approach so that we can accelerate the adoption of healthy behaviours across more companies and communities broadly.
Daniel B Stein, MD, MBA

Daniel Stein is the Chief Medical Officer of Walmart Care Clinics. In this role, Daniel is working to offer affordable, convenient, high-quality clinical care for Walmart customers and associates. He co-founded and helps lead Walmart’s recently launched primary care clinic initiative, the Walmart Care Clinic, as well as other health services initiatives.

Previously, Daniel worked on the health staff of the U.S. Senate Finance Committee on policy involving Medicare and Medicaid. In this capacity, Daniel worked extensively on the Medicare Modernisation Act of 2003, the Medicare prescription drug legislation, and medical malpractice reform. Daniel returned to the U.S. Senate Finance Committee in 2009 to help formulate healthcare workforce and delivery system reform proposals for Senator Baucus’ comprehensive health reform bill which formed the foundation of the Accountable Care Act. Daniel also worked previously at the Centers for Medicare and Medicaid Services (CMS) where his work focused on Medicare quality and pay-for-performance initiatives.

David Hoke – Sr Director Associate Health and Wellbeing, Walmart

David has spent the last 20+ years working with a variety of organisations focusing on measurably improving the health and wellbeing of the workforce. Since joining Walmart in 2012, David has been responsible for designing and delivering offerings that improve the wellbeing of the Walmart workforce. This work has included a strong focus on applied behaviour change theory, behavioural science, persuasive technology, habit formation and behavioural insights. Prior to joining Walmart, David served with Yum! Brands where he was responsible for designing and delivering wellbeing programmes both inside and outside the US. His focus has been on engagement and the impact of wellbeing on business performance. David’s career has included work with organisations such as the University of Kentucky, SCANA, Sinai Hospital of Baltimore and DuPont.
Leveraging Independence claims utilisation and trends reporting

by Richard L. Snyder, MD

The challenge
By leveraging Independence Blue Cross (Independence) claims utilisation and trends reporting, we are able to pinpoint the chronic conditions afflicting a significant number of our associates and their dependents. These chronic conditions include:

- Asthma/COPD
- Diabetes
- Heart disease

The presence of these chronic diseases and related poor health among the employee population can reduce productivity by contributing to increased absenteeism, excessive presenteeism, and poor performance. Another reason for Independence taking an interest in the effects of chronic disease in the workplace is that we view our associates’ health and wellbeing as a priority and we are invested in their adoption of a healthier lifestyle.

The strategy
Our strategy involves educating and motivating our associates to adapt and maintain a well-rounded healthy lifestyle and improve their overall health. In addition, the desire is to improve behaviours, create a culture of wellness, and reduce overall healthcare costs.

Our approach delivers education-based programming around asthma, diabetes, and heart disease in tandem with a push towards regularly scheduled preventative care visits. The long-term goal is to lower condition prevalence and reduce claims while improving the health and wellbeing of our associates and their families.

In 2016, Independence partnered with the American Heart Association, the American Lung Association, and Novo Nordisk – along with our internal clinical team and in-network dietitians, to create targeted programming in the workplace.

How the programmes work:
Some examples of the targeted programming are as follows:

**Asthma**

Asthma 101: This “lunch and learn” with Kartik Shenoy, MD, of Temple University and representatives of the American Lung Association provided education on asthma and discussion of the triggers, symptoms, and treatment.

**Diabetes**

**Diabetes Now educational series:**
Through seven one-hour sessions, participants learned basic diabetes self-management skills, including information about medication, meal planning, physical activity, and blood glucose monitoring necessary to promote wellness and prevent complications of diabetes.

This programme is unique because it paired one-hour group educational sessions with individual follow-up appointments with a registered dietitian. Through these personalised sessions, participants received support on how to manage lifestyle changes for living with Type 2 diabetes.

**Diabetes Academy:** The Associate Wellness team partnered with Novo Nordisk to deliver to associates with Type 2 diabetes a four-part pilot series called the Diabetes Academy. This patient-focused chronic disease management programme focused on lifestyle management and behaviour modification as it relates to diabetes. The topics included:

- **Physiology** - the what and why of Type 2 diabetes
- **Meal planning** - preparing for success; learn the 80/20 rule and about artificial sweeteners
- **Monitoring** - learn how to be the best advocate for yourself
- **Maintenance** - set goals for long-term success and disease management

A Path to Prevention Programme:
Participants learned how to prevent or delay Type 2 diabetes, high cholesterol, high blood pressure, and obesity through lifestyle changes that can make all the difference in successful prevention.

**Heart disease**

Heart Disease and Stroke Prevention Class: Associates joined the American Heart Association for more information on the health issues affecting our community and learned how they can be proactive in fighting these diseases. The one-hour class taught participants simple lifestyle changes that can make all the difference in successful prevention.

**Get the Facts on Heart Disease and Stroke in Women:**
In Philadelphia and the American Lung Association to deliver this one-hour seminar to parents. Compelling stats were shared, such as: Nearly 26 million Americans have asthma, including more than 7 million children; asthma is the leading chronic disease in children; and asthma is the top reason for missed school days.

**Asthma**

Asthma 101:

**Asthma:** Educate Yourself on Children’s Asthma: The Associate Wellness team partnered with St. Christopher’s Hospital for Children in Philadelphia and the American Lung Association to deliver this one-hour seminar to parents.

**Diabetes**

Diabetes Now educational series:

- **Week 1:** Introduction: Fat and Calorie Detective
- **Week 2:** Strategies to Reduce Fat and Calories
- **Week 3:** Get Moving: Physical Activity
- **Week 4:** Make a Positive Action Change
- **Week 5:** Food Cues and Habits
- **Week 6:** How F.I.T.T. Are You?
- **Week 7:** Ways to Stay Motivated
- **Week 8:** How to Manage Lifestyle Changes
- **Week 9:** Private weigh-ins.

**Diabetes Academy:**

**Diabetes Academy:**

- **Week 1:** Welcome session
- **Week 2:** Calorie Detective
- **Week 3:** Get Moving: Physical Activity
- **Week 4:** Make a Positive Action Change
- **Week 5:** Food Cues and Habits
- **Week 6:** How F.I.T.T. Are You?
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**Heart disease**

Heart Disease and Stroke Prevention Class:

- **Week 1:** Welcome session
- **Week 2:** Introduction: Fat and Calorie Detective
- **Week 3:** Strategies to Reduce Fat and Calories
- **Week 4:** Get Moving: Physical Activity
- **Week 5:** Food Cues and Habits
- **Week 6:** Make a Positive Action Change
- **Week 7:** Strategy for Staying on Track
- **Week 8:** How F.I.T.T. Are You?
- **Week 9:** Ways to Stay Motivated
What’s next?
The intent is to complete the course and continue to introduce opportunities to educate and engage our associates to adapt and maintain a well-rounded, healthy lifestyle.

For 2017, work is underway to promote educational offerings that reach our associates at home. By reaching our associates at home, we will also be able to influence and educate our associates’ dependents to live a healthier lifestyle.

Lessons learned for Independence and other companies
We noticed that past strategies were not succinct and offered too many programme options. The associates became too overwhelmed with choices. We believe our consolidated approach, tying the programming back to the strategy, enables associates to streamline their focus.

Richard L. Snyder, MD
Rich Snyder is senior vice president and chief medical officer at Independence Blue Cross. He is the company’s chief clinical spokesperson, and has overall corporate responsibility for medical, quality, pharmacy management, and all clinical policies and programmes.

He leads Independence’s efforts to improve the quality of patient care by transforming primary care delivery to the patient-centred medical home model, which focuses on a team approach to accessible, well-coordinated primary care, and promoting the adoption of the accountable-care model among the provider community.

He is active in a variety of state and professional advisory committees and is a member of the AMA, the Pennsylvania Medical Society, the American Academy of Family Physicians, and the Pennsylvania Academy of Family Physicians.

Dr Snyder is a graduate of Franklin and Marshall College and the Medical College of Pennsylvania. He is board-certified by the American Board of Family Medicine.

Overcoming hurdles
Consistent participation and long-term engagement are two programme hurdles. By including the targeted programming into the Independence Wellness Rewards Programme, an increase in the participation rates of individuals – particularly those with Type 2 diabetes is evident.

A targeted programme addressing the issues surrounding Type 2 diabetics, that also acknowledged provider issues (namely the limited time physicians spent with patients addressing health concerns and the importance of medication adherence), resulted in consistent attendance by programme participants.

During the programme series, a significant increase in participation and engagement was observed, so we are encouraged that this will drive optimal results.
Pfizer commitment to creating a tobacco-free workforce

contributed by Cary Adams and UICC. Original author Jean-Pascal Roussy

Cary Adams and the team at UICC have provided us with a case study from one of their partners – Pfizer – who they work with closely on a number of projects. UICC support and encourage all of their partners to take on fighting cancer (and other NCD) risk factors in their workplaces. This includes using a suite of toolkits which were created with Bupa surrounding cancer in the workplace. This case study also appears in this suite. UICC believe that Pfizer are a good example of a company that is taking a leading role in this fight.

As a company, Pfizer has fulfilled the requirements to be in such an elite group. Listed below are the milestones that the company has achieved along with its commitments to becoming a global tobacco free workplace:

- In July 2009, all Legacy Pfizer sites in the United States and Puerto Rico had implemented smoke-free campuses per the requirements of the CEO Cancer Gold Standard
- By December 2010, all Legacy Wyeth sites in the United States and Puerto Rico had complied with the Tobacco Free Policy and established smoke-free workplaces
- As of January 2013, Pfizer had twenty-three countries which had complied with the Tobacco Free Workplace Policy requirements
- Pfizer’s goal is to implement the Tobacco Free Workplace policy at all locations across the globe.

As with any policy change, there are issues and challenges to be met. Pfizer has been able to manage specific site issues by increasing communications at the site level.

Pfizer’s U.S. Healthy Pfizer wellness programme offers resources to assist colleagues and their dependents to stop smoking. The programme includes a website that includes the smoking cessation support programmes, FAQs, communicator’s toolkit and reimbursement forms. The results of a cessation programme involving Pfizer colleagues from four European countries (Spain, Germany, France, and Belgium) were published in Occupational Health magazine in 2012. The employees who chose to participate each received 12 weeks of smoking cessation support. This varied according to local factors such as legislation, reimbursement and work culture, as well as the personal preferences of the smokers themselves. However, each of them benefited from the support of a stop-smoking programme, run by a locally-based, independent organisation, and offering a choice of face-to-face, group, telephone, or online counselling. This was funded by Pfizer, at no cost to the participants.

The results showed that after three months in a smoking cessation programme, quit rates ranged from 40% in France to 66% in Spain.

An analysis of Pfizer’s results by the World Heart Federation (WHF) published in Occupational Health magazine concludes that smoking cessation programmes should form a core element of a business’s workplace wellness policy, integrated with “broader wellness programmes to address other chronic disease risk factors, such as promoting a healthy diet and increasing physical activity.

In addition to the CEO Cancer Gold Standard, Pfizer has also joined the Clinton Global Smoke-Free Challenge. This initiative seeks employers who will commit to becoming one hundred percent smoke-free, totally eliminating smoking and tobacco smoke at the workplace.

“Pfizer places the highest value on the health and wellness of its colleagues and their families, and protecting the health of both smokers and non-smokers requires a tobacco free workplace policy such as the one we have.” – Rick Bruno, Sr Director Health and Wellness, US

Cary Adams, CEO, Union for International Cancer Control

Cary Adams has a BSc Honours degree in Economics, Computing and Statistics from the University of Bath, and a Masters degree (with Distinction) in Business Administration. He is a Harvard Business School Alumni having attended the School’s Executive General Management programme and has recently been awarded honorary doctorates in International Relations and Health.

In 2009, Cary moved from the management of international businesses in the banking sector to become CEO of UICC in Geneva.

UICC unites the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda. Its rapidly increasing membership base of over 1000 organisations in more than 160 countries features the world’s major cancer societies, ministries of health and patient groups and includes influential policy makers, researchers and experts in cancer prevention and control. UICC also boasts more than 55 strategic partners.

Cary has also served as Chair of the NCD Alliance, a coalition of around 2,000 organisations working on non-communicable diseases.
Financial incentives positively influence smoking cessation rates

by Troyen Brennan, MD, MPH

As a health company focused on helping people on their path to better health, and with the estimated cost of employing a smoker in the United States at $5,816 more compared to a non-smoker, it is not surprising CVS Caremark were keen to explore different options to encourage successful quitting. However, to understand the most effective method of incentivising smokers to quit, they commissioned a randomised trial to explore the options further.

The study involved randomly assigning CVS Caremark employees and their relatives and friends to one of four incentive programmes or to usual care for smoking cessation. Two of the incentive programmes targeted individuals, and two targeted groups of six participants. One of the individual-oriented programmes and one of the group-oriented programmes entailed rewards of approximately $800 for smoking cessation; the others entailed refundable deposits of $150 plus $650 in reward payments for successful participants. Usual care included informational resources and free smoking cessation aids.

The trial included 2,538 participants. Of those who were assigned to the reward-based programme 90% accepted the assignment compared to 13.7% of those who were assigned to a deposit-based programme. In terms of smoking cessation rates, six-month abstinence was measured and overall it showed that all four incentive based programmes were more effective (9.4%-16%) compared to usual care (6%). Looking deeper into the incentive structures, reward-based programmes were more effective in smoking abstinence (15.7%) compared to deposit-based programmes (10.2%) due to the higher engagement of this type of incentive structure.

The significance of social support was assessed by comparing group-oriented and individual-oriented programmes. It could be hypothesised that group-oriented programmes would be a greater driver of quit rates because people are strongly motivated by social comparisons. However, the results showed similar six-month abstinence rates between the two.

So what does this mean for employers and workplace health more broadly? It is widely understood that smoking is one of the leading causes of preventable illness and death worldwide. And after more than 50 years since the release of the first Surgeon General’s report on the harmful effects of smoking; national policies, behavioural programmes and pharmacological approaches have helped reduced smoking rates in the United States. However, the need for new approaches is clear.

Employers are in a unique position to support health and wellbeing programmes, and as shown by this study; continue to drive down smoking rates by using financial incentives. The cost of these incentives to the employer, even with a $800 payment per person borne entirely by employers and paid only to those who quit would be offset by the significant estimated additional cost (related to absenteeism, presenteeism, smoking breaks, healthcare costs and pension benefits for smokers) of employing a smoker compared to employing a non-smoker.

Troyen Brennan

Troyen Brennan, MD, MPH, is Executive Vice President and Chief Medical Officer of CVS Health. In this role, Dr Brennan has responsibility for CVS Health’s healthcare and wellness programmes.

Previously, he was Chief Medical Officer of Aetna Inc. Prior to that, Dr Brennan served as President of the Brigham and Women’s Physicians Organisation. In his academic work, he was Professor of Medicine at Harvard Medical School and Professor of Law and Public Health at Harvard School of Public Health.

Dr Brennan received his MD and MPH degrees from Yale Medical School and J.D. degree from Yale Law School. He completed his internship and residency in internal medicine at Massachusetts General Hospital. He is a member of the Institute of Medicine of the National Academy of Sciences.
Hach: Olympics and clean water

by Shamiram R. Feinglass

In the lead up to the 2016 Summer Olympics in Rio de Janeiro there were significant concerns regarding the city’s polluted water venues. In a place where more than 11,000 of the world’s greatest athletes were converging, concerns were particularly rife for those set to swim and boat in Rio’s waterways – due to human sewage, with associated health risks from bacteria and viruses. Hach played a key role in ensuring that athletes, tourists and local residents all benefited from improved water quality during the games and since.

Hach Brazil had responsibility for monitoring the water quality and safety in the Olympic complex, 24 hours a day. Their online multi-parameter monitoring system operated right at the gates of the major Olympic venues to ensure there were safe water quality levels and to prevent any danger of a terrorist attack (including potential poisoning). Equipment simultaneously monitored pH, conductivity, Oxidation-Reduction Potential, fluorine, chlorine, turbidity and organics in nine locations throughout the city.

Beyond the Olympics

This dilemma for the 2016 Olympics’ water venues was decades in the making. Although Rio’s population had skyrocketed to 12 million, appropriate wastewater treatment infrastructure had not kept up. According to an article on RioOnWatch.org, about one-third of the city is not connected to a formal sanitation system. Even in areas where wastewater systems existed, only about half of the sewage is treated before entering Rio’s waterways.

Hach is determined to help improve these conditions. As part of their effort to improve quality of life in Rio, after the Games, all the equipment has since been reallocated throughout the city to provide continued monitoring across multiple neighbourhoods. It is now operated locally by CEDAE, Rio’s environmental sanitation services company for water supply, sewage and other sustainable solutions in environmental sanitation.

In addition to the obvious health benefits to the athletes and officials whilst they were doing what is after all their job, Hach associates derived significant wellbeing benefits through their pride in working for a company that guaranteed water quality and safety for tourists and citizens of Rio de Janeiro. One Hach associate said, “When you think about the products you sell and how they have an impact in such a serious topic, it reinforces the reason why you wake up every morning and go to work.” Interestingly, Hach associates derived further wellbeing and satisfaction from being inspired by their colleagues taking such a pride in this work.

Exploring the opportunities in their work to bring wider and sustained value to the local community has meant that Hach and Hach associates are able to derive ongoing pride and wellbeing benefits from leaving a legacy in Rio, knowing that they played a role in bettering the water safety in the city for years to come.

Shamiram R. Feinglass, MD, MPH

A native San Franciscan, Shamiram R. Feinglass, MD, MPH is a graduate of Smith College who strives to drive talent diversity in every environment in which she works or leads. A US federal affairs policy professional before she was a medical doctor, Dr Feinglass earned her Medical Degree and Master of Public Health from the Emory Schools of Medicine and Public Health. She completed an Internal Medicine Residency at Oregon Health Sciences University, a Preventive Medicine Residency at Emory School of Medicine, the Robert Wood Johnson Clinical Scholars Programme at the University of Washington, and is Board Certified in Preventive Medicine. Dr Feinglass currently leads Global Medical, Government, Reimbursement, and Clinical Affairs for Life Sciences and Diagnostics at Danaher Corporation.
Commentary: Healthy lifestyles in the workplace and beyond

by Katy Cooper and Christine Hancock

People at work are generally aged 16–70 and often spend at least eight hours a day in the workplace, five days a week, for over 40 years. During this time, health (or lack of it) plays a key role in productivity – affecting absenteeism and presenteeism, and consequently impacting the bottom line. But while careful management of existing ill-health is important, the potential of the workplace goes far beyond this: it is during working life that the risk factors for long-term conditions accrue, and the workplace can play a pivotal role in keeping employees well, preventing or delaying the onset of long-term diseases and optimising shorter-term physical and mental wellbeing. Also, the workplace does not exist in isolation – offices, factories, call-centres and healthcare facilities are all embedded within the wider community, and can act as hubs for positive action among employees’ families, friends, suppliers and the local population. The five featured case studies address several aspects of health-promoting workplaces – pointing the way to a more holistic, inclusive approach to wellbeing.

Beyond sickness to prevention

Chronic, non-communicable diseases – cardiovascular disease (heart attacks and stroke), cancer, chronic lung disease and Type 2 diabetes – are responsible for the majority of the disease burden and are a cause of early death, years of disability, early retirement and sickness absence. Yet many cases of these diseases could be prevented or delayed by tackling lifestyle risk factors, particularly tobacco use, physical inactivity, and what we eat and drink.

There is an increasing awareness that maintaining good physical and mental health of employees is essential for the good health of business, particularly as retirement age rises. The benefits of health promotion can also be shorter term – the smoking-cessation programmes run by Pfizer and CVS Caremark will not only have long-term health benefits for those they help to quit, but will also lead to less sickness absence (on average, employees who smoke take more days off per year than non-smokers) and fewer smoking breaks.

Creating a ‘culture of health’ within the workplace – in which healthy behaviours are encouraged – relies on many factors, including fully engaged management leading by example, full buy-in of employees, alignment of infrastructure with healthy choices (such as a healthy canteen or prominent stairwells), and careful messaging and education on healthy living (including maintaining mental wellbeing – one in four people will suffer from mental illness at some point in their life). Consulting and tailoring programmes to the needs of employees is also essential. The programme at Independence Blue Cross targets its education on healthy living to employees at particular risk – such as those with (or at risk of) Type 2 diabetes or heart disease.

Beyond the workplace to the community

While it may sometimes feel like we spend our whole lives at work, what happens at home and in the community also affects our health. There are opportunities for workplaces to act as a wellbeing hub, sharing programmes, reinforcing positive behaviour, and extending the culture of health to family, friends and local communities.

Several of the case studies in this chapter demonstrate the potential for mobilising this sphere of influence, reinforcing the healthy habits that are being established in the workplace itself. Both the smoking-cessation programmes featured here were offered more widely: Pfizer’s programme (offered to colleagues and their dependants) had a quit rate after three months of 40% in France and 66% in Spain, and CVS Caremark’s reward-based programme (offered to relatives and friends of employees) had a success rate twice that of usual care.

