# Working Group Summary: Employee Health and Wellness

On October 13, 2011, CAHRS Director Chris Collins, Professor Brad Bell, and CAHRS Managing Director Steve Miranda facilitated a day-long discussion around the challenges organizations face in the area of employee health and wellness. The working group was attended by 16 executives from 10 CAHRS partner organizations including Reebok, Cornell, Air Products and Chemicals, Coca-Cola Refreshments, General Electric, United Technologies, Aetna, SunTrust Bank, Tyco International, and Terex.

This was the third CAHRS working group on the topic and the main goal of the session was to discuss and exchange ideas along four main topic areas of interest: motivating greater participation in programs and building a culture of wellness, how to ensure that the family environment is supportive, measurement/assessment of the impact of health and wellness initiatives, and how to push health and wellness initiatives globally.

A good portion of the morning half of the session was dedicated to taking a deep dive look at the health and wellness culture and mission of Reebok. We extend our thanks to our hosts from Reebok – Bill Holmes, VP of HR for Reebok, Kelly Race, HR Director, and Leslie Abrahamson, Head of Rewards – for planning and executing a great morning. We started with a brief introduction to the philosophy of wellness at Reebok followed by a walking tour of their enviable fitness facility. The highlight of the tour was the chance to see their on-site CrossFit gym and to gain some insight regarding this and other fitness programs from several key members of the Reebok fitness staff. After the tour, several senior line leaders from Reebok presented the overall marketing and business strategy of Reebok, with a focus on how the HR initiatives around employee health and wellness tie directly to and support the business strategy of the firm. It was clear from the tour, the discussion of Reebok's business strategy, and insights about the health and wellness initiatives led by HR that Reebok is a leading company in terms of motivating employees to become more active and focus on their personal fitness.

Building a Culture of Wellness and Driving Higher Participation. The group of executives spent considerable time discussing how they were looking to increase both initial participation in programs and keeping employees actively engaged in programs once started. The clear long-term goal for most of the participating companies was to build a strong culture of health and wellness that will help to promote healthier employees. While there were a wide variety of comments, concerns, and best practices shared by the participants, most of the ideas fell into a few key themes.

1. Better understanding the barriers to participation. Several of the participating executives noted that one important way to build participation is to better understand and reduce the barriers that prevent employees from participating in available programs or to participate on a more consistent and frequent basis. Common barriers that were identified across companies included time, motivation, cost, managerial support, false expectations (e.g., too hard, will look foolish), and privacy concerns. Participants shared
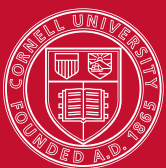
a number of interesting best practices to reduce some of these barriers, including:

• Highlighting employees who could be spokespeople for a particular program. For example, one company noted how an overweight diabetic has become a great spokesperson for a high intensity exercise program – others see the success that she had in the program and joined saying that "if she can do it, so can I"

• Small wins – several participants suggested that it is important to start with minor behavioral modifications, such as eating a little less or making small dietary changes, to start people down the bath of healthier living. A few participants expressed an alternative viewpoint, which is that incremental change allows employees to slip back into old habits and, thus, bold changes are more effective.

• Team-based competitions to spur motivation and to provide both group support and peer-based incentives to keep going.

• Off-sets on gym memberships or providing on-site gyms to reduce or eliminate the "cost" barrier for employees.

• Group oriented programs seem to keep people involved in programs longer as there is a greater sense of camaraderie, support, and positive pressure.

• On-line personal trainers – one company noted that they had implemented on-line personal trainers and avatar coaches to help employees who worked remotely or tele-commuted to provide them access to training and support and encourage them to participate in health and wellness activities and physical activities.

• Providing feedback – it is important to provide employees with feedback on their health and fitness so that they are able to see and track personal gains over time. In addition, several companies noted that they have put managerial dashboards in place that track key health and wellness metrics as well as employee dashboards that show the biometrics for the company.

• Several participants mentioned the increased push for localization in order to better understand the unique barriers and health/wellness issues that are faced by particular locations. Several noted that there are likely to be distinct differences in barriers and issues depending on the type of facility, worker population, region, and local culture. Funding is then provided from central (top-down) to support local initiatives that are the best fit for underlying barriers or issues.