There is an increasing awareness that maintaining good physical and mental health of employees is essential for the good health of business.
The case studies vary in the level and type of evaluation that took place, including a randomised controlled trial at CVS Caremark and an assessment of what improves wellbeing at Walmart that influenced the eventual design of the ZP Challenge.

There is a clear need to share how the challenges of what and how to evaluate have been tackled and (where possible) overcome. Were the Global CMO Network to engage with this agenda, it will help to clear the path to a much greater understanding of what works in promoting healthy lifestyles, over what time scale, in what settings and for whom – in the workplace and beyond.

A word on evaluation

One of the most significant challenges for any initiative to improve the health of workforce or community is evaluation. The gains from delaying NCDs may be seen as long term, falling well outside the business cycle. However, there are also shorter-term benefits of (for example) increased physical activity and quitting smoking. There is a trend for increased reporting on wellbeing, but in 2013 a RAND Health study found that 30–40 per cent of US organisations with workplace-health initiatives did not even measure participation. This matters: without measurement (including at baseline), the impact of any initiative cannot be evaluated. This will have consequences for the sustainability of the programme within the organisation itself, and also reduce the likelihood of other organisations adopting a similar model.

Katy Cooper – Assistant Director at C3

Katy is an experienced researcher and writer on chronic disease prevention, having worked in this field since 2005. She is primarily responsible for C3’s publications, and works across C3’s portfolio, with a strong focus on workplace health.

Her previous jobs include time at Amnesty International UK, the International Business Leaders Forum and Maplecroft, roles in which she worked on developing ways to involve businesses in human rights. She is also a trustee of the Sussex Cricket Foundation and is a keen cyclist.

Christine Hancock – Founder and Director of C3 Collaborating for Health

Christine is an experienced nurse, specialising in cardiac nursing, but also working in midwifery, community and mental health. She became a health service manager and was a CEO in Britain’s NHS for Waltham Forest, a diverse area of north-east London serving 200,000 people. For 12 years she was CEO and general secretary of the Royal College of Nursing and then president of the International Council of Nurses where she was involved in policy-making through WHO and other UN bodies and visited 50 countries looking at their healthcare. In the UK she has been a governor of De Montfort University and is a trustee of a charity for homeless people. Christine is a member of the NHS Healthy Workforce Advisory Board, overseeing efforts to create a step change in the health of the 1.2 million-strong NHS workforce.
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Value based interventions

by Hilary Thomas

KPMG in the UK is committed to providing a diverse and inclusive working environment where everyone can bring their ‘whole selves’ to work. Tony Cates, UK Head of Audit and a member of the firm’s Executive Committee, explains: “We need to ensure that all our people are healthy and able to reach their full potential. This not only means encouraging physical health, but also helping to make sure our people’s mental health is strong”.

A raft of services and initiatives underpin this aim. KPMG in the UK recognises that the provision of a healthy working environment is a very important factor in people productivity and motivation. It forms a key focus of our capital project and office development agenda. We have sought to create buildings that are highly efficient which staff look forward to coming to work in and which clients enjoy visiting.

Our new offices in Canary Wharf were recognised by the BCO Best Corporate Workplace London and South East Region and Winner of Workplace Lighting Award. Linking the lighting around the perimeter areas to external lighting levels allows the lighting to dictate ambient lighting levels. This ensures that minimum internal lighting levels are maintained and the perimeter lighting switches off when there is sufficient daylight.

We have also developed Green Travel plans for our offices and encourage cycling through the installation of bicycle spaces and suitable locker and shower facilities. We have a large range of healthy eating options promoted throughout our portfolio of eating places in our offices.

We have invested in StepJockey, a health app that incentivises staff to take the stairs as opposed to the lifts thus helping to transform workplace health. Through making this small change staff become more energised, healthy and active. Stairwells at KPMG in the UK’s Canary Wharf office have been given a makeover so that they are ‘rated for calorie burn’ with a journey up and down the entire building accounting for 69 calories. It is anticipated that over time, staff will be able to burn more calories as they climb the stairs as part of their fitness programme.

The app, backed by the Department of Health, allows users to track calorie burn through a special mobile phone app programmed around individual height and weight. By tapping in and out on the smart signs every time staff take the stairs they can calculate exactly how many flights they are ‘rated for calorie burn’ from their early morning coffee latte.

In addition, StepJockey helps to gamify exercise, creating department or building challenges to add additional motivation for employees to take the stairs and exercise. Crucially it removes the barriers that many employees feel prevent regular exercise including time, work pressures or interfering with social lives! Linking everyday exercise, and a gym facility in Canary Wharf, KPMG in the UK are incentivising staff to take their wellbeing into consideration, allowing them to embed exercise into their daily life.

We are currently in the process of working with Microlink to introduce their services for the management of workplace adjustments. This will help us speed up the time between an employee raising a request for support and the adjustment being implemented. It will also bring together all the adjustments we make for individuals, helping us to track activity and measure their impact.

Employee Mental Health

KPMG in the UK’s approach to improving colleague mental health takes the view that the whole firm benefits when we feel able to talk as openly about our mental health as we do our physical health. When people bring their whole self to work – having the right support to manage short and long term mental health conditions – this engenders a healthy organisational culture and a mindset that people feel increasingly safe to disclose poor mental health.

KPMG in the UK’s Wellbeing team provides a range of tools including counselling services to give colleagues access to professional support. Its focus is on making sure we challenge stigma, equip our managers with the guidance to provide appropriate support and ensure people know how to seek help when they need it most.

Another initiative we have created is BeMindful – our mental health employee network (one of 14 networks) – which was established two years ago after a partner and a director spoke out to all staff about living with their own mental health conditions. BeMindful provides a safe space for colleagues to talk about any concerns they have. The network is growing rapidly with currently about 750 members. KPMG in the UK’s Mental Health Awareness Week in May 2016 included a firm-wide campaign launching a ‘This Is Me’ role model film about physical and mental wellbeing. In addition to Mindfulness practice sessions run by members, leadership breakfasts and discounted access to the Headspace app, BeMindful collaborated with Breathe – our LGBT Network – to recognise International Day Against Homophobia and Transphobia in recognition of the greater prevalence of poor mental health in this group.

Similar collaboration was held with the firm’s disability network in recognition of the lesser-recognised impact that disability can have on a person’s emotional and mental health. In 2015, People Leaders attended ‘Fit for Life’, training developed by our Learning and Development team, providing a two day face-to-face course covering overall wellness and resilience. BeMindful also developed mental health training materials early to a specific partner group in early 2016 and we plan to up-skill our HR Business Partner community with similar material in 2017.
In addition to a private medical insurance scheme and an Employee Assistance Programme (EAP), there is a Health and Wellbeing Suite at the Canary Wharf office, managed by Nuffield Health; a Rehabilitation Service, which helps colleagues return to work; a 25% discount off the mindfulness app Headspace; and plenty of guidance, support and information on resilience and managing pressure.

In addition to the above, KPMG in the UK recognises that encouraging good physical and mental health also involves understanding the need for a good work-life balance. KPMG in the UK runs Jump Start Friday, which allows employees to leave work from 3pm on a Friday during the summer months provided they have done all of their work for the week by this time, and also gives each employee an extra day of annual leave on their birthday.

2  https://www.stepjockey.com/about-us

These interventions have succeeded because they are grounded in our values and reflect a holistic understanding of employee health. These can serve as a model for other companies in developing their own versions of these programmes.

Hilary Thomas

Hilary is KPMG in the UK’s Chief Medical Adviser and a member of the Global Centre of Excellence in Healthcare and Life Sciences. In this role she is involved in redesigning care models and pathways and helping organisations, health ecosystems and life sciences companies to navigate the changing way that the public and other stakeholders interact. Downstream this has implications for organisational strategy and business models. She led KPMG’s global health proposition, Care System Redesign from 2010-2014, working across regional health ecosystems to redesign inter-organisational patient pathways and shift the provision of care to more appropriate settings.

Prior to KPMG Hilary spent 23 years in the NHS including as Professor of Oncology at the University of Surrey, Medical Director of the Royal Surrey County Hospital and Group Medical Director of Care UK plc. She was a member of the Healthcare for London Clinical Advisory Group from 2007-10.
PwC: Giving our people a green light to talk about mental health

by Beth Taylor

As a major UK employer, we feel that ensuring our people are healthy and happy both inside and outside of the workplace is both morally and commercially the right thing to do. It is also part of our purpose as a firm to help solve some of society’s important problems. That’s why PwC is focusing on how we can contribute and support new ideas to the conversation around mental health.

Our view is that we all have mental health just as we all have physical health and that experiencing periods of psychological and emotional distress or being diagnosed with a clinical condition are a natural part of being human. We encourage our people to view mental resilience as a core business skill and we are committed to supporting them when they’re struggling. We also acknowledge that, as a firm, we mirror society in that there’s all too often a stigma associated with mental illness which can make it difficult to ask for help. Too many people are still suffering in silence. We believe that until we shift this culture, our investment in mental wellbeing will not meet the needs of our people.

So we’re doing a number of things to get more people comfortable talking about mental health, both their own and other people’s. Most visibly, and in response to an idea from one of our younger people, we have developed an internal mental health campaign entitled ‘Green Light to Talk’. The objectives are to destigmatise mental illness by raising awareness, engaging people emotionally and providing information. We connect with our people on a monthly basis, each time highlighting a different mental health topic and featuring a member of staff or a partner talking candidly about their personal experiences.

Our most high profile event to date took place in May coinciding with Mental Health Awareness Week. Based on an idea from one of our Senior Associates, we ran a simple but extremely effective mini campaign in which we invited all of our c.20,000 staff and partners to wear a green ribbon symbolising they were happy to talk about mental health at work. The ask we made of our people was simple, easy to do, easy to explain and became immensely popular with 12,500 of our people wearing their ribbon with pride. Our staff soon took to social media to share their involvement with photographs, pledges and advice. As a result, during Mental Health Awareness Week, over 3.4 million Twitter users learned about our green ribbons and why PwC staff were wearing them. We also had great feedback from our clients, with some adopting the campaign in their own offices. Following this, the green ribbon has become known throughout PwC offices as a symbol of an open door and a willingness to talk.

When it comes to having more open conversations, we believe it’s important that our partners lead from the front. We have introduced a number of senior Mental Health Advocates across the firm – partners who are committed to supporting those who may be struggling by sharing their own personal experiences and pledging availability for confidential conversations around mental health challenges. These partners have benefited from training in listening/signposting skills with the Samaritans and also in Mental Health First Aid. By having our most senior people demonstrating that mental health difficulties are not a barrier to career success at PwC, we hope to encourage more people to speak up and crucially to seek help early.

As one of the UK’s largest employers we are able to provide our people with a range of resources to support them when things get tough. This includes access to free counselling through our 24/7 free and confidential helpline; direct access to a new mental health treatment pathway available through our medical insurers and specialist support/adjustments from Occupational Health. But, in order to see every idea brought to the table, the Global CMO Network is making honest and open conversations between employers easier, enjoyable and productive.

One of the main things PwC has learnt from our Green Light to Talk campaign is how important it is to harness the power of our people. As a large employer, our real strength lies in our people’s attitudes and behaviours. By creating a visual, simple and engaging campaign, we’re successfully engaging our people in a challenging issue and getting them talking. This is creating a genuine and passionate response, echoing our message of openness and inclusivity across channels we could not have reached purely through the PwC brand.
Wellbeing in the work place

by Philip Tidd and Annelise Tvergaard

There has probably never been a more important time to address wellbeing in the workplace. With the ever increasing rise of NCD’s to pandemic proportions, the sedentary lifestyle of many office workers around the world is a contributing factor. Yet the workplace can be seen as a ‘macrocosm of society’ and therefore both positively, and negatively, affects the health outcomes of office workers in very direct ways.

As a large international architecture, planning and consulting firm, the environments that we design directly impact millions of people’s work and lives on a daily basis. In the field of workplace design, we consult with and research the requirements of end-user occupiers of office space globally and across all industry types. This gives us great insights into the effectiveness of the working environment and through our research projects, affords us the ability to reflect upon the environmental factors that allow people to thrive in the workplace. We have a long tradition of researching workplace effectiveness both through hands-on project-based knowledge gleaned from our Workplace Performance Index® (WPI) Survey – which has been taken by over 213,000 people in over 23 countries in nine languages.

Every three to four years, we then distribute the WPI® Survey nationally via a third party to help us understand not only how our clients’ workplaces are performing but how the workplace is performing on a national and global level and we publish this research as the Workplace Survey (WPS).

This year we launched our first truly global survey – the 2016 WPS, taken by 11,200 people in the USA, UK, Asia and Latin America regions. Our focus was on ‘bridging the innovation gap’ but the issues we uncovered could be a proxy for broader wellbeing issues.

Amongst the many questions included in the survey was a seemingly innocent question asking respondents to what extent they agreed with the following statement: “At the end of a typical day in the office, I feel energised.”

When the results came in, we discovered that just 33 percent of respondents felt energised at the end of a typical working day. Perhaps you’re surprised that the number is even that high.

Why is it important?

Our job is just one element of our lives, yet we spend approximately a third of our typical working life at work and on a typical day, most people are giving much more of their energy to the working day. Add to this, commuting time (in the UK more than 3 million people spend more than two hours a day commuting to/from work) and the energy we have left at the end of the working day is the energy supposed to be reserved for our family, friends and hobbies; so our relationships, physical health and psychological health suffer if we don’t have enough.

The price paid by many for giving too much of themselves to work is that they often don’t exercise enough, eat properly, maintain relationships or develop themselves in other ways that contribute to long-term happiness. Neglecting activities that maintain happiness and not keeping on top of ordinary daily tasks can increase levels of stress, anxiety, depression and associated physiological conditions, such as high blood pressure.

With workplace stress accounting for 43 percent of lost work days in 2014/2015, some employers are now beginning to realise that happy and healthy employees are also more productive employees – not to mention more innovative!

Is the eight-hour day, in the office, at the desk, still relevant?

Our UK Workplace Survey respondents spend an average of 39.6 hours a week at work, which is in line with the typical eight-hour work day introduced during the Industrial Revolution at the suggestion of factory reformers such as Robert Owen, who recommended that we spend a third of our time at work, a third at leisure and a third sleeping. Before then, little regard was shown for the wellbeing of workers.

Post industrial revolution cities were built on Synchrony and Colocation – to get workers to all come to work at the same time and same places and this pattern of behaviour is deeply ingrained in the national psyche. Nearly 200 years later, we are still seeking balance in our lives and trying to get the best out of our employees; but in today’s world of a hyper-connected and information overloaded society, our typical day can no longer be conveniently carved up into these thirds and work has never been so dislocated from time and place.

The revolution in mobile and ubiquitous technologies has been both a blessing and a curse, leading many employees to no longer leave their work at work and therefore the number of hours spent in the office are not always the same as the number of hours spent working. 60 percent of respondents to our UK WPS respond to emails outside of working hours and more than half complete work at home that they didn’t have time to do during the (eight hour) ‘working day’, which begs the question, what is the optimal working day, nowadays? Many find that working away from the office, either from home, or elsewhere provides an effective space for working alone. This is a damning indictment on the inability to focus in many office environments, along with the obligation for us to be ‘seen to be there’ for at least eight hours a day, is contributing towards the erosion of our work-life balance.

Whilst the open-plan office was designed to get people out of their silos and isolated private offices, it still has many virtues and can be very effective when designed well. But for many of the UK’s estimated 8.2 million people working in open-plan environments today, it is a real challenge to concentrate.
Changing mindsets

What’s behind it?

According to the UK Health and Safety Executive (HSE) almost half of workplace stress, depression and anxiety can be attributed to workload, tight deadlines, too much work, pressure or responsibility. Additionally, long working hours, too few breaks and long commutes are an obvious drain on our energy, but when we analysed the survey data, we found that those who felt the most energised were also the same individuals who reported a greater sense of meaning and purpose in the work they do. Just as innovation occurs at all levels of an organisation, so too does making a difference, only not everyone realises it. This is largely an engagement and management issue, but what’s even more interesting to us as designers, strategists and consultants is how workplace can address the following four questions:

1. Do people understand and approve of their organisation’s mission and values?

More than a slogan in an email signature, an organisation’s mission and values can be expressed through the design, look and feel of the whole workplace. When the values of an organisation influence and are visible in the choice of colours, materials, finishes and quality of a workplace (or any other place) it creates a consistent message for employees and visitors alike. Do you want to create a space that speaks of permanence and stability or of creativity and adaptability? Should it be home-from-home or another experience entirely?

2. Do people understand how their own work contributes to that mission?

Especially at lower levels of an organisation, the survey revealed an alienation from the organisation’s overall mission. This can be addressed through a greater awareness of what others in the organisation are working on and, therefore, how all of their contributions come together. Consider implementing dedicated space on a main circulation route or communal area to the display of people’s work and achievements. “War Rooms,” or similar collaboration spaces where work can be pinned up or written on the walls, are also very effective if they are visible to others.

3. Do people feel respected and appreciated for their work?

The quality of the design, look and feel of employee space within the workplace and the provision of amenities can go a long way in making people feel valued by their employer. At a bare minimum, people should have the furniture and equipment necessary for them to work effectively and in comfort. In addition, nearby amenities that support better work-life balance, show consideration for the employee. And the positive impact of good, quality coffee should not be underestimated!

4. Do they feel part of a community?

Respondents reported spending an average of only 5 percent of their time socialising at work, and perhaps felt embarrassed to admit to more, but it is still recognised as one of the four essential office work modes (focus, collaborate, learn, socialise). Often the first work mode to be sacrificed on a busy day; we know that at-work relationships are a major driver of job satisfaction and levels of innovation. Having more frequent interactions increases awareness within teams and across teams; therefore, it also enhances our understanding of how we contribute to the organisational mission. Spaces that increase both deliberate and accidental interactions, including shared kitchen or café areas, are becoming more prominent features of progressive workplaces because of this. Designated areas for personalisation by teams and utilising hallways and stairways all help to create a sense of community.

With the UK currently seeing almost 10 million working days lost due to work related stress, depression and anxiety each year, firms need to encourage employee empowerment and strive to meet new workplace goals. Indeed, additional research we are currently doing with the Royal College of Art, Helen Hamlyn Centre for Design into psychological wellbeing in the workplace indicates that giving employees trust, autonomy and choice significantly contributes to their psychological wellbeing – and the power of this should not be underestimated.

All things considered, even if we’ve come to accept that working and commuting saps our energy, there is still plenty we can do to help mitigate the impact of fatigue, stress, anxiety and depression by designing spaces that help everyone to understand the difference they make each day and support them in their work. Just imagine, if you had an office that helped your staff feel as though they’ve made a difference, would you feel energised at the end of the working day? That is a goal worth pursuing.

Philip Tidd – Principal/Head of Consulting EMEA, Gensler

Philip Tidd is one of the global leaders of Gensler’s consulting practice and has spent the last 20 years working across Europe at the sharp end of where business and buildings/spaces meet. He regularly works across the city and office scale and is a passionate believer in harnessing the power of creative insights to solve clients’ complex problems.

Annelise Tvergaard

Annelise believes in the ability of architecture to improve people’s quality of life - she enables this to happen through her consulting work.

At university, Annelise studied History of Art, with a focus on medieval art and architecture in Europe and the Middle East. Her particular interest is how architecture is experienced and how the physical environment influences the behaviour of people. After researching for three years at another international design firm, Annelise brings her knowledge of the history of art and architecture, academic discourse and visual analysis to Gensler, coupled with first-hand experience of cutting edge architectural projects.

Aside from researching current and future trends in the workplace, Annelise is involved with change management and building activity analysis. She takes an active role in a range of employee engagement activities, communications, data analysis and the presentation of data collected.
Improving mental health: A new approach is needed for lasting benefit

by Jay Brewer

The evolution from managing poor mental health to developing optimum emotional wellbeing embodies the principles of the mental wellbeing continuum which highlights that a person can have mental ill health but also good mental wellbeing. This does not mean that someone suffering from an anxiety disorder, depression or post-traumatic stress disorder should not receive the correct treatment but it highlights that even with these conditions, a person can experience high levels of mental wellbeing.

Working with one of our key clients we adopted an innovative approach to addressing the mental health challenge. The client in question was experiencing high levels of ‘crisis moments’ where a hard working environment was pushing many colleagues to breaking point and seeking support from traditional support routes such as Employee Assistance Programmes and Occupational Health. There was also a ‘feeling’ that a substantial amount of the workforce was moving towards a high stress state and that the support routes would just be endlessly filled. This highlighted a systemic issue that would have a degree of success using traditional routes but wouldn’t address root cause.

A root cause analysis of what affects mental health in a business can be divided simplistically into two sections: what can the business change and what can the individual change? Both of these solutions have merits but there is much evidence including the most recent by the Chartered Institute of Personnel and Development in the UK that a focus on how a business works and the way it is led is hugely impactful on wellbeing. Changing leadership, businesses process and policy takes a concerted effort and deliberate change management. With our client we didn’t have the ability to change the way the business worked, which is very common, so needed to focus on solely on the colleagues individually.

To help this client we focused on the group of colleagues who it was suspected were experiencing stress, job dissatisfaction and poor engagement but were either unwilling to approach traditional support routes or had not identified that they required help. Deliberately we changed the concept away from ‘come to us when you are stressed’ to ‘what can we do to help you perform at your best?’ Based on the theories of Diener and Seligman the solution was built on the principle of helping people to be at their best. This encompassed helping people to develop their self-awareness of emotional states and how their work and personal behaviours related to these.

The solution was articulated as building strengths rather than fixing weaknesses and was made open access, which reduced barriers to entry such as informing line management and requiring coordination of attendance for entire teams. Furthermore, although some separate courses were run specifically for senior leaders the courses were of mixed seniority as no sensitive information was shared within sessions.

This preventative solution integrated physical and emotional wellbeing under the guidance of an experienced Health and Wellbeing Physiologist who also had additional training in emotional health and coaching. Choosing a Health and Wellbeing Physiologist to run this course was also deliberate as evidence suggests that optimum mental wellbeing is inextricably linked to other health elements such as nutrition, sleep, activity, lifestyle behaviours (smoking, alcohol intake etc) and current health.

This followed the NICE step care guidance for mental wellbeing which indicates that expertise increases with severity but optimum wellbeing is created by a ‘whole person approach’ and for this a highly trained general clinician was required. A key part of this relationship was bringing out and endorsing the individuals’ values, goals as well as concerns for health and wellbeing.

This truly helped to make our approach focused on the individual and how they wanted to ‘be’ in the context of their life, work and relationships.
The solution focused on a 12-week programme that utilised Mindfulness training, guided meditation, a conflict workshop, time management training, health assessments and personal training. Initial group introductions to the programme were followed by 1:1 reviews repeated at convenient intervals throughout. The 12-week programme was also underpinned with biofeedback training using Heart Rate Variability to help people learn the links between their bodies’ physiology, their behaviour, emotions and thinking.

Using a Wellbeing Profile Questionnaire, feedback indicated a notable and positive impact on reported wellbeing and resilience related to programme activities. This was more marked among those showing higher engagement and adherence to specified activities, leading to a 16% increase in reported emotional wellbeing and resilience.

Percentage change in each area of resilience for those with high adherence above and beyond those with low adherence

### Anxiety
- I feel anxious 31% 7%
- I feel worried 38% 14%
- I feel panicky all of a sudden 17% 0%
- I have felt as if something awful was going to happen 17% 0%
- I feel uneasy 24% 7%

### Anger
- I feel irritated 33% 14%
- I feel angry 12% 7%
- I feel annoyed 21% 0%
- I feel frustrated 38% 36%
- I feel uneasy 24% 7%

### Positive attitude
- I can enjoy the TV or a good book 60% 50%
- I can see the funny side of things 79% 93%
- Appreciative 76% 93%
- Grateful 71% 64%
- Thankful 76% 71%

Results of pre- and post-psychometric Wellbeing Profile Questionnaire. Emotional and physical states.
Mental clarity and decisiveness

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<td>I like who I am</td>
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<td>I am more decisive than usual</td>
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<td>I am very perceptive</td>
<td>81%</td>
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<td>I feel it is very easy to prioritise</td>
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<td>That it is difficult to concentrate</td>
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<td>I am mentally very sharp and quick thinking</td>
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<td>Confused about things</td>
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Mental clarity and decisiveness

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Sleeping is worse than normal | 24% | 7%  |
I feel slowed down | 24% | 14% |
My sleep is inadequate | 43% | 21% |
I experience aches and pains | 21% | 36% |
I feel tired | 50% | 14% |
I feel fatigued | 38% | 14% |
I feel exhausted | 26% | 14% |
I feel good about myself | 57% | 64% |
Changing corporate mindsets

by Bill Mitchell

It is heartening that mental health difficulties are now being treated more openly and proactively than has been the case in the past. Considering the incidents of psychological ill health (one in four people suffer from psychological ill health at some point in their lives) the serious impact it can have on people’s careers, family life and physical health, as well as the costs to organisations of sickness absence and replacing employees who have left because of psychological ill health, the increased interest in trying to do something about psychological health is well over due.

For too long mental health difficulties have been outsourced to Occupational Health or to an Employee Assistance Programme rather than being seen as something where everyone in an organisation should be taking responsibility.

Stigma about mental ill health remains a problem, many people feel that if they were to be open about anxiety, depression or other psychological illnesses it would be career limiting. This belief prevents many people from having a conversation that could be helpful; the opportunity to gain support from colleagues could be enough to prevent someone gradually going down a pathway that could lead from feeling stressed and overwhelmed by some difficulty to a serious illness like depression.

PwC introduced an innovative scheme which was suggested by an associate to encourage more open conversations by inviting employees to wear a green ribbon indicating they were happy to talk about mental health at work. This resulted in 12,500 people out of a work population of 20,000 wearing a ribbon. PwC have also introduced Mental Health Advocates across the firm, partners who are committed to supporting others who may be struggling by sharing their own personal experiences.

This is a recent initiative, no information is provided about how many employees have made use of this offer of greater support but hopefully PwC will collect some data on its impact on some measures of mental wellbeing and sickness absence.

KPMG in the UK have also picked up the challenge of taking steps to encourage mental and physical wellbeing at work. They have introduced a raft of services including a health App to encourage staff to use stairs rather than lifts and measuring calories expended. Be Mindful provides a safe space for colleagues to talk about any concerns they have, initiated after a partner and director spoke openly about their own experiences of living with mental health difficulties.

KPMG, like many organisations also took advantage of Mental Health Awareness Week to introduce employees to Mindfulness sessions and information about mental wellbeing. The real challenge here of course is sustaining these ideas and practices beyond the awareness week into the long term and ideally collecting some information on the impact of the techniques that were advocated.

The third case study from Nuffield does provide data on the effects of their initiative with a client company taking participants through a 12 week programme covering physical wellbeing advice on lifestyle behaviours and a combination of mindfulness, guided meditation training, a conflict workshop and time management training. They report a 16% increase in emotional wellbeing and resilience on a Wellbeing Profile questionnaire with reductions in tiredness, anger and anxiety. Unfortunately they do not report how many people took part in the study which would allow the measurement to have some meaning. Ideally a repeat measure at a later date to assess the durability of the effects would add to the effectiveness of the intervention and, of course giving the questionnaire to another group who did not attend the course on two separate dates would give the intervention greater credibility.

The three case studies reviewed here share an acceptance of the reality that many people in the working population will have a diagnosis of some psychological disorder. Being able to talk about that condition and how its severity might be affected by work pressures and changes with some colleagues who are genuinely supportive can prevent psychological ill health from getting worse and could also stop people relapsing.

Giving people tools to manage their work lives more effectively and manage emotions like anxiety, low mood and frustration could also reverse the gradual progression from day to day stress to ill health.

Gensler neatly summarise the challenges facing organisations; posing four key questions for employees to consider: 1. the employee understanding of the organisations mission and values, 2. how the employees work fits with that mission, 3. if they feel respected and 4. if the employee feels part of a workplace community; these areas are known to contribute to higher levels of motivation, engagement and productivity. Employees are more likely to respond positively to these questions if they have been given tools to manage their work lives more effectively, enabling employees to manage emotions like anxiety, low mood and frustration could also reverse the gradual progression from day to day stress to ill health.

All of this requires more open communication between employees and their managers and a better appreciation by managers that high pressure environments, major changes and periods of disruption can increase the probability of employees developing a mental health condition. That then calls for helpful practical conversations to support people through the difficult work experiences rather than encouraging them to call the EAP helpline.

Organisations should also share with one another initiatives they are taking in this area. But for interventions to have credibility they have to go beyond well-meaning enthusiasm to collecting data on the effects of what they are doing and looking at the longer term impact ideally with some control measures to demonstrate that any changes were the result of what they instigated rather than due to chance. In this way companies are more likely to be able to persuade the finance holders to invest money on these initiatives.
Holistic approaches

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DaVita: Village Vitality wellness programme
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Be Well strategy and programme
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Be Well at Regions Hospital in Saint Paul, Minnesota, USA
by Pronk, Hermann, Gallagher, Egan, Allen and Remark  66

Commentary:
Innovating and scaling up total worker health
by Terry T-K Huang  74
Healthy workplace
by Dr T Rajgopal

The USLP helps us to drive a brand and business-led initiative to improve the health and wellbeing of our employees. Indeed, we prioritise our employees’ wellbeing, just as our founder Lord Lever did over a century ago.

Our global medical and occupational health strategy revolves around the twin pillars of Health Promotion and Health Protection.

Health Promotion aims to promote, maintain and enhance the health of Unilever’s people to maximise their fitness to work safely and effectively, while Health Protection aims to protect Unilever’s people from work-related hazards to their health.

Both Health Promotion and Health Protection are integrated in the Employee Health and Wellbeing Programme.

"Under the Unilever Sustainable Living Plan we want to improve the health and wellbeing of a billion people around the world. A key part of that is the wellbeing of our own people, not only their physical health, but just as importantly their mental health, particularly at times of change and uncertainty. By listening and responding to their emotional needs we give people a much better chance of fulfilling their true potential, which is good for them and good for the company.” - Paul Polman, Unilever CEO

The Unilever model of holistic wellbeing

The flagship programme under the employee wellbeing initiative is the Lamplighter programme. The Lamplighter programme has been in vogue in Unilever for more than a decade.

The Lamplighter programme is integrated in two important avenues, within the business spanning across various functions and the other dealing with solutions and prevention strategies for the individual. The components of the Lamplighter programme are depicted below:

Unilever wellbeing framework

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<th>Mental</th>
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<tr>
<td>Looking after our health, fitness, diet, sleep and energy levels so we approach challenges with zeal.</td>
<td>Managing our mental choices and reactions to distractions and competing pressures.</td>
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<tr>
<td>• Nutrition</td>
<td>• Focus</td>
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<tr>
<td>• Recovery</td>
<td>• Empowerment and agility</td>
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<tr>
<td>• Exercise</td>
<td>• Mindfulness</td>
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<td>• Energy management</td>
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Purposeful

Identifying what really matters to us and connecting to that as much as possible in all we do.

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<tr>
<td>Finding ways to feel positive and confidently face the challenges life throws at us.</td>
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<tr>
<td>• Positive mindset</td>
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<td>• Self esteem</td>
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<td>• Inclusion</td>
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Lamplighter provides a standardised toolkit for countries to adhere to with the additional benefit of allowing local and cultural needs to be addressed. Standardised health metrics data is measured to assess where health risks may occur with employees. This includes lifestyle factors (smoking, alcohol consumption, fruit and vegetable intake, exercise levels, perceived stress levels) and physiological/biochemical measurements (glucose, cholesterol, blood pressure, BMI).
The employee wellbeing programme is aligned to Unilever’s Sustainable Living Plan (USLP), hence linked to business needs. This ensures success in the long run. Key factors boosting sustainability of the programme include:

1. Our health and wellbeing programmes are embedded in the business and are integrated vertically and horizontally across geographies within HR, Safety and Supply Chain.

2. Our health promotion and health protection programmes form one of the pillars of “Manufacturing Excellence.”

3. The global wellbeing programme is being reviewed and overseen by a global steering committee consisting of three Unilever Leadership Executives including the company’s Chief HR Officer thereby ensuring support and funding for the programme.

4. Having a solid framework, consistent messaging and new and innovative campaigns to keep employees engaged has enabled this programme to run for over 10 years and has also allowed it to evolve throughout that time.

Empowering employees to take control of their own wellbeing has shown great results. This is in part supported by the bespoke way that employees are treated. Whilst the programme has a framework, there isn’t a “one size fits all” mentality.

Employees are offered personalised support and goal setting based on what they feel is important to their health rather than an instructive approach telling employees what they should be focusing on.

Dr Rajgopal - Vice President, Global Medical and Occupational Health, Unilever

He is responsible for providing strategy and leadership in comprehensive medical and occupational health services covering more than 165,000 employees worldwide.

He represents Unilever in the Global Business Coalition, the Global Diabetes Forum, has been a Leadership Board member of the Workplace Wellness Alliance of the World Economic Forum and is on the steering committee of the Institute of Health and Productivity Management.

He holds postgraduate qualifications in Preventive Medicine, Public Health, Occupational Medicine and in Health and Hospital Administration and is a Fellow of the Faculty of Occupational Medicine, Royal College of Physicians, and the Faculty of Occupational Medicine, Royal College of Physicians, Ireland.

He has served as Chairman of Medichem, Board member of the ICOH and is an Editorial Board member of the IJOMEH.

He has been honoured by the AIHA with their Distinguished Service Award.

The Lamplighter programme has reached around 168,000 employees out of 173,000 employees worldwide.

We also measure the impact of our health promotion and health protection programmes. The Unilever six-year value addition is depicted in the following figure:

Unilever six-year aggregate ROI

Empowering employees to take control of their own wellbeing has shown great results.
GSK: Partnership for Prevention

by Dr Murray Stewart

GSK has a mission to help people do more, feel better and live longer. Although this primarily relates to the people we are developing medicines for, it is important that we reflect our mission internally and ensure our employees and their families have access to a comprehensive health and wellbeing programme.

As a company, we recognised that there was inequality of healthcare provision across the countries we operate in. Some employees were unable to afford medicines and others had limited access to basic health care services. We therefore set up a programme called Partnership for Prevention (P4P), which tackles affordability and accessibility barriers head on to help our employees do more, feel better, and live longer.

P4P is a partnership between GSK senior management including support from Human Resources, Benefits, Environmental Health Services, Medical and the GSK employees and their benefits-eligible dependents. The aim is to provide access for up to 40 preventative healthcare services at little or no cost to all employees across the globe.

Preventive healthcare measures are critical at any stage of life, helping to prevent illness or detect diseases earlier. They are also an increasingly important intervention for GSK employees across all geographies, given the global rise in chronic non-communicable diseases such as diabetes, cardiovascular disease and obesity. We’ve specifically chosen the services on offer because they demonstrate high value in preventing ill health including a range of adult and child vaccines for preventable illnesses such as hepatitis and tuberculosis, prenatal healthcare for women, HIV and cancer screenings and tobacco cessation treatment. This approach is also consistent with the World Health Organisation standards to prevent and detect diseases and we believe will have the greatest impact on GSK employees and their families.

We are doing this to foster a healthy performing workforce and we know that investment in preventative health services will help reduce work related illness and absence from work. This will also result in a highly motivated and resilient team.

We designed the programme based on proof of concept pilots that were successfully completed in Ecuador, Ghana, Nigeria and Romania in 2012. These engaged with approximately 5,800 staff and dependants from across GSK business units. Many preventative services were not included in existing medical or private plans in these countries.

Success with the pilots confirmed that phasing services in by geography was the most efficient and effective way to expand the programme globally and to make this programme a reality we have implemented this locally, following diagnosis, design, implementation and embed and grow. The diagnosis phase in each country reviews the current availability of services through the existing GSK health provision or government health programmes and identifies the gaps to be covered by P4P. The design phase involves selecting suitable third party administrators and negotiating services fees for delivery of those gaps in service in that country. The key is implementation which is done by active engagement between the local project team and the local employees and their families. Finally, the embed and grow phase further raises awareness of P4P and works to cement a culture of preventive healthcare across the company.

To make this work you need a local country project team with a clear leader and support from the business. The team includes representatives from Benefits, Environmental Health Services, Human Resources, Medical and where appropriate legal and taxes. There is also a vital role for the communications team. Starting in regions where publicly funded preventive healthcare services may be unavailable or limited, the programme is currently rolling out to all GSK employees and their families and will be complete by 2018. The first places to receive the programme were the Middle East, Turkey and Latin America. Africa, Pakistan, India, Sri Lanka, Bangladesh, Russia and Commonwealth Independent States were in the second phase and the programme will soon roll out to the Asia Pacific region and Japan. The final phase of implementation covers Europe, North America, and the UK. We understand that GSK is the first multi-national employer to commit and implement a comprehensive preventive healthcare programme to nearly 100,000 employees in 150 countries.

To date GSK has launched the programme in 65 countries, touching the lives of over 80,000 people, with nearly 30,000 services being utilised to date. On average, 22 new preventive services have been added per country, with adult vaccines, adult preventive exams and diabetes screening commonly being the gaps in healthcare provision which needed to be filled.

The data from employee surveys reports 80% satisfaction with the programme and GSK is gathering numerous employee testimonials, which confirms P4P is a huge success.

By following this process in developing such a programme, employers around the world can significantly improve employee health and engagement on a number of key priorities in a way which is genuinely globally scalable.
Dr Murray Stewart
Murray Stewart is Chief Medical Officer for pharmaceuticals at GSK where he is responsible for the efficacy and safety of GSK pharmaceuticals globally.

Murray joined GSK in 2000 as Associate Director for Clinical Research and Development in the UK and since then has held senior positions in the Cardiovascular and Metabolic therapy area.

Before joining the pharmaceutical industry, Murray worked as a diabetes consultant and senior lecturer and was Consultant Physician/Honorary Senior Lecturer and Head of Clinical Services at the Diabetes Centre, Newcastle upon Tyne in the UK. His research was in lipid metabolism in Type 2 diabetes and he did his medical training at Southampton Medical School in the UK and is a Fellow of the Royal College of Physicians.
DaVita: Village Vitality wellness programme

by Mahesh Krishnan

"Using incentives to encourage personal accountability, drive behaviour change and improve health outcomes."

DaVita’s Village Vitality wellness programme has become synonymous with wellness across the company since its inception in 2007. The mission is to build a culture of wellbeing by providing programmes for teammates (employees) and families that encourage personal accountability. Through dedicated leaders, meaningful incentive and solid communications, Village Vitality has:

• Measurably improved the health of teammates; and
• Reduced healthcare costs year on year

To achieve these results, financial incentives have been at the core of the programme. By starting the teammate, and/or their spouse or domestic partners’ journey with a free biometric screening and based on their results they can earn points that translate into healthcare premium savings.

Incentives have been so successful that each year more than 72% (23,000) of DaVita’s teammates participate and since 2013 more than 53% (6,000) spouses/domestic partners have participated as well. This large data set enables effective analysis of the health of DaVita’s population and reveals a five year improvement from 2010 to 2015 of four key biometric measures. By learning their numbers through the biometric screening, teammates have taken accountability and action to improve their health. The results speak for themselves.

Other key elements of the programme and results include:

• Chronic disease management and coaching; providing behavioural and lifestyle-change support as well as onsite healthy cooking classes and wellness fairs. Since May 2015 more than 22,000 coaching sessions have been provided by DaVita’s wellness partners
• Wellness Champions who promote Village Vitality programmes and encourage participation in local activities. The community of champion volunteers has grown from 400 in 2010 to 1,500 teammates
• Profiling successful achievements by teammates has enabled more than 200 teammates to win the ‘We Are Well’ Award for submitting their stories about getting healthier – with some very inspiring feedback from the winners:
  ° “I have now lost 40 lbs and have a goal of losing 50 lbs. I am off all BP medications and all my lab results are in normal range"
  ° “16 months after my physician provided me with my lab results, I have lost 115 pounds, reduced my BMI from 40.0 to 23, lost 10 inches in my waist and have dropped seven trouser sizes”
  ° “In September 2011 I had an abnormal mammogram and had bilateral mastectomy that saved my life”
• Creating a strong culture of wellness is embedded in every facet of the employee experience; from new hire orientation to a strong focus on executive leader example setting with the CEO and COO participating in a number of challenges, fund-raising activities and community volunteer work
• Company-wide challenges and competitions: With wearable devices becoming increasingly popular, DaVita held several challenges in 2015 and 2016 to track activity, weight loss and leader-led role modelling by the CEO. The data collected from wearables determines the proposition for future challenges and programmes; ensuring they are customised and targeted to empower teammates to make healthy changes for themselves and their families. Wearables are also being used as prize incentives to participate in feedback surveys, classes and other wellbeing activities with great success.

DaVita U.S. teammates in healthy range for key health measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline 2010</th>
<th>2015*</th>
<th>Percentage Pt. Improvement</th>
<th>U.S. Benchmark**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>77%</td>
<td>82%</td>
<td>5 points</td>
<td>75%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>85%</td>
<td>88%</td>
<td>5 points</td>
<td>79%</td>
</tr>
<tr>
<td>BMI</td>
<td>29%</td>
<td>30%</td>
<td>1 points</td>
<td>26%</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>32%</td>
<td>42%</td>
<td>10 points</td>
<td>34%</td>
</tr>
</tbody>
</table>

* OHIO biometric screening book of business data across the United States (230k lives).
** US Benchmark data is based on hundreds of thousands of objectively measured, biometric data points at employers across the nation.