2. Communications. Many companies noted that they are working to try to improve communications regarding both what types of programs are available and who could best benefit from the program. The on-going concern is that some employees may miss out on programs because they don't know the program is available for them, they don't understand the value of the program, don't understand how or when to participate in the program. While many are using email as a way to push this information to employees, there is a fear that inbox overload leads employees to either skip over these messages or delete them before reading. Some companies suggested the need for both electronic and paper-based communications to push information. Others noted that flyers and posters are still the best communication tools for some employee populations. Others have been thinking of new ways to communicate including internal social media tools. In addition, several participants noted that organizations need to be careful in how they communicate a given program, ensuring that employees do not feel an inappropriate "intrusion" into their personal lives.

3. Use of Incentives. Many of the participating companies noted that they are using incentives to encourage employees to do health screenings, work on reducing and/or eliminating unhealthy behaviors, and participate in activities. Some participants noted that they have concerns about the impact/usefulness of incentives raising questions as to how to measure if people are actually following the behaviors, if you are simply rewarding those who are already being healthy, and lack of research to suggest which incentives work to drive real and lasting change. In addition, companies expressed concerns about the sustainability of incentive-based approaches and the possibility that incentive/penalty programs that become too intrusive may end up "crossing the line" with employees or invoke a regulatory response.

The general sentiment among participants was that sustainability runs deeper than incentives and is driven by factors such as quality of life, functional fitness, and the belief that the company truly cares about employees' well-being.

4. Modeling and involvement of senior leaders. Several noted that one of the most powerful tools in driving a culture of health and wellness is the participation and involvement of senior leaders. Their participation helps to address a number of the barriers noted above, reinforces for employees that these initiatives are positive and reflect that the company cares about them, encourages more employees to participate, and typically brings more resources to support initiatives.

Involvement of Family or Family Participation.

In a continuation of the discussion of barriers, many of the participants noted that family is one of the key issues to address as employee families and home environments may well be one of the most important factors that either create a barrier to better wellness or support employees as they go on the health/wellness path. For example, employees have noted that it is hard to stay on a healthy eating routine if there is no support for this at home or there are only unhealthy foods/meals at home. Similarly, participants stated that there are similar concerns regarding physical activities and smoking cessation programs. As importantly, participants noted that employees have cited supportive spouses or children as essential for helping them to carry healthier behaviors home from work and continuing them throughout the week and on weekends. To ensure that there is effective support at home, participants noted several activities to either involve family members or communicate with family members:

1. Family health days - One company noted that they have turned traditional family days or children at work days into health oriented programs. For example, when the family members come to work, they may be invited to healthy eating programs, health screenings, or exercise sessions to both increase their own interest in health and wellness and so that they will be more supportive of health and wellness initiatives in which the employee is enrolled.

2. Involvement or access to programs/initiatives - Other participants noted that particular programs have been extended to direct family members including smoking cessation programs, health advising programs, education programs, cooking classes, and exercise/fitness programs.

3. Included in incentives and health differentials - Several participants noted that they have extended incentives or health care plan differentials to family members who are covered under health insurance plans with the same expected outcomes as are held for employees.

4. Communications sent directly home - Several participants noted that they have begun to send communications home directly to the spouses of employees to increase their awareness of activities, family programs, health clinics, etc. They noted that sometimes employees forget to convey this information or may inaccurately convey this information and direct communications with spouses helps increase clarity regarding the programs that are geared towards family members, may improve the family's understanding of the impact of health and wellness, encourage family members to be supportive of employees in following health and wellness initiatives, and may change overall family health and wellness patterns.

Measuring and Assessing the Impact of Programs.

Participants noted that it is critical to measure and assess the impact of specific programs. As we found in previous meetings, participants noted that their ability to accurately measure program effectiveness is hampered by several important issues. First, new programs often don't take place if a vacuum – often multiple programs may be running simultaneously making it hard to isolate the impact of a single program. Second, in order to assess the impact on bottom-line results or medical outcomes, it will take a long time frame as many of the interventions lead to improved health factors that are related to longer term medical and cost outcomes. Third, those who are already healthier or interested in health issues are most likely to participate, making it harder to show improved results as this population may have fewer factors or less room to improve. The group also noted that much of what is being done through health and wellness programs works for a subset of the population but that the challenge of "bringing up the mean" for the overall population still exists.