Whilst the Vitality Points incentive programme has historically been the anchor of DaVita’s overall wellness programming; they are now expanding the focus to a more holistic approach to wellbeing by incorporating four important elements of total wellbeing: physical, financial, emotional and social. This is referred to as “Village Vitality: Be Well. Physical. Financial. Emotional. Social.” DaVita are continuing to work to ensure supportive and valuable resources are available and that each of these four areas are covered.
Be Well strategy and programme

by Dominic Johnson

Barclays’ wellbeing programme, Be Well, aims to enhance our performance and reputation as a great place to work, while exemplifying the Barclays’ Values and making a positive impact on the lives of all those who work for us.

We understand that poor health and general wellbeing directly affect colleagues’ energy levels, effectiveness, resilience and ultimately, quality of life. By actively supporting colleagues to be healthy and happy, by helping them to understand their health risks and how to make sustainable, positive changes, we will deliver better outcomes for colleagues, for Barclays and for society.

What is wellbeing and why is it important to Barclays?

Wellbeing has a number of elements, but at its simplest, is about being healthy and happy.

It is not just about physical fitness or being active - it’s also about positive mindset and resilience, strong social and family relationships, working well and financial stability. These multiple dimensions are reflected in the five pillars of our wellbeing strategy.

Barclays rightly does a lot to support colleagues when they’re unwell. This support, along with health related absence and most importantly, lost performance, is a big cost for us. Through focusing on the health and wellbeing of colleagues, we will help to increase performance and resilience through periods of major change of the kind Barclays is embarked on.

At a time when lifestyle related chronic health conditions are growing rapidly around the world and with healthcare systems overstretched, supporting better health for our people will enhance our reputation as a responsible employer, while making Barclays a more attractive place to join and build a career.

Finally, we know that organisations which demonstrate real and sincere support for colleague wellbeing have higher levels of engagement, sustainable high performance and resilience through periods of major change of the kind Barclays is embarked on.

Barclays wellbeing culture

A culture which supports wellbeing will enable colleagues to live Barclays’ Values and be their best at work, with the energy and focus to deliver the excellence and service our customers and clients expect.

Respect
We respect and value those we work with, and the contribution that they make.

Integrity
We act fairly, ethically and openly in all we do.

Service
We put our clients and customers at the centre of what we do.

Excellence
We use our energy, skills and resources to deliver the best, sustainable results.

Stewardship
We are passionate about leaving things better than when we found them.

Respect
Personal support for colleagues to promote their wellbeing, performance and quality of life.

Stewardship
Protect and enhance our reputation as a responsible employer.

Create a legacy of sustainably improved health and wellbeing for colleagues, while reducing the impact on stretched country healthcare systems.

Excellence
Actively contribute performance, development and engagement of all colleagues.

Create the environment to attract and retain the best people.
Our Programme

The programme has five pillars:

**Think Well**
Our mindset and psychological wellbeing play a big role in our overall health and happiness, impacting how we feel, how we think and how we act.

It's important that we feel good about ourselves and the world around us. Psychological wellbeing is not only closely linked with health and resilience but can also help you achieve your personal and professional goals.

**Be Active**
Our physical health is key to our overall health and energy levels. We all know how important it is to keep physically active, eat well and look after our general health, but it's not always easy.

Busy professional, home and social lives often leave us with little time for physical activity. However, finding time for a bit more exercise in our day is a great investment, as it helps improve our concentration and focus, as well as protecting us against long term health conditions such as heart disease and diabetes.

Being healthy and active will help us with our recovery and performance.

**Social**
Our connections and relationships with those around us are vital to our overall wellbeing. In particular, the quality of your key relationships and the time to invest in them can have a major impact on our wellbeing and enjoyment of life.

It is important to find the time to spend with our family and friends and learn more about how we can build stronger connections with our colleagues and our community. Barclays’ provides internal support which can help, such as the Working Parents and Families Network or Dynamic Working.

**Financial**
Financial wellbeing is an important component of our personal resilience. Life may leave us feeling stretched and out of control of our personal circumstances, with our financial situation having a significant impact on how we feel.

We understand that money worries can weigh heavily on people’s minds, whereas good financial planning can create a real sense of security and optimism about the future.

We all need expert advice now and again. Whatever our situation, Barclays can support us in managing our financial health. Discrete tools are available to manage financial wellbeing and regain control. These include access to webinars on budgeting and saving, as well as access to relevant colleague financial guidance and benefits such as pension schemes, saving plans and Employee Assistance Programmes.

**Workplace**
Our physical environment, the culture we work in and our team, play a significant role in both our wellbeing and performance. Barclays aims to be a great place to work and is actively creating a culture where wellbeing is valued and supported.

There’s a wide range of support available to help colleagues with their health and wellbeing at work. This includes workplace assessments and adjustments, support on becoming a parent, occupational health if we have health problems, Dynamic Working for managing our time, gym and changing facilities and healthy eating options in staff restaurants and cafeterias.

Line Managers play a critical role in supporting colleagues and promoting the importance of wellbeing in the workplace.

Barclays’ Be Well programme is supported by a global portal which has been rolled out to United Kingdom, USA, Asia Pacific, Middle East and India.

Set out below are some examples of the “Global Assets” and initiatives which demonstrate the scale of our strategy and programme:

- **Global Speaker Series** – Recognised experts talking on health, nutrition, resilience etc – live webcast recorded for playback on Be Well Portal
- **Fitbit® Promotion and Challenge** – Discounted and subsidised devices with international step challenge to promote activity and awareness
- **Health Risk Assessment** tool currently in place. A full Global Health Risk Assessment to be available to all colleagues in 2017. This will allow us to achieve a greater level of analysis to allow us to further capture key health risks to provide individual and group insight
- **Global Be Well Portal** developed and in place with v2.0 being implemented in 2017 to allow progression of the portal to the next level in providing consistent and effective communication, engagement and education globally
- **Colleague Health Screening and Proactive Health Intervention** – Health screens are conducted globally however we have commenced a risk based intervention and coaching programme (initially across 55,000 UK colleagues in 2016 with planned implementation of model globally using the Global HRA). 10,000 “Know Your Numbers” Health Screens for UK in 2016
- **Performance management** – Incorporating line manager self-appraisal and support for team wellbeing
- **Leadership and learning** – Focusing on optimum performance/wellbeing through integration in Leadership and Management programmes, resilience through change programme and line management development to focus on looking after “team and self”

What will we deliver?
Our focus on the health and wellbeing of our colleagues, will deliver:

- Culture change which embeds wellbeing in our leadership/management programmes and performance process
- Insight led interventions which deliver a return on Barclays investment and tangible benefit to colleagues
- An inclusive approach which offers value for all colleagues, not just the highly health conscious
- Personal health insights and support, enabling colleagues to understand their health risks and make sustainable improvements
- Innovative programmes, communications and assets, using the latest technology to support engagement insight, learning and behaviour change

Since the Be Well programme started Barclays has seen an improvement in its sustained employee engagement scores. Evidence of employee engagement and support is also visible through the high levels of activity on the internal collaboration “My Site” and the popularity of Be Well articles on Barclays Now intranet – activity only beaten by messages from the CEO or Chairman.
Conclusion
Barclays has always cared about colleagues’ health and wellbeing. Through the Be Well strategy and programme, we’re bringing together all the best practices and resources available to make a much bigger difference.

Whilst we still have some way to go before we can ensure consistency of delivery and measurement globally, to have achieved business support to create a programme infrastructure which allows us to progress with the programme we have and on this scale is a phenomenal achievement.

Overall Barclays would recommend that other companies looking to create a similar model, should consider the following:

• Be clear on the business case and ensure the focus remains strategic
• Target both business and employee engagement
• Aim for measurable results – what is poor focus on wellbeing costing now, in lost performance, current and future ill health costs, private medical, lower engagement etc; how will the investment in a wellbeing programme measurably improve outcomes?
• Connect at every level with leadership coming right from the top
• Make sure that the programme is embedded into the culture of the business
• Focus on the connection between sustainable engagement and wellbeing

Dominic Johnson
Dominic is responsible for global employment policy, ER governance including restructuring, wellbeing, industrial relations expertise and third party service management (ER Direct, occupational health).

Dominic joined Barclays in 2006 to lead Group ER and has had various roles since but always with ER as a part, including interim HRD for Western Europe and Head of Organisation Effectiveness for Global Retail Banking.

He previously worked for GlaxoSmitKline as Director of ER, Policy and Diversity and as Head of Employee Relations for the Confederation of British Industry.
Be well at Regions Hospital in Saint Paul, Minnesota, USA

by Pronk, Hermann, Gallagher, Egan, Allen and Remark

The HealthPartners mission is to improve health and wellbeing in partnership with our members, patients, and community. The HealthPartners Be Well employee health and wellbeing programme is a comprehensive initiative designed to address multiple levels of wellbeing. The Be Well framework is depicted in Figure 1 and shows that meaning and purpose, a dimension written in a manner that reflects the interests of HealthPartners employees and their families, represents an axle around which six dimensions of wellbeing – namely: physical, community, emotional and mental, social and relationship, financial and career-turn.

Regions Hospital, one of the largest HealthPartners business units with its team of 5,100 dedicated professionals, is a level one trauma centre with one of the Twin Cities’ busiest Emergency Departments. The stressors related to hospital care are ever-present and the jobs are physically, emotionally, and mentally challenging. In order to deliver great care, service, and experience for patients and families, the Regions leadership team knew they had to make the health and wellbeing of employees as much a priority as the care provided to patients – because “you cannot give to others what you do not have yourself.”

The Regions health and wellbeing journey started in earnest when leadership used data to identify relationships between healthcare costs and gaps in employee health. This commentary presents the Regions experience between 2009 and 2016 and highlights the key drivers and the population health impact over that period.
Drivers of success

The learnings generated by the implementation of the Be Well programme over the past seven years highlight the importance of three particular elements:

1. Leadership awareness and commitment to making health and wellbeing a priority and leading a culture of change
2. Redesigning employee health benefits around individual needs and incentivising healthy behaviours
3. Providing access to great health and wellbeing resources at work.

Leadership

HealthPartners has identified nine principles of best practice programme design that start with leadership. Once data provided insights into the needs and care seeking behaviours of employees, the Regions leadership team took time to solicit input from employees and sought to understand what would engage colleagues to improve their own health and wellbeing. Leaders throughout the organisation became wellbeing champions, planting the seeds for better health. The implementation of daily huddles allowed key messages related to health and wellbeing to be delivered to the work teams. Wellness moments during meetings and healthier food options in vending machines and the cafeteria were implemented as well. At the same time, executive leaders including the CEO, modelled healthy behaviours, provide permission for others to engage, and talk about aspects of wellbeing that reinforce a healthy work-life balance, such as unplugging from e-mails and encouraging full use of vacation time.

Redesigning benefits

The human resources team worked closely with colleagues from the HealthPartners health plan to refine the health plan benefits so as to give the Regions staff more power over their healthcare budgets. Two consumer-directed healthcare plan options were added that increased enrolment into the health saving account option by 40% in two years. In addition, employees and dependents who use tobacco were offered a benefit differential incentive and tobacco-free efforts were supported with a Regions Hospital campus-wide tobacco-free campaign.

These efforts resulted in more than 60% of smokers indicating they engaged with the campaign and 50% of dependents participating in the programme as well. Access to health plan advisors, wellbeing coaches, retirement planning and financial advisors has been made easier by bringing such resources on-site during open enrolment and annual health fairs.

Onsite health and wellbeing resources

To circumvent challenges for employees to access healthcare and wellbeing resources, many programmes and services were brought to the hospital. This saves employees from having to take personal time off. In 2012, Regions built an onsite Employee Health and Wellbeing Clinic through HealthPartners. A nurse practitioner provides easy access to diagnose simple health needs or supports employees with more complex concerns. The clinic helped lower employee emergency room visits by 5% and saved more than 5,000 production hours.

In addition, onsite mental and emotional health resources are provided as well. In 2013 the programme added a wellbeing coach with training in emotional resilience and the Centre for Employee Resilience was opened in 2013. Employees are free to hit the “pause” button when necessary and re-energise through meditation, mindful relaxation, massage therapy or just a simple old-fashioned break. These onsite resources including “Be Well Moments” support lots of culture work and all this laid the groundwork for the opening of the new onsite Fitness Centre in 2015.

Measuring impact

Often, especially in the area of health outcomes, quantifying the impact of prevention suffers from the “prevention paradox”. This is where the impact is difficult to measure as the events being counted do not occur and it is not clear whether this is due to the programme or some other reason. In the case of Regions Hospital, measurement and evaluation of the Be Well programme impact has occurred at multiple levels, including at the level of the population. A unique population health metric was used, the Health Risk 10 (HR10) metric, that was based on previously validated summary health metrics derived from health assessment survey data. The HR10 includes 10 risk factors including: low physical activity, low fruits and vegetables intake, tobacco use, alcohol intake, obesity, unhealthy sleep patterns, too much uncontrolled stress, self-perceived poor general health status, chronic disease(s), and low life satisfaction. The risk factors are scored ‘zero’ or ‘one’ based on absence or presence of the risk factor. Respectively, the HR10 is the sum between zero and 10 for each individual employee.

The HR10 metric has undergone thorough testing so that it can predict financial impact based on healthcare claims expenditures and productivity changes. Productivity loss is measured with the Work Productivity and Activity Index (WPAI), a well-validated survey integrated into the health assessment survey, and assessed at the same time as the HR10. Statistical modelling shows that the weighted average annual cost per risk factor decrease is equal to $428 per member per year in medical and pharmacy claims. Furthermore, the weighted average annual productivity increase per risk factor decrease is 1.7%, a change indicator that may be monetised based on average yearly salaries.

The HR10 metric is adjusted for natural decline in a population’s health as people age. Natural decline estimates were modelled based on actual experience captured in the HealthPartners databases for a working population not exposed to a well-designed comprehensive workplace health and wellbeing programme. In addition, employees are tracked at the individual level over time, where the earliest HR10 becomes their own baseline for evaluation. That baseline year is run through the natural HR10 change simulation so that an expected HR10 is calculated for each individual and each subsequent year. Then, each year after the baseline, HR10 is considered a participation marker for that year and the difference between expected and observed HR10 is measured at the individual level. For each year since 2009, Regions employees participated in an employee survey that measured the HR10. Annual participation rates in the survey were between 75% and 95% for the years 2009 through 2016. Based on this HR10 methodology, Regions Hospital has been able to estimate the impact of its Be Well programme for health and wellbeing and financial outcomes.
Health, wellbeing and financial impact

Since 2009, the HR10 population health metric indicates a steady, consistent decline in the average number of risk factors observed. Between 2009 and 2016, the average HR10 scores declined from 2.32 to 2.05, or 0.28 units. Furthermore, as indicated in Figure 1, a comparison of observed HR10 versus the natural decline model shows the impact of the Be Well programme during these seven years.

Risk 10 impact: 2009 to 2016 vs. natural decline model

Figure 1. Regions Hospital – cross-sectional Health Risk 10 changes between 2009 and 2016

Specific examples of changes in the risk factors for the Regions Hospital population include reductions in the proportion of employees with low physical activity of 1.4%, low fruits and vegetables intake of 18.3%, a change in tobacco user prevalence of 5.7% (from 8% in 2009 down to 2.3% in 2016), and a reduced proportion of employees reporting poor self-perceived general health status of 1.5%.

These positive changes are noted despite a concomitant increase in obesity of 3.1%, the proportion of employees with chronic conditions of 10% (from 26.1% in 2009 to 36.1% in 2016), and an increase in stress risk of 1.1%. In general, these changes indicate an improvement in population health status over seven years and support the plausibility of financial savings.

Financial modelling for medical and pharmacy claims and productivity is shown in Figure 2 alongside the changes in HR10. It should be noted that the graphic shows cross-sectional, annual HR10 scores and financial savings that cumulatively reflect savings over the seven-year period. Hence, cumulative medical and pharmacy savings amount to $9.3 million and cumulative health related productivity-related savings amount to $19.2 million or $28.5 million over the course of seven years.

Figure 2. Be Well programme impact for Regions Hospital
Conclusions

Over the course of seven years, Regions Hospital has been successful at improving the health and wellbeing of its employee population. Compared to an expected increase of 0.9 risks due to the natural decline associated with aging in the absence of access to a comprehensive health and wellbeing programme, the population of approximately 5,100 employees reduced their risks by 0.28. This difference was associated with an estimated $28.5 million savings in medical and pharmacy claims costs and reduced productivity loss.

It is not by chance that Regions Hospital is one of the 150 great places to work in the USA, according to Becker’s Hospital Review. The Regions Hospital experience was clearly driven by leadership towards building a human-centred culture of health and wellbeing. The big idea was to start small, listen with intent for expressed needs of people, engage employees from the beginning, and making them the power behind a healthy, productive, and high-performing workplace.

Authors

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Kim Egan – Executive Director for Human Resources at Regions Hospital
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Megan Remark – Chief Executive Officer at Regions Hospital
Commentary: Innovating and scaling up total worker health

by Terry T-K Huang

The increasing awareness of the importance of workers' health and the growing investment in wellness programmes by employers in recent years represent an opportunity for the private sector to innovate and to leave a larger footprint on public health. According to the 2015 survey on wellness programmes from Fidelity Investments and the National Business Group on Health (NGBH), employer spending was expected to go from $430 per employee in 2010 to $693 per employee in 2015. This is a significant increase within a short period of time, and as shown by the five case studies from Barclays, DaVita, HealthPartners, Unilever and GSK, this shift is driven to a great extent by the need for employers to decrease healthcare cost (especially in the U.S.), increase productivity, and recruit and retain top talents. Investing in workers' health is no longer a luxury but a business imperative. And increasingly, this will become a core value across businesses.

The U.S. National Institute of Occupational Safety and Health defines “Total Worker Health” as the integration of policies, programmes and practices that collectively prevent worker injuries and illnesses and promote worker wellbeing. Among wellness programmes across 121 companies, the Fidelity/NGBH survey found that the three most common strategies employed were biometric screenings (72%), health risk assessments (70%), and physical activity programmes (54%). Preventive screening and assessments certainly remain a feature in the case studies presented, alongside work-related injury prevention. However, some programmes among the case studies presented have incorporated increasingly more sophisticated forms of case management of diseases. In addition, the programmes at HealthPartners and Barclays, for example, have notably expanded from the traditionally core features of employee wellness programmes to incorporate elements of social, emotional and financial health, consistent with the idea of “Total Worker Health.” Social, emotional and financial aspects of health are important dimensions of quality of life and important predictors of morbidity and mortality.

A few other innovations are noted in the case studies. For example, the use of mobile health technology appears to be effective for incentivising engagement from employees (employee under-participation in wellness programmes remains a significant issue). In addition, research is fast advancing in showing how mobile technology can be used to harness health data to inform the quality improvement of programmes.

Furthermore, in several of the case studies, it is clear that leadership is a key factor to programme success. This can likely happen when employee wellness becomes a core business value subscribed to by company boards and shareholders. Leaders in companies can set the tone for a culture of wellness in organisations and model wellness behaviours, from quitting smoking, engaging in physical activity to properly managing email behaviour as a way to reduce stress.

How to foster employee ownership and create programmes that are worker centred is an area for greater innovation. We see in several case studies where employee participation in the design and implementation of programmes leads to greater engagement and more individually tailored services and benefits.

Several companies featured in the case studies are multinational corporations that have the potential to exert a global impact on the health of populations worldwide. For scaling up wellness programmes and the diffusion of innovation, policy coordination, logistics, finances and cultural adaptation are all key factors. These are worthy of further study as the movement to expand workers' health continues to expand to small and medium-size companies around the world. In parts of the world where public health is weak, companies can play a significant leadership role in building the public health capacity and coverage in those regions.

The Total Worker Health concept implies a systems approach to employee wellness, where the next phase of innovation is less about individual programme components but more about intervening directly in the ecology of a worker’s being. This takes us beyond the individual employees to think about how employees’ family members (e.g. children and aging parents) and communities are key to supporting the physical, social, and mental health of the employees themselves. Some companies appear to be ahead of the curve in addressing these dimensions and are extending benefits and services to a broader population.

Companies often have a larger voice than individual community members and can significantly influence public policy to help create an environment that is conducive to healthy diets, physical activity, non-smoking and other desirable health behaviours.

Taking a systems approach also highlights the potential role that companies can take to address factors related to policy and the built environment that help shape health behaviours and outcomes. Companies often have a larger voice than individual community members and can significantly influence public policy to help create an environment that is conducive to healthy diets, physical activity, non-smoking and other desirable health behaviours.

In the field of public health, employee wellness is now emerging to become a focus area. This is a great opportunity for public health researchers and companies to work together to evaluate and improve wellness initiatives. For the most part, companies continue to rely on process and output measures to document impact. However, as evidenced by the case study from HealthPartners, it is possible to extend such evaluation to health and economic outcomes. Academic-private partnerships can significantly improve the quality and long-term impact of corporate wellness programmes and add value to the investment made by employers.
In conclusion, there is now clear business value to innovate and invest in employee wellness initiatives. The selected case studies show that companies are setting new trends in addressing non-medical aspects of health, such as social and financial wellbeing, in employee engagement, and in scaling up programmes globally to reach participants whose health can benefit from employer support even more than those in developed countries. However, we need more research to both innovate and evaluate wellness programmes. We also need implementation and dissemination research to identify ways to diffuse best practices within the Total Worker Health and systems approach framework so that they become the industry norm among not only large corporations but also small and medium-size companies.
Digital inventions

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Keeping our people and customers safe and informed

by Lorna Friedman

Despite being part of a large multinational, we feel more like a small entrepreneurial enterprise and we face some unique challenges, including keeping remote teams connected, supporting individuals in high-performing roles with demanding global travel schedules, and helping those who care for others to care for themselves.

Bupa WATCH

Bupa International, Bupa’s global health insurance business, has well-established travel insurance, evacuation, and repatriation services based in Copenhagen, Denmark. Building on over 40 years experience, the team has recently set up Bupa WATCH.

Our teams and our customers are in the air and commuting around the globe. As Global road warriors, they are in need of fast and accurate information that helps them make sense of the countless social media updates and prepares them on how to respond to the global health challenges they may confront. We created Bupa WATCH to meet this need.

This service is a true 21st century monitoring service designed to identify potential issues and risks for Bupa International customers and employees related to natural disasters, terrorism, pandemics, and chemical radiation. The service monitors many global sources, including social media and more established health care alerts to identify issues and incidents in real time. A pre-determined grading scale is applied to rate severity and impact of the incidents. We then utilise our network of providers to validate and monitor the potential risks.

Information with recommendations are communicated to appropriate recipients including customers, risk managers, travel staff, facility managers, and of course, employees.

In operation for a little over a year, Bupa WATCH has recorded over 5,000 incidents from around the world. These include natural disasters, bombings, acts of violence, and disease outbreaks. These alerts have been filtered according to geography, severity, and relevance to produce 45 targeted Bupa WATCH messages, resulting in action for those who need it.

In some cases this action will consist of just a health warning, while in other cases, such as the response to the swine flu epidemic in St Petersburg, a tsunami in Chile, or the outbreak of the Zika virus, Bupa WATCH has instigated hands-on action such as specialist support, evacuation, immunisations, or limits on travel.

Bupa WATCH played a particularly important role in addressing the recent Zika outbreak, highlighting the risks and recommending actions for our U.S. and Latin American teams. Health information and updates are ongoing in impacted regions as well as support for mosquito control in the workplace and the home. Travellers to the region are identified through our travel partner and warnings are issued according to the destination.

In recognition of the value of this service we were honoured when Bupa WATCH was awarded the International Assistance Group 2016 Award for Innovation.

The On Our Way Challenge: Getting our people connected and moving

Our people have told us in surveys they love working for a health care company because they like to help others and they love working globally. They also report that they are stretched for time, can feel overwhelmed, and want to be more connected. So with 1,800 employees in 25 offices working 24/7, how do we get them to take the time to talk to one another, have fun and help themselves as well as others?

Our answer was the On Our Way Challenge. We teamed up and texted, chatted, filmed, and selfied our way around the virtual globe all the while raising money for our favourite causes. In May 2016 Bupa International ran an internal wellness initiative, the On Our Way Challenge. The three-week challenge was developed in response to our employees’ requests, identified through Global People Survey results and employee feedback through #BupaGlobalCreates, employee focus group gatherings.

Most of our offices have existing health offerings including on-site gyms, healthy food options, and numerous locally-led initiatives. The On Our Way Challenge was the first of its kind across all of Bupa International’s 25 offices. The initiative utilised our business tag line of On Our Way and had the support of our most senior leaders who made videos and actively participated. Employees were encouraged to form teams and to get active in whatever way they chose for three weeks. Employees ran, walked, biked, swam, practiced Tai Chi or yoga. The challenge was designed for inclusion and all forms of activity were acceptable as well as the syncing of a host of personal devices. The social aspect of the challenge was widely embraced with frequent postings that highlighted our diversity and encouraged good fun. There was organised communication with daily updates on team scores as well as weekly team and individual prizes for participation, improvement, and of course, best post. The campaign engaged 60% of our colleagues, and all of Bupa International’s 25 locations participated.
Dr Lorna Friedman
Dr Friedman is the Director of Health Benefits and Medical for Bupa International.

Her remit includes medical policy and network operations. Dr Friedman is a graduate of New York Medical College and obtained an MBA at the Graduate School of Business at Columbia University. Originally trained as a paediatrician, Dr Friedman has held academic and teaching positions at University of Pennsylvania and Cornell Medical College.

Her business career includes time at Cigna, Emblem and prior to joining Bupa Dr Friedman was the Head of Global Health and the Human Resource consulting firm Mercer. In addition Dr Friedman has served on several boards with a focus on improving access to health including the Global Business Group on Health, The American Council on Exercise and the March of Dimes.

The challenge saw brilliant engagement and behaviour change results with 93% of people saying they would continue the healthy lifestyle changes beyond the challenge, and participants achieved an average ‘active’ step count (8,000-10,000 steps a day). In total, the participants moved over 121,000 km which allowed us to donate $10,000 to charitable organisations.

Lastly, the employee engagement surveys found a higher number of employees recommending Bupa as a place to work, and many positive comments about how they felt they were part of the larger team.
Delivering workplace wellness via mobile tools

by Ting Shih and Allen Hammond

Consumers increasingly link to their social networks, watch sports events, and get news updates via smart mobile devices. So it should not be surprising that mobile tools are likely to play a major role in the future of health – both in illness care and especially in wellness services. This trend will only accelerate as smart mobile devices and the cloud-based digital platforms to which they connect become more powerful and pervasive.

ClickMedix is a healthcare technology company born out of MIT. Since 2007, founder of ClickMedix has set out to create a healthcare delivery platform powered by mobile phones and web that can improve the health outcomes of over a billion people. It has implemented mobile health programmes in 16 countries with governments, hospitals, medical institutions, community health organisations, home care agencies, and employers – even in rural environments with limited communications infrastructure and connectivity.

The ClickMedix platform utilises the screen-diagnose-treat-follow up sequence in a workflow protocol – readily customised for any disease and designed to guide a front-line care giver in a hospital or clinic, in a workplace or community, or other field environment. The platform is designed to integrate mobile diagnostics devices and to interact easily with medical records systems, payment systems, and follow up programmes.

These characteristics enable the ClickMedix mobile platform to screen large populations quickly, in the workplace, and to identify individuals at risk of chronic conditions such as diabetes, hypertension, and heart disease, enabling early intervention. The screening process can include collecting medical history as well as measuring blood glucose, blood pressure, and weight, while referring patient at risk for further assessment and treatment. The ClickMedix platform also provides patient education/advice information, tracks diagnosis and treatment plan, and monitors follow-up and patient compliance with the treatment plan – all at the workplace.

Case studies

Vitalness@Work: Improve health through behaviour change training

Wellness services are extremely difficult to provide effectively in a clinical context, but can readily be delivered both at the workplace and to the employee’s personal smartphone by the ClickMedix platform. The Vitalness for All team is working with social entrepreneur Susan Pick, who has developed a very effective training method to empower and enable people to change behaviours. Her organisation, Yo Quiero, Yo Puedo (If I want to, I can), has trained over 20 million people to improve health outcomes through behaviour changes. Susan and the Vitalness Network are now applying this behaviour change process in partnership with employers of low-income workers, screening for active and prospective illness and then training employees at the workplace to adopt healthier lifestyles – to lose weight, stop smoking, improve diets, reduce stress, etc. The trainers, who also double as health caseworkers, can follow protocols on tablets provided by ClickMedix and use mobile diagnostic tools for screening. Cases of active illness are referred to appropriate medical institutions and can be tracked via mobile phones and tablets. Employers expect to benefit from reduced absenteeism and higher productivity.

Community task shifting to screen and manage chronic diseases

In Mexico, student interns were trained to screen children and adults at schools and community centres for diabetes, hypertension, obesity and renal disease, identifying high risk patients and their families based on health information collected on site. Over the course of a short six-month pilot, 246 patients were screened using ClickMedix Telehealth Platform by three student interns. Using ClickMedix’s intelligent triage and referral system, 57% of the people screened were identified with at least one undiagnosed chronic condition and referred for follow-up. The intervention increased the utilisation of primary care disease management services by 70%.

Scaling disease management modules

The ClickMedix system delivers these tools in multiple countries and languages (it is already available in English, Spanish, Arabic, and Chinese). It has been used in outreach community screening, in-clinic disease management, and hospital after-care programmes; in partnership with Medtronic for diabetes, heart disease, hypertension and ear infections. The platform currently serves more than 250,000 patients. ClickMedix can expedite improvement of health outcomes and shift costs towards workplace or community-based care, while referring patients who need more acute care at an earlier stage of illness.

Mobile tools are likely to play a major role in the future of health – both in illness care and especially in wellness services.
Ting Shih

Ting founded ClickMedix, an award-winning healthcare technology enterprise born out of MIT Media Lab to enable health organisations to serve more patients through its eHealth platform. Her areas of expertise include mHealth solution design, competitive strategy, lean/Six Sigma process improvement and operations management.

She spent five years implementing mobile health programmes across 15 countries in North America, South America, Africa, and Asia to develop financially sustainable health programmes through ClickMedix. The programmes equipped health workers, nurses, pharmacists, and physicians with smartphones to capture patient symptoms information, images, and other related health data to be transmitted to remote specialists who can provide diagnosis and treatment advice.

Ting is named Toyota Mother of Invention in 2015. She is the Cartier Women’s Initiative Laureate 2012 for North America. She holds an MBA and MS in Systems Engineering from MIT. In addition, she holds a BS in Computer Science and MS in Software Design and Management from Carnegie Mellon University.

Dr Allen Hammond

Allen is a serial entrepreneur, a widely published author, and a leader in market-based solutions to poverty. He currently leads a global network of social entrepreneurs and health professionals, Vitalness for All, that seeks to catalyse a transformation of healthcare systems from a nearly exclusive focus on illness care to a focus on prevention and enabling people to live at their full capacity-vitalness. Earlier, Dr Hammond helped to launch the base of the pyramid (BOP) movement that transformed how large companies and the international development community address poverty.

Dr Hammond has published extensively, including articles in Foreign Affairs, Foreign Policy, and the Harvard Business Review. He has served as a consultant to the White House science office, to several U.S. federal agencies, to the United Nations, to a number of major corporations, and to several private foundations. He holds degrees from Stanford and Harvard Universities in engineering and applied mathematics.
Small steps big benefits: Walgreens rewards for healthy choices

by Harry L. Leider

Preventable illnesses can result when people ignore personal risk factors such as nutrition, weight control, exercise, blood pressure and smoking. By promoting healthy lifestyle choices, health plans, employers and payers can take a positive step toward reducing healthcare costs.

Improving workforce health and lifestyle behaviours may lead to:
• Lower medical and disability claims
• Decrease unplanned sickness
• Reduce absence
• Increase productivity

Employers with highly effective, easily accessible programmes that contribute to improved workforce health report 34% higher revenue per employee and market premiums that are 20 percentage points higher than ineffective companies. Unfortunately, lifestyle behaviours related to health risk factors such as eating, exercising and smoking, are among the most challenging to modify. However, incentives can help motivate members to initiate and participate in healthy activities.

Walgreens Balance Rewards for healthy choices® utilises incentives, goal setting and regular self-monitoring to inspire and motivate participants. The programme is built on evidence-based methodology that incorporates small, easy-to-achieve steps – such as taking one walk, monitoring blood pressure one time, or eating one healthy meal – that, when added together over a week, a year or a lifetime, can lead to major lifestyle changes.

Participants earn virtual reward points for healthy activities such as 250 points for setting their first healthy goal, 100 point for an immunisation or prescription and 20 points for more routine activities such as weight, blood pressure and glucose tracking or physical activity. In addition, recognising and embracing the power of today’s digital health era, participants can connect a favourite health or fitness device online or through the Walgreens App and earn themselves an extra 250 points. They are then able to track their progress and points earned on their desktops, tablets or mobile devices.

With 81 million members, Balance® Rewards is America’s largest loyalty programme and to date has reached the following milestones:
• 250,000 connected devices
• 1.5 million goals set
• 73 million miles logged
• 1.9 billion points awarded

Points can be redeemed like cash at Walgreens locations, Duane Reade stores and at Walgreens.com. Plus every visit to Walgreens, Duane Reade or Walgreens.com gives participants access to experienced pharmacists and thousands of product offerings that support healthier lifestyle choices.

Participants also have access to Your Digital Health Advisor, an online resource that provides a digital coaching experience similar to one-on-one health coaching.

Balance Rewards is different to other workplace health programmes as it is allows the following:

1. Frequent rewards: Members are rewarded for small activities that they can log each day through Balance Rewards for healthy choices’
2. Options, options, options: Points can be redeemed for thousands of healthy products in our stores or online
3. Cost effective: You fund only the points earned. There are no per-member per-month charges or administrative fees
4. Proven engagement over time: Balance Rewards boasts an outstanding record of engagement, month after month. In fact, over 70% of members with a connected device were still active 12 months after joining
5. Flexibility with your current programmes: Balance Rewards can be seamlessly integrated through your existing wellness portal.

At Walgreens we value and understand the importance of our employees and associates own health and wellbeing. It is for this reason we incentivise and motivate our staff by offering them double reward points for their healthy behaviours.

We are proud of our current employee involvement and strive to build on this year on year:
2015
• Period 1: 1.85 billion points earned by 45,800 team members (45% participation)
• Period 2: 1.50 billion points earned by 37,600 team members (37% participation)
• Period 3: 1.55 billion points earned by 38,500 team members (38% participation)

2016 – Changed to two periods
• Period 1: 1.80 billion points earned by 45,000 team members (44% participation)
• Period 2: 1.85 billion points earned by 46,300 team members (45% participation)

Member of the Network

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• Period 2: 1.85 billion points earned by 46,300 team members (45% participation)
The programme has produced the following results:

**Significant weight loss**
In a study of over 100,000 participants:

- 100% of participants **lost** an average of 3.3 pounds
- 27.2% of participants **lost** more than 6.0 pounds
- 16.5% of participants **lost** more than 10.0 pounds

Participants who logged at least 1 mile a day **lost** an average of 3.7 pounds

**Better adherence to oral diabetes medications**
A study with 1,855 new participants of the Balance Rewards for healthy choices® programme found adherence, measured using proportion of days covered (PDC), improved substantially.

- Adherence rate of participants who **tracked** blood glucose levels: 82.9%
- Adherence rate of participants who **did not track** blood glucose levels: 77.5%
  
  - p<0.001
  - 5.4 percentage points higher

- Adherence rate of participants who logged more than 1 mile per day: 86.4%
- Adherence rate of participants who logged less than 1 mile per day: 78.5%
  
  - p<0.001
  - p<0.048

**Better medication adherence to antihypertension medications**
A study with 4,943 new participants of the Balance Rewards for healthy choices® programme found higher levels of adherence, measured using PDC, in those who tracked blood pressure.

- Adherence rate of participants who **tracked** blood pressure levels: 81.7%
  
  - 2.6 percentage points higher

- Adherence rate of participants who **did not track** blood pressure levels: 79.1%
  
  - p<0.004

- Adherence rate of participants who logged more than 1 mile per day: 81.5%
- Adherence rate of participants who logged less than 1 mile per day: 79.1%
  
  - p<0.048

**Harry L. Leider**
Harry Leider, MD, MBA has over 25 years experience as a physician executive in a variety of innovative healthcare organisations. As Chief Medical Officer and a Group Vice President of Walgreens, he is responsible for developing enterprise-wide health and wellness services that provide customer value and improve patients’ lives. Prior to joining Walgreens, Dr Leider was Chief Medical Officer and Senior Vice President of Ameritox, a national laboratory that provides medication monitoring services to physicians that treat chronic pain and serious mental illness.

In addition to his extensive background in population health, Dr Leider has broad experience in managed care. He served as Chief Medical Officer at XLHealth, a Population Health company and Medicare health plan that served seniors with chronic illnesses. Previously he was Chief Medical Officer for HealthNet, a hospital-owned managed care organisation and a physician executive at Harvard Pilgrim Health Plan.
Live Well

by Thomas L. Fariss and Stephanie Pereira da Silva

In 2014 Kimberly-Clark introduced the Live Well Challenge. Participation in the Live Well Challenge was targeted to a subset of U.S. Kimberly-Clark employee population, and was comprised of an integrated activity and weight management based programme design.

Employees throughout the U.S. completed an initial health screening at programme inception that included: a customised laboratory panel that included lipids, complete blood count, and metabolic panel; a fitness assessment with pre-programme vital sign and biometric measurements, strength, flexibility and VO2 testing; and a health coaching session with a Registered Nurse to review all results and identify individual participant goals.

Initial screening results and goals would be tracked for participants and compared against post-programme results. All participants were provided a Fitbit® at no cost to the employee for tracking daily physical activity, sleep, and nutritional data. In addition to tracking via the Fitbit® dashboard, individuals also self-reported participation in other physical activity challenges throughout the year, such as the National Health and Fitness Day, personal fitness time, Get Up and Ride (a U.S. companywide bicycling challenge) and other promoted activities. Kimberly-Clark also provides an onsite fitness centre for employees to utilise at no-cost, and includes a provision for the spouses of employees to utilise the centre for a nominal annual fee.

A points programme was created and participants were awarded points for each activity completed to support reaching a personalised health goal.

Participants returned during fourth quarter 2014 to repeat the fitness assessment and evaluate results achieved and degree of completion in reaching individual targeted goals over the course of the programme.

The programme was designed to increase individual awareness of actual and perceived levels of personal physical activity, alongside promotion of current recommendations for daily activity levels necessary to improve fitness and decrease health risks.

A significant portion of the Kimberly-Clark employee population have sedentary jobs that includes sitting at a desk for a majority of the working day, or standing in one place without much variation in position.

Many employees also have a sedentary lifestyle outside of the work environment. In 2014 Fitbit® was a new and exciting wearable device that was discrete with the capacity to provide real time tracking of activity. Kimberly-Clark received leadership support to distribute approximately 3,500 devices (at no charge) to employees participating in the Live Well Challenge. Inclusion of this incentive contributed to increased programme visibility, and generated excitement by employees eager to begin participating.
The main challenge of this intervention was to maintain employee engagement as the programme progressed. Tracking of participant activity was completed via the Fitbit® dashboard, which revealed decreasing participation and activity levels as the programme progressed. In response to the decreasing activity, monthly step challenges were implemented to keep participants motivated and engaged in the programme.

Programme implementation included 3,424 U.S. participants that were enrolled in the Live Well Challenge and completed the initial health screening at the beginning of 2014. Of the initial 3,424 participants, 32 percent (1,107 participants) completed the programme in its entirety, including the post-programme health screening offered one-year after the programme was implemented.

Multiple individual participants successfully achieved health improvements as evidenced by laboratory results, biometrics, attainment of personal goals, such as weight loss of 30-100 pounds.

Of the participants who completed the programme the following outcomes were achieved: 47% (525) participants demonstrated a measurable improvement in their individual cardio scores; 51% of (567) participants increased their flexibility; and 4% (48) lowered their blood pressure.

Long term plans for the Kimberly-Clark wellness programme are to continue to explore innovative ways to encourage increased fitness and movement among employees and to develop effective programmes that lead to healthy behaviours and an organisational culture of health.

Kimberly-Clark continues to promote multiple activity devices at discounted prices to support self-monitoring of physical activity and other health data by the individual. Additionally, through our Next Jump platform at Kimberly-Clark employees can receive discounts on gym memberships as well as health and fitness equipment.

Kimberly-Clark is ready and willing to support and learn from other companies in building such programmes: sharing of best practices, future trends, research, successful interventions and programme designs used by others to influence and support positive change. We are particularly interested in benchmarking and comparing strategies and data with medical teams from other organisations doing similar work.

The programme was designed to increase individual awareness of actual and perceived levels of personal physical activity.

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The programme was designed to increase individual awareness of actual and perceived levels of personal physical activity.
Lifestyle and health – empowering us all through smartphone technology

by Shaun O’Hanlon

EMIS Group specialises in enterprise health management systems (EPR’s) primarily for the NHS in the UK, but we also have over 20 million unique visitors to our Patient.info website from around the world. Joining up the lifestyle and health systems has enabled us to create some truly innovative online solutions which may be of as much use to employers and employees as they are to patients and those who care for them.

Based on the work we did with Apple, we have integrated data from patients home blood pressure monitors with medical records to launch an app using Apple HealthKit. This pilot study aimed to tackle ‘White Coat Syndrome’ - the medical phenomenon responsible for sending some patients’ blood pressure soaring when they visit a GP surgery.

As part of the pilot study, Angela Howard (a patient) was able to prove that her surgery blood pressure (BP) was uncharacteristically high when she visited the surgery and was not an accurate reflection of her BP at home. This was proven over a month-long trial of the Personal Health Record (PHR) within EMIS Health’s Patient Access app. Using an iHealth blood pressure cuff connected to an Apple iPhone, Angela collected blood pressure readings at home and shared them electronically with Dr Alistair Walling, her GP at the Ashfield Medical Centre in Leeds, UK.

The results of Angela’s blood pressure tests taken at home were normal, confirming that she did not need further treatment. Also known as White Coat Hypertension, those with the condition only provide blood pressure readings considered unhealthy within a clinical setting such as a hospital ward, clinic and GP surgery. Clinicians believe that it is caused by anxiety about having a medical appointment.

Angela, who lives in Crossgates, Leeds, said: “I’m diabetic but have generally good health. I was tested with really high blood pressure during one of my routine check ups. “Unfortunately, the medication I was given made me feel quite ill and I was determined to prove that I didn’t really need to use it.

“Taking part in this trial has been brilliant because it has proven that I don’t really have high blood pressure and can now get on with doing the things I want to do in order to improve my health, such as going to the gym.

“I’d recommend using this Personal Health Record to anyone. It’s so easy to use and it has provided me with real peace of mind.”

Commenting on the findings, Dr Walling said that Angela’s medical history made her the perfect patient to trial using the Personal Health Record from EMIS Health as a solution for White Coat Syndrome.

“The outcome of this trial was really pleasing both for Angela and for us,” he added. “We found that the readings that she was taking at home were within normal limits.

“Obviously, we’ll keep an eye on things over time and the situation may change. But for now, it’s really promising.”

Dr Walling said the PHR could enable GPs to make better informed decisions when treating patients with a range of problems, including asthma, diabetes and weight issues.

EMIS Health’s personal health record – integrated with Apple’s HealthKit – enables patients in the UK to manage their own health in partnership with their GP and other health professionals. Patients connect with their PHR via the Patient Access smartphone app, which can also be used to book GP appointments and view life-long medical records. More than 13,500 users have logged 4.4 million pieces of information since the PHR was launched last year.
I very much believe that we are at the very start of a new paradigm of healthcare where patients have more control, empowerment and even responsibility for their health; a new change underpinned by easy to use, low cost, accessible technology. We may not see the ‘uber-ification’ in health however we will see significant disintermediation and disruption through the empowered patient seeking healthcare through new channels via their smartphone. This will extend to employee health also; as CMOs will be able to offer our employees unique healthcare and lifestyle support – whether that be a video platform to enable access to clinicians or other support services, personalised apps to support healthy minds initiatives or holistic health e-assistants who use intelligent nudges and direct intervention to support our employees.

The initiative described here is an example of how we can connect PHR’s to enterprise level, clinically focused EPRs to provide a better health experience to the patient and employee.

Shaun O’Hanlon
EMIS Group’s Chief Medical Officer. Shaun started with EMIS in 2005 and was responsible for the clinical architecture of EMIS’s flagship product EMIS Web, overseeing the roll out to GPs and the inception and delivery of EMIS Mobile as well as the community product. With the expansion of EMIS Group to include pharmacy, hospital care and service provision, Shaun has taken group wide responsibility for product and clinical strategy. He is passionate about citizen healthcare and how technology can empower the citizen through access to quality healthcare information, access to their own health record and the ability to share their personal health data with those caring for them. Shaun’s advanced work on EMIS Web has pioneered the next generation of clinical management tools within the UK healthcare market.

He trained at Cambridge and St Thomas’ Hospital, becoming a GP principle in 1994. Shaun is also a director of Qresearch.
Commentary: Digital health technology

by Scott Donohue

As with almost every other facet of life, digital technology is revolutionising the way people interact with their health. Digital health technology, often defined as “the convergence of the digital and genomic revolutions with health, healthcare, living, and society,” is changing how employers engage their employees around workplace health initiatives, how healthcare providers treat their patients, how governments raise individuals’ awareness and engagement in public health issues, and how individuals monitor and manage their own wellbeing on a daily basis. In 2015, the global digital health market was estimated to be $76.7 billion and on pace to grow at a compound annual growth rate of 21% over the next six years. This is no surprise – the widespread presence of digital health is inescapable. The five case studies in this chapter are representative of the myriad ways in which digital health technology is being utilised across the CMO Network. Walgreens, ClickMedix, Bupa, Kimberly-Clark and EMIS Group have all seized upon different digital health technologies to advance their respective business objectives, while also improving the health of their employees and customers.

Employers are increasingly relying on digital health technologies as they continually seek out new methods to engage their employees around workplace health initiatives. Many employers have created programmes that use the concept of the “quantified self” – the practice of tracking and analysing personal data. Examples of the “quantified self” are wearable devices such as fitness trackers and smartwatches that are capable of capturing information related to someone’s daily physical activity, as well as sleep and nutritional habits. In one of the case studies, Kimberly-Clark, through its Live Well Challenge, distributed Fitbits to employees at no cost in order to incentivise employee participation in the company’s activity and weight management programme. This programme, like many other workplace health initiatives, recognises the sedentary lifestyle that many modern workplaces promote and seeks to use digital health technology as a way to make people aware of just how much it adversely affects their health. Kimberly-Clark’s programme, which also included a health coaching session, access to an onsite fitness facility, and several company-sponsored fitness activities, engaged over 3,000 employees and resulted in hundreds of employees demonstrating improvement in their cardio fitness, flexibility and/or blood pressure. With physically inactive employees costing employers an additional 26 cents per hour worked as a result of increased sick days, many employers have undertaken similar efforts that leverage the idea of the “quantified self” to change employee behaviours. Kimberly-Clark, like many other employers piloting programmes centred around digital health technology, is now challenged with how to create an enabling work environment that allows employees to sustain newly acquired health habits.
Using the Your Digital Health Advisor, an online resource that provides digital health coaching, programme participants can also use digital health technology to track progress against health goals and receive personalised guidance to assist in their efforts. The Balance Rewards programme can be integrated by employers into existing employee wellness programmes and has already demonstrated widespread results with participants. It is a great example of a consumer-facing programme that uses a combination of incentives and digital health technology to promote healthy behaviour.

Bupa International, through its WATCH program, has used digital technology to create a monitoring service to proactively identify potential incidents around the world for employees as well its private medical insurance customers. Through tracking natural disasters, terrorism, pandemics and other issues that can pose serious health threats – and then communicating these threats to users – the WATCH system represents another form of digital health technology that is capable of advancing core business objectives while also protecting employee and customer health. The program not only identifies potential hotspots but also recommends actionable steps that can be taken by those affected. As with some of the other examples of digital health technology in this section, it answers the “So what?” question that often accompanies access to digital health information.

Other companies highlighted in the case studies have developed digital health technology to assist providers in managing patients, even outside the four walls of the physician’s office. For example, EMIS Group’s Personal Health Record – a smartphone app that is compatible with medical devices such as blood pressure cuffs – is emblematic of the many ways that mHealth (mobile health) can be used to improve healthcare delivery and increase patient engagement in self-care. In the example of EMIS Group, their mobile technology enabled a patient to track their blood pressure while at home and easily transmit the data to their provider, thereby creating a dataset not impacted by the sometimes stressful environment of a physician’s office. By allowing patients to capture relevant health information in their homes, mHealth technologies offer healthcare providers an entirely new dimension in which to interact with patients. In one study, use of mHealth solutions by community health nurses in the UK was found to decrease paperwork by 60%, increase patient face time by 29% and enable two more patients to be seen per day. Telehealth solutions that allow patients to virtually connect with healthcare providers have been found to significantly decrease hospital admissions, hospital bed days and trips to the emergency department. Such digital health solutions are therefore capable of not only improving health outcomes but also decreasing the costs to the healthcare system.

Digital health technologies that allow for interoperability – seamlessly connecting many different data sources – have proven to be especially useful for healthcare providers. As the digital health market continues to grow at a rapid pace, with many new technologies being introduced every year, there is an increased need for platforms that are capable of serving as a hub for all of the information being collected. One case study details how ClickMedix has designed a mobile platform that is able to assist front-line providers in every aspect of patient care – from screening to diagnosis to treatment and follow up. The ClickMedix mobile platform applies a holistic approach to healthcare delivery by creating a tool that can be used in a number of different settings, including the workplace. These types of digital health technologies go one step further than some of the aforementioned examples in that they collect data and then make recommendations – in the form of health protocols, treatment plans and patient education – that provide tailored and actionable next steps for users.

The digital health market is booming and yet both healthcare providers and consumers still want more. In advanced economies, 87% of adults use the internet and 67% of adults own a smartphone. However, in emerging economies, those numbers are 54% and 37% respectively, indicating that there is substantial room for growth. Healthcare providers have shown themselves as willing to embrace the benefits of digital health and this will only expedite the uptake of many of the digital health solutions mentioned throughout the case studies.

With no end to the rise of digital health in sight, employers looking to improve employee productivity would be well-served to think about how digital health can be integrated effectively into workplace health initiatives.
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Hearts at work
Bupa's perspective

by Dr Paul Zollinger-Read

Both Bupa and the World Heart Federation submitted their perspectives on Hearts at Work and World Heart Day to demonstrate how businesses and NGOs can work effectively in partnership in tackling NCDs. These case studies should therefore be read as a pair.

17.5 million people die each year from CVDs, an estimated 31% of all deaths worldwide. As a global health and care provider, Bupa’s purpose is longer, healthier, happier lives, and we are committed to improving the health of millions around the world.

To raise awareness of heart health in the workplace and to encourage people everywhere to adopt healthy behaviours at work, we launched a campaign targeting workplaces, employers and employees.

The campaign ‘Hearts at Work’ launched in Bupa’s key markets on World Heart Day 2015, to capitalise on a time when public awareness of heart health would be high.

Bupa created a bespoke international 'heart age check' – a simple online tool which calculates an individual’s heart age compared to their real age.

“Heart age” is an estimate of the age of a person with the same predicted risk but with all other risk factor levels within normal ranges.

With workplace health such a major focus for Bupa, we wanted to highlight specifically and give advice on heart health in the workplace.

Bupa businesses around the world launched a news story examining how the heart health of employees varies in different job sectors based on 8,000 people who took the check in the UK, USA, South Africa, Saudi, Australia, New Zealand, UAE, France, Hong Kong, Spain, Chile, India, Thailand, China, Poland and Sweden. The tool required localisation including translation and endorsement from local heart federations.

Within Bupa, employees hosted interactive booths to get employees engaged on their heart health internationally. The campaign also took over Bupa’s global intranet which has 11,500 users, featuring infographics, heart-friendly facts and statistics in the homepage carousel. Global spokespeople got involved including the CEO and Board members.

Sales teams promoted the check to corporate customers; creating a ‘campaign in a box’ – a suite of resources for corporates to run their own heart health campaign in their workplace. This included collateral such as infographics and marketing materials. It has also been made available to the Global CMO Network and presented at our meetings.

Over 235,460 people took the heart age check, through purely organic means via Bupa’s own channels, with no paid for promotion.

Globally the campaign saw a reach of 4 million and counting, with online content generating more than 53,000 views on Twitter and over 186,000 views on LinkedIn. Our most popular piece of single content was seen almost 50,000 times.

The tool has delivered proven improvements in health outcomes; studies demonstrate that heart age checks motivate behaviour change and reduce risk factors for heart disease, with no intervention other than informing participants of their heart age.

Based on Lopez-Gonzalez’s RCT each user who finds out their heart age will improve their heart age by 1.5 years younger than their baseline in a 12 month period.

1.5 x 131,000 = 353, 190 years of improved heart age

This makes the tool an evidence-based CVD secondary prevention tool.

By asking users to commit to improving their heart health, the tool is an evidence-based CVD secondary prevention tool and is genuinely improving the health of thousands of users.

The World Heart Federation saw an up-tick of 109% to its website visits on World Heart Day as part of this campaign.

The tool continues to build momentum with an extra 47,000 consumers taking it just this year with no additional promotion by Bupa. It has also been integrated into a workplace health initiative in Bupa in Spain - Sanitas’ ‘Healthy Cities’ initiative. www.madridhealthycity.com.

Mass participation and sustaining engagement

Bupa believes that such an evidence based, easily accessible and understandable mass participation based campaign can serve as a model for other companies to follow in helping to stem the tide of global Non-Communicable Diseases.

Paul Zollinger-Read
In July 2012 Paul joined Bupa as their Global Chief Medical Officer. His role ensures that robust global systems of clinical governance are in place, that Bupa commission and provide services based on the latest clinical evidence and that they provide innovative models of care. Developing clinical relationships is an important part of his role.

Paul studied medicine at Cambridge University and Guy’s hospital, before training as a GP in Oxford.

After working with the NHS Modernisation Agency, he set up and became CEO of one of the first Care Trusts in the country, merging health and adult social care.

Paul went on to be CEO of several PCTs, CEO of NHS Cambridgeshire and CEP of NHS Peterborough.

Paul has also served as Medical Advisor and Primary Care Advisor for the Kings Fund and led the development of Clinical Commissioning Groups for the East and Midlands Strategic Health Authority.

[Image: Member of the Network]
Mass participation and sustaining engagement

World Heart Day – hearts at work
The World Heart Federation’s perspective

by Rachel Shaw

An estimated third of all deaths worldwide are from cardiovascular disease (CVD). The World Heart Federation uses World Heart Day on 29 September every year to raise awareness of CVD and that 80% of premature mortality caused by CVD is preventable by addressing risk factors, such as harmful use of tobacco and alcohol, unhealthy diet and physical inactivity.

In 2015, as part of our focus on heart-healthy environments, World Heart Day featured a ‘healthy heart choices where you WORK’ strand. This involved partnering with Bupa to create ‘Hearts at Work’ in order to:

• Raise awareness of heart health in the workplace
• Encourage employees to adopt heart healthy behaviours at work
• Create ‘global’ thought leadership assets for Bupa businesses globally
• Promote the Bupa and WHF partnership, raising awareness of World Heart Day.

The campaign targeted workplaces, employers and employees and was launched in Bupa’s key markets on World Heart Day 2015, leveraging a day with high public awareness of heart health.

Bupa created a customised global ‘heart age check’ - a simple, user-friendly online tool which calculates an individual’s heart age compared to their real age. The test was designed to maximise engagement and to be a simple, cost-effective way to communicate individuals’ risk of heart disease, using an evidence-based algorithm supported by the WHF science team. www.bupaheartage.com.

No other heart age check examines the correlation between heart age and profession or gives advice on heart health in the workplace. ‘Hearts at Work’ took a global approach, and was tailored to the user’s location, through translation and endorsement from World Heart Federation local member organisations.

At the World Heart Federation we promoted the calculator through our members networks, website and database of past WHD supporters. Bupa carried out internal communications including senior spokespeople promotion.

We also partnered to carry out research examining the correlation between heart age and profession, producing an infographic which was carried on the World Heart Day website and is shown across.

No other heart age check examines the correlation between heart age and profession or gives advice on heart health in the workplace

Hearts at Work is a campaign to inform and improve on the correlation between workplaces and heart health.

Knowing your ‘heart age’ helps improve perception of heart attack or stroke risk, and provides motivation to improve lifestyle.

Heart disease is the number one cause of death globally, and your risk can be reduced by stopping smoking, diet and exercise.

Visit www.bupaheartage.com to see your heart age, and recommendations for how to lower it.

Definition and measurement of success

Over 235,460 people have taken the heart age check, with no paid for promotion. Globally, the campaign has reached 4 million people, with the majority referencing and raising awareness of the Bupa/WHF partnership.

Media highlights include the Daily Mail, CNBC, the Independent, the Australian (Australia’s leading national newspaper), Telediario (evening news in Spain) and Cinco Dias (the second financial newspaper readership in Spain), showing demonstrable increase of awareness of heart health in the workplace.

Social content has generated more than 53,000 views on Twitter and over 186,000 views on LinkedIn. Our most popular piece of content was seen almost 50,000 times.

The tool is adaptable and was used in Bupa Australia for a campaign with the Australian Cricket Team. It has been integrated into the Sanitas Foundation (Bupa in Spain) and Spanish Heart Foundation (WHF member) ‘Healthy Cities’ workplace health initiative www.madridhealthycity.com. Bupa in China also ran a competition on weibo, on World Heart Day, which engaged over a million users.
Outcome
The tool has delivered proven improvements in health outcomes of thousands of users: studies demonstrate that heart age checks motivate behaviour change and reduce risk factors for heart disease, with no intervention other than informing participants of their heart age.

By asking users to commit to improving their heart health, the tool is an evidence-based CVD secondary prevention tool. The tool continues to build momentum with an extra 47,000 consumers taking it during 2016 with no additional financial investment from Bupa or World Heart Federation.

Rachel Shaw – Project Manager
Rachel Shaw is a World Heart Federation (WHF) Project Manager who has run the organisation’s World Heart Day campaign for the last three years. Rachel works closely with WHF’s corporate partners to bring the benefits of their insights and tools to our global membership and wider audience of healthcare professionals, civil society organisations and the general public.
Improving the health and wellness of our members, one step at a time

by Aaron Smith-McLallen, PhD and Richard L. Snyder, MD

At Independence Blue Cross, we understand that the cost to treat illness and chronic disease is increasing every year. Studies show that more than 50% of health costs are the result of unhealthy individual behaviour. By contrast, research also shows that healthier employees are more productive, take fewer sick days, and have less healthcare utilisation.

Participating in 30 minutes of moderate physical activity at least five times a week, such as a brisk walk, can result in significant health benefits, like lowering the risk of developing cardiovascular disease, hypertension, and Type 2 diabetes. In addition, walking is a simple activity that can be performed virtually anywhere, and even modest sustained improvement can be very effective for improving health.

These compelling factors make walking an ideal healthy behaviour to encourage in worksite wellness programmes.

For employers, the value of worksite wellness programmes is closely associated with the number of employees who participate and stay engaged for a sustained period of time. For employees, the value of participation in wellness programmes is typically tied to financial incentives, though non-monetary incentives may also be very effective for eliciting sustained engagement. As Drs. Kevin Volpp and David Asch noted in the 2015 edition of Health: Our Business, “enlisting social norms” allows us to “capitalise on the most powerful of human motivators.”

As a committed partner in encouraging our members to be and stay healthy, we tested the effects of two worksite-based walking interventions over a nine-month period based on three key results: sustained participation rates, average daily step counts, and biometric and psychological outcomes. Rather than using monetary incentives, our intervention leveraged social psychological principles of social norms, feedback, comparison, and competition to improve participation rates and increase walking behaviour.

Using a cluster-randomised trial design, we randomly selected six qualifying employer groups for participation and randomly assigned each to one of two walking interventions. The three groups in the standard of care condition were given a tool kit, free and available to all employer groups, that included instructions and resources for administering the programme, such as flyers and posters to promote the programme in the workplace, as well as sample emails that can be used to encourage and motivate employees. Employer groups in the standard of care condition were allowed to do as much or as little promotion as they wanted throughout the programme. Survey measures and biometric screenings were administered at baseline and at three, six, and nine months after baseline for participants in both conditions.

Groups in the enhanced condition received the tool kit plus several other enhancements, including walking challenges (i.e. Race Around the Globe; Tour of US Cities; World Tour) with twice-monthly feedback showing each employer group’s progress compared to the other groups (employer group names were masked). The walking challenges and feedback were designed to create group cohesiveness and a sense of competition with other participating groups.

Walking is a simple activity that can be performed virtually anywhere.

On a twice-monthly basis, individual participants received small plastic feet tokens for every 10,000 steps they walked and larger tokens for every 100,000 steps walked – a fun, tangible representation of what they had achieved. Participants collected the tokens on a lanyard and could trade them in for prizes. These incentives were designed to encourage individual participation. Also, by displaying their lanyard of feet tokens, participants created environmental cues conveying a social descriptive norm that people are participating and walking.

Participants also received worksite-specific walking maps for walks of at least one mile in the vicinity of their place of work. Two members of the research team rated each walk using the CDC’s Walkability Audit Tool to ensure the path was safe. The maps were designed to help participants overcome the potential barrier of not knowing of a good and safe place to walk. Although groups in both conditions received biometric screenings throughout the programme, we believed ongoing feedback related to health status would also be a motivating factor for continued participation and increased walking.

In all, 459 members enrolled in the programme (234 in the enhanced condition and 225 in the standard condition). Participants ranged from age 19 to 77, averaging 49.5 years of age at baseline, and 56% were female.

The results showed that in both conditions 79% of people who signed up for the programme participated (logged step counts) in the first week. By week 38, 40% of those who signed up in the enhanced condition were still participating compared to 24% of those in the standard condition. During the nine-month programme, participants in the enhanced condition averaged 726 more steps per day compared to those in the standard condition. In fact, in weeks four through 32, participants in the enhanced condition averaged over 10,000 steps a day while those in the standard condition only attained a 10,000 step average during two of those weeks. We also showed that a 1,000 step increase in average daily steps was associated with significant weight loss for both men (-3.8 lbs.) and women (-2.1 lbs.), and reductions in body mass index (-0.41 for men, -0.31 for women). Higher step counts were also associated with improvements in mood, having more energy, and higher ratings of overall health.
Our study showed that the programme enhancements designed to create group cohesion, competition, and to incentivise individual behaviour using non-monetary rewards and social norms had a strong positive impact on sustained engagement and on walking behaviour. Our programme was not designed to identify the impact of each programme element on participation and walking, rather we opted to include a variety of low-cost engagement mechanisms with the goal of engaging as many employees as possible.

Although our data does not address this point, our interactions with programme participants revealed that they were motivated for different reasons: Some wanted to improve their biometric screening numbers; others were motivated by the inter-group competition; some simply liked being part of the group; and some were highly motivated by the individual rewards in the form of plastic feet tokens. Incidentally, very few participants traded their plastic feet tokens in for other prizes. The tokens were a physical representation and reminder of what they had accomplished, which was valued above more monetarily valuable prizes.

Aaron Smith-McLallen, PhD
Lead Research Scientist

Aaron Smith-McLallen is a manager and lead research scientist in the Informatics Division at Independence Blue Cross. Aaron leads the Independence Advanced Analytics team and is responsible for predictive modelling, programme evaluation, customer and provider analytics, survey development and analysis, and developing and managing external research collaborations.

In this role Aaron has successfully engaged experts in areas of predictive modelling, health behaviour change, healthcare delivery, and health policy from a variety of academic institutions, including New York University, the University of Pennsylvania, Princeton University, and Drexel University to collaborate on a wide range of research studies aimed at improving healthcare delivery and health outcomes.

Aaron received his doctorate in Social Psychology from the University of Connecticut and joined Independence after completing a three-year post-doctoral research fellowship at The Annenberg School for Communication at the University of Pennsylvania.

Richard L. Snyder, MD

Rich Snyder is senior vice president and chief medical officer at Independence Blue Cross. He is the company’s chief clinical spokesperson, and has overall corporate responsibility for medical, quality, pharmacy management, and all clinical policies and programmes.

He leads Independence’s efforts to improve the quality of patient care by transforming primary care delivery to the patient-centred medical home model, which focuses on a team approach to accessible, well-coordinated primary care, and promoting the adoption of the accountable-care model among the provider community.

He is active in a variety of state and professional advisory committees and is a member of the AMA, the Pennsylvania Medical Society, the American Academy of Family Physicians, and the Pennsylvania Academy of Family Physicians.

Dr Snyder is a graduate of Franklin and Marshall College and the Medical College of Pennsylvania. He is board-certified by the American Board of Family Medicine.
ahealthyme and Blue Care Connection
Blue Cross Blue Shield of Massachusetts (BCBSMA) ties its wellness and disease management programmes, specifically ahealthyme and Blue Care Connection® Disease Management programmes, to the Alternative Quality Contract programme.

The first step in participating in ahealthyme is to complete the Health Assessment. Health Assessment results are used to create a Personal Risk Report. This report not only provides participants with an easy-to-understand explanation of their health status and any health risk factors they may have, but it also helps ahealthyme create individualised, tailored personal wellness plans for each participant. Depending on the health risks identified by the health report and the specific goals included in the personal plan for health, participants have a variety of tools and support to help them achieve their health goals. These include: wellness workshops for a variety of lifestyle risks; tracking tools to monitor factors that influence health, such as exercise, nutritional intake and health screening results; family wellness plans to encourage healthy eating and physical activity for children and more than 1,000 healthy articles and recipes.

ahealthyme helps participants reach their individual health improvement goals by providing them with personal wellness plans and valuable tools designed to address each individual’s specific health needs.

Case studies from Blue Cross Blue Shield

by Trent Haywood

Blue Care Connection® Disease Management
Each Blue Care Connection® Disease Management programme is designed to: increase participants’ understanding of their condition; improve their ability to follow the treatment plan; help reduce complications; deliver educational materials, including a quarterly newsletter, self-care goals agreement and care reminder cards; offer a dedicated toll-free number and online educational support.

Members who are living with a chronic condition may be able to benefit from participating in a Blue Care Connection® Disease Management programme. These comprehensive, health management programmes are designed to help members with chronic conditions, including diabetes and conditions related to cardiovascular disease, understand the day-to-day management of their condition, support their physician’s plan of care and improve their quality of life.

Disease Management programmes provide individual self-assessment and educational tools, and, when appropriate, support by phone that enables participants to take a more active role in their own health management.

Blue Shield of California
Wellness as Lifestyle Medicine
Wellvolution is the Blue Shield of California (BSC) wellness programme that makes it easier for employees and customers to develop and maintain a healthy lifestyle. Wellvolution continues to use social media, behavioural economics and game theory to build tangible wellness initiatives and improve outcomes; and has introduced Lifestyle Medicine to treat and reverse chronic conditions such as diabetes and coronary artery disease. BSC collaborated with leading academic institutions such as Harvard University and the University of California - Berkeley to implement a number of different social networking initiatives for its employees that are beginning to re-define what’s possible in wellness. Unlike most employers experimenting in this space, BSC and Wellvolution are looking to leverage emerging social media tools to drive lifestyle improvement and promote healthy living. These solutions are continuously adapted based on measured outcomes and the needs of the population to drive the greatest impact. Onlife has developed wellness solutions for several population segments under BCBST management, including their fully-insured business, BCBST employee population and strategically selected ASO accounts. These solutions support BCBST’s health and wellness strategy that focuses on preventing disease and promoting healthy living. Additionally, these programmes were developed to support a cultural shift to a healthier work force and the goal of becoming a model for successful wellness initiatives.

Blue Cross Blue Shield of Tennessee
Onlife Health and Liveon Portal
Onlife Health, a subsidiary of Blue Cross Blue Shield of Tennessee (BCBST), is a population health and wellness company with an evidence-based approach to behaviour change which leverages healthy worksite consulting; intuitive, interactive technologies and personalised coaching to help organisations improve the health and productivity of their workforce. Onlife develops customised health and wellness solutions that combine health coaching, participant and organisational engagement strategies (based on their organisational assessment) and performance measurement tools to drive lifestyle improvement initiatives for its employees that are beginning to re-define what’s possible in wellness. Unlike most employers experimenting in this space, Onlife Health and Liveon are looking to leverage emerging social media tools to drive lifestyle engagement and action with respect to optimising diet and lifestyle choices. From self-organising wellness communities to blogs to cutting edge team challenges BSC is putting the WE in wellness. BSC Wellvolution operates on a rapid prototyping model. Ideate, implement, measure, adapt and expand as warranted. Wellvolution is a will and skill initiative. Limited financial investment, limited staff time were required. The programme engaged self-empowering employees to lead the wellness initiative vs. a command and control structure.
BCBS Michigan
Healthy BlueLiving

Blue Care Network (BCN) of Michigan’s innovative wellness product, Healthy Blue Living, is a product developed to reward individuals for committing to healthy lifestyles. BCN’s Healthy Blue Living was first-to-market in Michigan with a product structure that encourages employees and their spouses to commit to healthy lifestyles with support from their primary care physicians and their Healthcare Management Organisation. Now, more than 500 businesses or groups have Healthy Blue Living. Healthy Blue Living encourages employers to offer a smoke-free work environment, promote physical activity at work and offer healthy food choices in vending machines and cafeterias. In addition to improving health, Healthy Blue Living rewards its members with lower co-payments and deductibles. To help them on their journey to wellness, members also have access to wellness and care management programmes and services; including smoking-cessation programmes and other online behaviour programmes through BlueHealth Connection®. BCBSM launched Healthy Blue Living Rewards, a new plan, which is a combination of participation and outcomes based measures, in October 2010. The rewards programme adds mid-level benefits with average co-pays and deductibles. BCBSM will continue to refine health measures to obtain optimum member health improvement.

Trent Haywood

Trent Haywood, MD, JD, is president of the Blue Cross and Blue Shield Institute and chief medical officer for the Blue Cross Blue Shield Association (BCBSA), a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies. The Blue System is the nation’s largest health insurer covering over 107 million people – approximately one-in-three Americans.

As the Association’s chief medical officer, Dr Haywood supports the innovation of Blue Cross and Blue Shield companies in communities around the country as they improve the choices of healthcare quality and patient safety for their members. He is responsible for the Office of Clinical Affairs, which includes the Centre for Clinical Effectiveness, Centre for Clinical Practices, and the Centre for Clinical Value. Collectively, the Office of Clinical Affairs support opportunities between Blue Cross and Blue Shield companies and stakeholders to improve the choices of affordable, high quality healthcare provided to members.

Dr Haywood leads the National Council of Physician Executives (NCPE), which consists of chief medical officers and chief pharmacy executives that guide the clinical direction across BCBS companies. Dr Haywood provides clinical leadership for the 5.3 million-member Federal Employee Programme. In addition, Dr Haywood provides clinical guidance to Blue Health Intelligence, an independent licensee of the BCBSA.

Before joining BCBSA, Dr Haywood served as senior vice president and chief medical officer for VHA, Inc. where he developed best practices to drive quality, stimulate clinical innovation, support pay-for-performance, and prepared for consumer driven healthcare. Prior to joining VHA, Dr Haywood was deputy chief medical officer for the Centres for Medicare and Medicaid Services (CMS) where he led agency priorities including quality public reporting and value-based payment innovations.

Dr Haywood received a bachelor’s degree from the University of Notre Dame and a medical degree from the University of Illinois in Chicago. He completed his internal medicine residency at Loyola University. Dr Haywood also holds a law degree from Northwestern University School of Law.
Mass participation and sustaining engagement in preventative health interventions

Commentary: Mass participation and sustaining engagement in preventative health interventions

by Phil Veasey, Reshma Patel and Dr Sonia Fihosy

Mass participation and sustained engagement in large-scale preventative health interventions are ultimate goals for the champions of public health. The following emergent themes were identified in the BUPA “Hearts at work” and Independence walking group case studies: overcoming barriers; the astute use of technology; and capitalising on normal social dynamics and behavioural psychology. Each of these themes will briefly below discussed.

Overcoming barriers

On a daily basis, those living in an obesogenic environment are required to avoid overly-frequent consumption of unhealthy foods and drinks and to combat the inertia of habitual sedentary behaviours. They may find themselves having to navigate unsafe outdoor spaces, drawing on limited time and sometimes, budgets in order to engage in the recommended levels of regular physical activity. Mass participation in healthy lifestyle interventions initially relies upon effective messages to encourage individuals and families to overcome such barriers. However, this is proving difficult against the increasingly noisy backdrop of a 24-hour multitude of internet, social and mass media communication channels which often deliver contradictory and/or distracting material, unconductive to a healthy lifestyle.

Furthermore, it appears that for many currently ‘well’ individuals, a reduction of their risk of chronic disease in the distant future is not a sufficiently powerful motivator for them to take measures necessary now and sustain them. These case studies demonstrate that an effective preventative health message needs to be relevant, personalised, easily understood and able to elicit a firm commitment to behaviour change which leads to perceptible benefits in the here and now. For example, the concept of ‘heart age’ was applicable to individuals at all ages and stages and provided a motivating goal to aim for with clear steps to achieve it. Similarly, the walking initiative paid due consideration to the sorts of barriers described (e.g. personal safety) and helped participants to embrace this often undervalued form of physical activity. Additionally, targeting the workplace, schools and other places where people are duty-bound to attend is a particularly effective strategy, cutting through competing demands on their time and taking the message directly to where they live, work, or learn.

The use of technology

Expensive public health mass media campaigns were common in the past with varying degrees of success. In the current target-driven context of limited resources, the aim is to convey effective health messages to as many people in the target population as possible in an affordable manner. The global reach of the internet, popular social media applications, specialised digital platforms and mobile communications are obvious channels to this end. Additionally, validated, evidenced-based online tools for primary and secondary prevention can play an important role in improving the health of a population. These self-service methods are cost-effective and may be best positioned for capturing valuable data for monitoring, evaluation and research purposes, which could in turn, inform policy and guidance. However, these forms of communications may exclude particular segments of the target populations such as lower socio-economic groups or those with limited literacy or computer skills, meaning that those most in need could be missed. Therefore, the designers of public health campaigns should identify such groups and develop adjunctive strategies to reach them. Furthermore, whilst some individuals will appreciate digital health messages and tools, there will always be others who will prefer traditional personal interaction.

Capitalising on social dynamics and behavioural psychology

The case studies show that the role of social psychological dynamics can be key to sustained engagement in preventative health interventions. Continued engagement was shown to be more likely and more effective when driven by supporting social processes which shift the internal culture, such as social conformity and social comparison. In the reviewed studies, a ‘buzz’ underpinned by shared interests, was generated by those who had already taken in the part in the programme and this encouraged others within their networks to join them. For example, employees wanted to see how their ‘heart age’ compared with colleagues, friends and relatives.

Positive reinforcement, a concept borrowed from behavioural psychology and well-exploited now by the electronic gaming industry, also played a significant role in the walking initiative. Participants were incentivised to stay with the programme by non-monetary rewards.
Phil Veasey – Marketing and Business Development Director, Mytime Active

Phil has a track record of creating and scaling high impact, sustainable strategies and programmes in local communities including:

• Co-writing the recommendations underpinning the implementation of the Morgan Stanley ‘Healthy Cities London’ programme launched in February 2015 – www.morganstanley.com/healthycities/london.html

• The community sport element of the National School Sport Strategy, including ‘Sportivate’, for the Department of Culture, Media and Sport and the Department for Education, a £36m project that attracted 900,000 ‘unsporty’ young people into sport in a three-year period – and is now a major 2012 Olympic legacy programme

• The National Mini Tennis Programme, for the Lawn Tennis Association (now the way children are introduced to the sport globally)


A thought leader who speaks regularly at conferences and events including BBC breakfast and the European Obesity Forums in 2014 and 2015.

Dr Sonia Fihosy – Head of Clinical and Research Services

Dr Sonia Fihosy, is Head of Clinical and Research Services for Mytime Active, a leading healthy lifestyle social enterprise in the UK. She also practices as a Chartered Clinical Psychologist in multi-disciplinary weight management services provided by Mytime Active in inner London areas, working directly with children, adolescents and parents, including post-natal mums.

After achieving a Master’s degree in medical physics (IT), Sonia worked for over a decade as an investment banking systems professional on international projects. Seeking an entirely new challenge, she later re-trained to be a Chartered Clinical Psychologist with specialist interests in culture, physical health and wellbeing, particularly in adolescents and young adults. Sonia is married with an adult step-daughter and two teen-aged sons.

Reshma Patel – Lead Adult Dietitian

Reshma Patel has a BSc Honours degree in Nutrition and Food Science, MSc/Post Graduate Diploma in Human Nutrition and Dietetics, is a member of the British Dietetic Association and is a Registered Dietitian with six years’ experience in nutrition consultancy.

Reshma currently works for Mytime Active as the Adult Lead Dietitian and Specialist Weight Management Dietitian.

She has worked closely with the British Heart Foundation, Diabetes UK, Brent Council and many other corporate organisations in promoting health and wellbeing. Workplace health and improving companies workforce by adhering to nutritional values is of particular interest to her. She specialises in child nutrition, weight management and the prevention of chronic conditions. Reshma’s passion, knowledge and enthusiasm for nutrition attracts requests for return presentations amongst her portfolio of individual, public and corporate clients.

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Shaping our world

Creating sustainable healthcare for low and middle income populations in global growth markets: The Abraaj approach
by Bobby Prasad

Preparing workplaces to support staff affected by cancer
by Liz Egan

Sustainable value and quality for employee health through a healthcare services contracts exchange
by Dr Eric Silfen

Vitality: Improving health for its workforce, for the workplace and the community
by Dr Derek Yach and Dr Cother Hajat

Commentary:
Shaping the future: What kind of healthcare economy do we want to leave for our children?
by Al Mulley
Creating sustainable healthcare for low and middle income populations in global growth markets: The Abraaj approach

by Bobby Prasad

Today, there are significant clinical, demographic and economic changes occurring in growth markets strongly influenced by a combination of changing lifestyles, rising non-communicable diseases and the continued fight against infectious diseases. Rapid urbanisation, rising incomes and an increase in the middle class have also prompted a large component of these seismic shifts. However, clinical supply is not currently keeping up with demand and healthcare is becoming increasingly expensive requiring large amounts of capital, substantial managerial and operational know-how, as well as a steady pool of rapidly and well-trained clinical talent to resolve these issues head on – and this is even before catastrophic events like the Ebola Crisis are thrown into the equation.

Without doubt, there is an absolute need for a collective strengthening of the fragmented healthcare systems that prevail today in our markets. The frequently over-stretched public health system needs to be supported by all stakeholders including NGOs, as well private sector partners such as investment fund managers like Abraaj and Big Pharma leveraging their complementary strengths to meet these challenges. Broader re-alignment of priorities will require huge infrastructural and financial investment crucially coupled with a massive investment in human capital. Only then will we be able to genuinely offer higher quality care on scale that is widely affordable and accessible to the mass market. Equally of importance, these systems need to be sustainable in the long-term.

Since inception, the Abraaj Group as a private investor has invested in over 27 healthcare businesses across growth markets. To support the wider vision of system strengthening, Abraaj established a healthcare Fund, which is dedicated to establishing sustainable commercial investments in the healthcare sector in target cities of Sub-Saharan Africa and Asia. The key intention of the Fund and its partners is to serve the mass market, low income $3-15/d. (bottom of the pyramid) and middle income (middle of the pyramid) patient, fostering major social development impact to millions of patients in urban target areas in South Asia and Sub-Saharan Africa.

Creating access to affordable and quality healthcare, strengthening of human resources and capacity building in a sustainable manner is the cornerstone of our strategy. In addition, we believe that preventative healthcare needs to be emphasised much more in order to keep future healthcare costs down. We need a system where both clinicians and patients are appropriately empowered. Achieving this requires a purpose-built team of healthcare operators and experienced investors located in their markets with strong local roots and deep connectivity.

Our approach has been to build ‘fluid’ structures across outreach, primary, secondary and tertiary care to realise significant and measurable impact at reach.

This entails developing city-based multi-speciality “hub-and-spoke” healthcare ecosystems and super-specialty networks that provide a coordinated set of healthcare facilities and competencies. With this in mind, we have acquired some pre-existing healthcare facilities (such as CARE, India’s 5th largest hospital group) and will also make greenfield investments, providing growth stage capital to healthcare companies, along with a focus on strategic initiatives and operational improvements in these partner companies.

Major centres of excellence supporting our general hospitals for these ecosystems will need to include: mother and child, the NCDs including diabetes, renal disease, cardiac and cancer care. We will also develop a mental health platform, a hugely neglected disease area in most markets. This allows us to identify opportunities within clinical care delivery and embrace emerging low cost technologies (including point of care testing and wearable devices). We also recognise that standardised care generally leads to improved and measurable results and our ecosystems will also provide a huge opportunity for big data and hands on research in affordable healthcare innovation and clinical outcomes.

Clearly, there is no magic formula here but if we are to succeed then it requires implementing cost-effective procurement and low cost diagnostics, using evidence-based therapy and technological innovation supported by a global platform, strategic partnerships, and economies of scale.

Undoubtedly, our work has been cut out for us but if we can proceed in a methodical, proactive and collaborative way with all of our stakeholders then we have the ability to fundamentally and positively impact the healthcare outcomes for millions of people.
Preparing workplaces to support staff affected by cancer

by Liz Egan

One in two people in the UK will develop cancer at some point in their lives. Macmillan Cancer Support’s report, Cancer: Then and Now, showed earlier diagnosis and advances in treatment have contributed to improvements in cancer survival rates. In fact, people are now twice as likely to survive for at least a decade after being diagnosed as they were at the start of the 1970s. But for many survivors, cancer leaves a lifelong legacy of side-effects.

Of the 2.5 million people living with cancer in the UK, approximately one in three is of a working age. With improvements in survival and more people working longer and retiring later, the numbers of people in the UK who will be in work with cancer is predicted to increase to 1.7 million by 2030. In addition, an estimated 700,000 cancer carers in the UK in 2016 are currently working. Whilst not everyone will be able to or want to work after a cancer diagnosis, a recent survey for Macmillan showed 85% of people who were in work when diagnosed with cancer said it’s important to them to continue to work after diagnosis. These growing numbers highlight the increasing importance of employers being prepared to support staff affected by cancer.

Evidence shows well-targeted support in the workplace can help prevent people falling out of work due to ill-health. Remaining in work can have a positive impact on wellbeing and can help preserve livelihoods. Supporting staff the right way also has business benefits. Not only to fulfill legal obligations, but also in retaining knowledgeable staff, and saving on the costs of recruitment and training. It fosters loyalty, and drives a positive company image to customers and potential employees.

A positive economic impact can also be observed. According to a recent report, people living with cancer contribute about £6.9 billion to the UK economy each year through paid employment.

Key areas which they felt more support was needed included:

- Awareness raising of work and cancer issues generally e.g. how it impacts on sickness absences
- Dedicated support for line managers with a particular focus on dealing with the ‘emotional side’, ‘having difficult conversations’ and ‘awareness of the types of treatment and support’
- Increased awareness of signposting for employees living with and beyond cancer.

Further research with small to medium size enterprises (SMEs) identified the capability of an SME employer to manage an employee dealing with cancer was compromised by a lack of experience due to the size of the business. Lack of access to informed and appropriate sources of support were also key barriers.

In response to these findings, Macmillan has developed a programme of support for employers called Macmillan at Work. There are two key elements to the programme:

- Awareness-raising to shift employers’ understanding on what cancer means today, the importance of being prepared and the support available from Macmillan both for employers and employees on returning to work after cancer
- Education for line managers, HR and Occupational Health (OH) professionals to support employees affected by cancer. This includes online and offline resources as well as bespoke face to face training sessions and consultancy. Specific online-resources are available for SMEs.
The Macmillan at Work programme has seen yearly growth in demand for support from employers. Since the 2011 launch of the flagship resource The Essential Work and Cancer toolkit, over 56,000 copies have been ordered. In 2014, the scaled up offer including access to free resources (i.e. toolkit, e-learning and newsletters) as well as paid for bespoke training, achieved over 3,800 employer sign-ups. To date, 1,860 line managers and HR professionals have participated in training sessions.

A recent evaluation of Macmillan at Work found that 79% of respondents who received support from the programme felt very well or well equipped in terms of return to work planning for employees affected by cancer. 93% stated Macmillan at Work was important in achieving their levels of competency in relation to a range of knowledge and skills on work and cancer.

Other impacts from those accessing bespoke training included:

- Greater reassurance for HR professionals and line managers on their approach to supporting employees affected by cancer
- Support to delivery of accurate and useful information to staff
- Helped to identify gaps in organisational policies
- Increased awareness of key issues involved in supporting staff affected by cancer
- HR and Occupational Health (OH) professionals working more closely together to ensure more appropriate and timely referrals to OH
- Support to creation of in-house champions to support roll-out of good practice.

While Macmillan has seen some really positive engagement from employers, there are still some key challenges. Generally, employers tend to be reactive - seeking out support only once they already have an employee diagnosed with cancer. Employers need to take a more proactive approach to cancer at work, to ensure appropriate policies are in place and line managers have the skills and capacities to support people affected by cancer. Having appropriate support in place, would ensure that from the first conversation an employee affected by cancer feels supported and the line manager is able to offer the right information and guidance.

To enable a shift in understanding of what employers can do to support their staff, we propose the Global CMO network:

- Promotes the importance of including cancer and other long term conditions within employer health and wellbeing strategies – to help them work towards being proactive in implementing support for employees living with cancer
- Promotes the integral role of line managers and the importance of equipping line managers with the skills and capacities to support employees affected by cancer
- Encourages employers to review their work processes and policies to ensure they are easily applicable to supporting employees affected by cancer and that they are implemented consistently across their respective organisations.

The Global CMO network can play its part in raising awareness of the ongoing improvements in cancer survival rates and the business case for supporting cancer in the workplace.

Liz Egan is the Programme Lead for the Working through Cancer programme at Macmillan Cancer Support. Liz is a lawyer by background with over 20 years’ experience in the voluntary sector. Since 2010, Liz has led the development and delivery of a Macmillan programme to support people affected by cancer in the UK to stay in and or return to work.

Liz is a member of a European-wide research network on Work and Cancer (CANWON) which aims to sharing knowledge and best practice on work and cancer.
Sustainable value and quality for employee health through a healthcare services contracts exchange

by Dr Eric Silfen

In the United States and in many other parts of the world, how employers structure the payment to healthcare providers for their employees' health and wellbeing has been criticised for rewarding providers for the quantity of care they deliver rather than for the overall value of those services.

Tradable Bundled Payment Contracts™ (TBPCs™) offer just one example amongst many emerging innovations of how employers, insurers and providers can develop novel more efficient ways to purchase healthcare, while hedging against price risk. In essence, these are exchangeable medical care contracts with standardised terms and conditions that specify comprehensive payment for procedures, conditions or covered persons, for delivery within a particular time period, at an agreed upon location or geography, for an agreed upon price and coupled to a set of risk-adjusted, patient-centric outcomes.

The benefits for employees, employers, providers and insurers in developing new budgeting innovations are substantial:

1. Certainty of the price for healthcare services such that they could be bought and budgeted for in advance
2. Improving access to care as hospitals and providers will always be in-network when they enter and participate in the healthcare contract market
3. Reducing costs by shrinking the 20-30% of healthcare spending on administration to 5% through exchange-based efficiencies
4. Improving quality for patients through measurable outcomes and standardisation of clinical practice as well as simplicity and reliability of delivery.

Unfortunately some parts of the healthcare industry have developed complex and opaque ways for pricing definable services and procedures. For instance, a single procedure like a cardiac pacemaker implantation is comprised of numerous, individual payment codes and not necessarily the same ones at different facilities. Furthermore, it is difficult to compare payment on individual codes across providers, and even more difficult to aggregate the various codes to determine a complete “package” price for a defined procedure.

Recently, criticism has been levelled at governmental and some commercial healthcare reimbursement that rewards providers for the quantity of care they deliver rather than for the overall value of those services. As a result, proposed regulatory and policy changes incentivise models of healthcare delivery and payment that focus on coordination of care and value-based purchasing. By paying for related care as part of a bundled package, the various service providers that treat the patient will be incentivised to better coordinate care, avoid unnecessary services, and improve patient outcomes and experience. Financially, associated savings are expected from reduced spending on provider services during hospitalisation as well as post-acute care efficiencies.

TBPCs are one amongst several emerging innovations designed to take advantage of these different incentives. These contracts do not replace or compete with traditional insurance. The health exchange marketplace aims to quantify and make transparent a commonly accepted price for a procedure, group of procedures or a medical condition. For providers, it means payers will become more reliable with payments. For self-insured employers, understanding the market value of healthcare provides a sound basis for understanding price risk. For insurance companies, understanding price risk provides a better opportunity to offer more fair and competitive rates to their clients. Finally, the price risk that exists between payers and providers is enormous. It can be measured as the cost of claims. It is an economic peril with unpredictable outcomes, and the subject of quantitative finance. Attempts to control this risk through the cost of medical claims has failed due to the level of variation that exists in price among providers. With TBPCs™ bundled healthcare services, health insurers can manage price risk by hedging contracted services on a regulated, public exchange.

The trading of TBPCs have the potential to play a role in creating a health futures market or Exchange. The three parties involved in this market are TBPCs payer, the provider and the intermediary or Exchange. The trading process is simple. First, the payer makes an actuarial forecast of the number of procedures needed by the covered population. Second, the payer purchases a portfolio of health futures contracts in proportion of the number of procedures needed by the covered population. The actual cost should equal its budgeted cost. Concurrently, providers sell the same portfolio of bundled healthcare services. Now, they too are hedged so that when they deliver the contracted healthcare services, their revenue is as forecast. Finally, the rules, regulations and platform through which these trades take place define the Exchange. Through the Exchange, price transparency is fostered and maintained so that payers and providers can openly negotiate in good faith.

Example

A health insurer forecasts one claim for a coronary artery by-pass graft procedure in the next quarter for a population of 1,000 people and the price of the procedure is estimated to be $100,000 when it is performed.

The insurer charges a premium of $100 to the policyholders to pay for the expected cost of $100,000. The health insurer makes an offer to a provider to pay $100,000 for the procedure when it is performed. If the offer is accepted, then both the insurer and provider are hedged against future price increases or decreases. The result is that the actual price is the same as the budgeted price, and both the insurer’s and the provider’s earnings are more predictable.
Furthermore, the broader concept of an Exchange brings significant societal benefits. Since any provider that offers healthcare services is part of a network acceptable under any plan and to any insurer or payer, the concept of exclusionary networks is minimised. Prices would be transparent for all participants and system costs will fall. Furthermore, such a pricing approach can seed an individual health services market associated with high deductible, health savings accounts (HSAs) and “medical tourism” opportunities as well as foster enhanced patient satisfaction (experience) for complex, costly surgical procedures and medical conditions. Since the ultimate beneficiary of better pricing and payment reform must be a patient, higher quality and consistent patient experience must be at the core of this proposition.

Finally, once payers, providers, insurers, patient representatives and those interested in reforming the healthcare financing system take the lead on defining and extending the terms for such an Exchange as well as the necessary infrastructure, it might be reasonable to claim that the puzzle of the elusive “triple aim” of improving the patient’s experience of care, improving the health of populations, and reducing per capita costs of healthcare has been solved.

For information regarding Tradable Bundled Payment Contracts™ contact U.S. Health Futures, LLC at www.ushealthfutures.com.

Dr Eric Silfen
Eric Silfen is an international expert on the implementation of information technologies in the medical setting; hospital and health plan clinical affairs; disease and care management programmes; and clinical quality and performance improvement.

During his time as Chief Medical Officer for Philips Healthcare, Eric led the Office of Medical and Health Affairs and worked to inform and communicate Philips Healthcare thought leadership around the world. Operationally, he was responsible for embedding a “medical consciousness” in Philips Healthcare by developing the clinical and econometric evidence that helped differentiate the company’s products, services and solutions in the global marketplace.
Vitality: Improving health for its workforce, for the workplace and the community

by Dr Derek Yach and Dr Cother Hajat

Vitality provides corporate lifestyle and health promotion programmes in line with its core purpose of making people healthier. Studies from its corporate insurance customers show improvements in healthy behaviour and health outcomes in members engaged with the Vitality programme. For example, the healthy food benefit that offers a 25% rebate on the purchase of healthy foods was shown to result in a 9.5% increase in healthy food purchases in South African Discovery Vitality members. In another study, Vitality members who were highly engaged with healthy behaviours such as physical activity had approximately 35% fewer hospital admissions associated with cancer and mental illness, and 20% fewer hospital admissions associated with endocrine, nutritional, and metabolic disorders as well as kidney and urinary tract disorders. For those Vitality members who were hospitalised, the total number of days hospitalised, number of admissions, length of stay and cost per hospitalisation were significantly lower in the highly engaged group compared with other members.

Furthermore, economic modelling studies suggest that companies recognised for successfully creating a workplace culture of health and safety are more likely to outperform the market on stock market performance. A 2013 study by Fabius et al. tracked performance on the SandP 500 for a group of health and safety award winners using a theoretical investment between 1999 and 2012 based on four investment portfolios. Results indicated these companies outperformed the average SandP 500 by between 3-5% annually, with similar outcomes reported in South Africa. Despite such findings, health and wellbeing decisions are commonly left to chief medical officers and human resources officers to manage as unavoidable costs, and are rarely considered by CEOs and CFOs as areas for investment.

In 2014, The Vitality Institute Commission on Health Promotion and Prevention of Chronic Disease in Working-age Americans made several recommendations to improve policies for health in the United States including the integration of health and wellbeing into corporate reporting. Vitality partnered on “Reporting on Health: A Roadmap for Investors, Companies, and Reporting Platforms” to address corporate reporting and the role of companies in improving the health of their employees and their potential impact on consumer health. The vision set out for this work was that by 2020, workforce health metrics will be an integral indicator of the organisation’s performance within the broader corporate accountability framework which will be shared with shareholders and investors.

Improving health for the vitality workforce

A healthy workforce has been shown to be more productive and profitable in terms of operational efficiency, employee recruitment, and retention. Vitality’s own workforce health promotion programme, Discovery’s HealthyCompany provides regular screening and wellness initiatives for its employees such as company wellness days, HealthyFood and Vitality gym benefits, and health campaigns such as the 10 Tonne Challenge, with positive impact seen in health measures such as healthy food spend and average daily steps.

Similar programmes exist in all Vitality markets and insights from Vitality in the US confirm that company employees had improved healthy behaviours by quitting smoking, increasing their fruit and vegetable intake, and spending less sedentary time in front of a screen compared with the average US population.

Improving health for the wider community

Vitality’s reach in the community is extended through numerous external collaborations, partnerships and networks. Vitality Health, Mercer, the University of Cambridge and RAND Europe collaborated towards Britain’s Healthiest Workplace (BHW), a survey of more than 32,538 workers across all UK industries. The study revealed that high stress and lack of physical activity are causing industries to lose up to 27 days of productive time per employee each year. While poor diet, alcohol and cigarettes have severe effects on long-term health, it is stress and physical activity which have the greatest impacts on day-to-day productivity. Other findings were that productivity varies enormously between industries, with some industries losing almost 27 days of productive time per employee per year, compared to a national average of 23.5 days. The financial implications of this productivity loss are huge, with the UK losing £57 billion a year on average in lost productivity.
Vitality UK has numerous health and wellbeing partners and recently partnered with Apple, allowing Vitality members to purchase an Apple Watch for a discounted price of £69 if they maintain exercise goals of at least 10,000 steps every day, or undertake more vigorous exercise on 20 days a month over a 24-month period, following the success of this model in South Africa. This relationship ensures that Vitality is optimising from the latest technology and Apple is finding a health-promoting niche for their device.

Ensuring that Vitality’s work is based on and actively contributing to the evidence-base behind healthy lifestyles is vital to the ethos of Vitality and academic partnerships is crucial to ensuring that this aim is met. Currently, academic partners include the Universities of Cape Town, Cambridge, Oxford, Pennsylvania and the Rand Corporation.

Increasingly networks are being established to achieve system level change, set standards and lay the foundations to enable system level changes that this aim is met. Currently, academic partners include the Universities of Cape Town, Cambridge, Oxford, Pennsylvania and the Rand Corporation.

Vitality recognises the need to tailor lifestyle interventions for workplaces and for their workforce in order to successfully lead to behaviour change. Examples of Vitality’s work to tailor interventions include a seniors’ programme for the over 70s with US clients and women’s workplace health programme for all employees and discounts on health insurance.

The use of technology is at the core of the work of Vitality. With that in mind, Vitality published a viewpoint in the Journal of Health Communication to launch a public consultation on Responsibility Guidelines for Personalised Health Technology that includes the building and scaling of affordable health technologies, interpretation of health data, and securing and governing the responsible use of health data.

Vitality was selected for Fortune’s inaugural “Change the World” list – 51 companies “that have made a sizable impact on major global social or environmental problems as part of their competitive strategy.” The Vitality Group in the United States was also awarded by the Global Centre for Healthy Workplaces for ‘living the brand’ and offering many health-promoting initiatives to its own employees including innovative office design, corporate-sponsored health events for employees and their families, employee-friendly working hours, access to Vitality’s workplace health programme for all employees and discounts on health insurance.

Investment in workplace health has clear benefits for employers, employees, and the communities in which they live. There is sufficient evidence for what constitutes an effective workplace health programme. There is now growing recognition of the role of workplace health leading to the current global movement of several networks of public and private partners with whom Vitality is proud to serve as a key industry collaborator.
Commentary: Shaping the future: What kind of healthcare economy do we want to leave for our children?

by Al Mulley

Since the economic downturn of 2008, governments and employers across the globe have seen the need to create a future for healthcare delivery that is far different from the reality of today. Demand for healthcare services and their costs continue to rise even as fundamental shortcomings are revealed by wide variations in access, quality, and efficiency of care. Estimates suggest that 20–40% of all that is spent on healthcare globally is wasted, while more than 1 billion people worldwide do not get the care they need.

Governments have undertaken major healthcare reform efforts in both market-driven and tax-funded healthcare economies such as those in United States and United Kingdom, respectively. Common elements of reform include efforts to better integrate care across three dimensions: primary and acute care, care for mental and physical health, and care for social and health needs. And within each of these three integrations, there is a recognised need to better balance investment by shifting resources to build greater capacity ‘upstream’ – from acute to primary care, from physical to mental health, and from health to social needs. It is here that the opportunities for prevention are greater.

In addition to this, it is here that health partnerships with schools, employers and the voluntary sector can contribute most to health and wellbeing across the life course. Given that employees in their most productive years are often the principal sources of support for children and parents with health and social care needs, it would be difficult to overstate the opportunity for employers to shape the future of health for today’s and future generations. The four case studies suggest a number of ways forward.

Vitality describes a concerted effort to improve the health of its workforce and, through strategic partnerships, that of the community. It provides indicative evidence for impact in areas where it has been historically difficult to demonstrate benefit, using aggregate data to avoid crossing the privacy line when focusing on employee behaviour. On the basis of this indicative evidence and the superior business performance of companies that have been cited for their health and wellbeing culture, Vitality makes a strong case for reports of employee health and wellbeing at the aggregate level as an integral indicator of corporate performance. It presents a vision of the future that includes a new set of workforce health metrics that will be core to existing corporate social responsibility and critical for consideration by all shareholders, and potential investors.

While the Vitality case focuses on prevention, the MacMillan at Work case is about making the workplace a supportive community for those recovering from and living with cancer. With improvement in cancer survival rates and one of three people living with cancer of working age, 85% of people in work when diagnosed with cancer want to continue to work. Yet misperceptions and poor knowledge about cancer leave nearly 20% of company line managers uncomfortable talking about cancer and the attendant emotional issues. The MacMillan at Work programme uses The Essential Work and Cancer Toolkit to address such knowledge and competency gaps and position managers and executives to take a more proactive approach to making the work environment a place of support. Such an approach could be generalised to other conditions, and to support not only employees dealing with their own recovery and illness, but also as carers for children, parents, and others. Workforce productivity gains would be just the beginning of the return on investment in such programmes. Much of the waste and harm in healthcare today stems from substitution of expensive and dangerous acute care services for simpler safer social services because we have failed to move up stream and address the emotional and social context in which people experience illness themselves and when it affects loved ones. The workplace is a pivotal part of that context.

The Abraaj case offers an ambitious vision of shaping the future by investing in physical and human resources to create integrated systems of care across ‘Growth Markets’ with an early focus on urban areas in Sub-Saharan Africa and South Asia. The vision includes a ‘fluid structure’ across primary, secondary and tertiary care with a hub and spoke model. Vertical service lines will include maternal and child health and non-communicable diseases, but also the often neglected mental health needs. Clinician competencies will be supported by ongoing education and protocolised decision making. The service lines emphasised by Abraaj, especially mental health, suggest that they will be careful to make balanced investments across the three dimensions of integration. Research across the globe has shown that whatever capacity is built will be used.

If investment decisions are not informed by people’s needs and informed preferences, the system will fall short of meeting basic upstream needs while exceeding what they want by delivering harmful and wasteful downstream rescue care in the acute setting.

This concern about the information needs for building system capacity, or for commissioning services for a defined population, extends to the highly innovative proposal for a health services contract exchange. The most proximal objective of the proposed exchange is to hedge against price risk with exchangeable contracts with standardised terms including specification of bundled payments for procedures, and conditions or covered persons. Important goals include price transparency and reduced administrative costs.

However, there are potential unintended consequences of health futures contracting. Many of the procedures that would be subject to the exchange, including those cited as examples in the case, are delivered at highly variable rates to seemingly similar populations in different geographic areas. Easily avoidable ignorance has been documented repeatedly, on the part of patients about the benefits and harms of an intervention, and on the part of clinicians about what patients actually want when they are engaged and understand the trade-offs.
Research has shown that when ignorance is avoided, utilisation rates often fall substantially even in regions with relatively low rates. This raises important questions about the actuarial forecast of procedures to be purchased for a defined population, and about the potential for health future contracting to support and sustain over-utilisation.

A critical component of shaping the future of healthcare will require a repurposing of primary care to engage and support patients in understanding their preferences to avoid uninformed treatment decisions at the frontlines and uninformed capacity investment and funding decisions at the system level.

Albert Mulley, MD, MPP

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Prior to his current role at Dartmouth, Al served at Harvard and Massachusetts General Hospital where he was founding Chief of General Medicine with responsibility for research, education and training, and design and implementation of new care models. His research has focused on practice variation, the quality of medical decision making, and implications for the funding and efficiency of healthcare services. He has published more than 100 research articles and commentaries as well as Primary Care Medicine, the earliest textbook of its kind.

He was an originator of “shared decision making” and other approaches to co-production of value in healthcare and, together with colleagues, developed and brought to scale measures and tools to support their implementation.