These concerns aside, participants noted that they were making progress in assessing the impact of programs by looking at the impact of health and wellness initiatives and interventions on leading indicators of better wellness.

1. Measurement of participation rates - Several participants noted that they are looking at measures of the actual uptake or participation in programs. This may be an important leading indicator particularly when there is previous evidence (e.g., internal in company or provided by outside organization) or theoretical belief that participation in the program will lead to other lagging incomes. For example, there may be good evidence or strong belief that participation in an exercise program will lead to improved cardiovascular health.

2. Measurement of biometrics - Many of the participants noted that they are either paying for or incentivizing employees to get biometric screening and helping employees actively track biometric indices over time or help the employee understand and monitor improvements in health risk assessments. Some noted that their organizations are tying incentives or lower premiums/deductibles to year-over-year improvements in biometrics or health risk assessments with the implicit belief that these biometric indicators are scientifically tied to health outcomes (e.g., cardiovascular disease, diabetes). Some members also noted that when employees had access to individual biometric data, those employees appeared to approach the whole issue of wellness much more seriously. However, none of the participating companies had collected concrete data on this specific aspect of wellness programs.

Globalization of Health and Wellness Initiatives.
Most of the participants noted that the move to extend health and wellness initiatives across their global organization and locations is an important next step. One of the difficulties in extending programs globally is that there is not the same burning platform regarding savings in health insurance that there is in the U.S. Further, some participants noted that in certain regions, employees do not feel comfortable with their organizations pushing health and wellness as this feels like an intrusion outside of the purview of the employer. Finally, the participants noted that there are substantial differences in the health and wellness concerns and issues across regions that make it difficult to have a one-company set of initiatives or

plan for employee health and wellness. While we had limited time to pursue this conversation, there were some key themes and ideas that emerged regarding how to tackle health and wellness on a more global scale.

1. Multiple participants noted that health and wellness initiatives and activities should be localized to fit with the local culture, health and wellness issues and concerns, and receptivity to employer involvement. For example, participants noted that managers tend to be most concerned with abseentism in Europe but focus on attraction and retention in Asia and costs in the United States. Different types of initiatives and programs may be needed to drive these different outcomes. In addition, participants noted that although uptake tends to be similar in different geographic location, there are different levels of skepticism. Thus, different strategies may be needed across cultures to gain acceptance.

2. One health and wellness program that seemed to have universal support as a global initiative and had been globally delivered was the smoke-free workplace. The smoke-free workplace seemed to have its greatest success globally when mandated by the CEO – this mandate creates greater visibility and power behind the movement.

3. Institution of a global health council to bring together leaders from across the company to identify health risks, regional differences, share effective programs, identify programs that may be supported by regional governments, etc.

Future Issues

At the end of the session, the group engaged in a brief discussion of issues that may be discussed at future working groups on this topic. A few issues received significant attention among the group:

1. **Incentives** – The group agreed that more information and understanding is needed on incentives. What types of incentives work and don't work? How do we align incentives with program characteristics, target outcomes, and cultural differences? What is the appropriate balance between incentivizing behaviors and creating structures, systems and processes that push individuals down the path of health and wellness (e.g., auto enrollment)?

2. **Global initiatives** – Participants suggested that it would be valuable to engage in a more extensive discussion of global health and wellness initiatives. How much of what we are doing domestically can translate to the global platform? How do we balance the need for an approach that is both global and local? What are the different motivators and barriers that may exist across different geographies and cultures?

3. **Generational issues** – Several participants suggested that it would be useful to explore potential generational differences in attitudes toward health and wellness. What are the factors that motivate or present barriers for different employee segments? Should programs and incentives be tailored to different employee segments or do we adopt a one-size-fits-all approach?

ABOUT

This summary report was prepared by CAHRS director Chris Collins, professor Brad Bell and CAHRS managing director Steve Miranda for use by working group participants and CAHRS Partner organizations.

The Center for Advanced Human Resource Studies (CAHRS) at Cornell University's ILR School is an international center devoted to advancing the HR function and providing corporate partners with critical tools for building and leading highperforming human resource organizations. CAHRS' mission is to bring together partners and the ILR School's world-renowned HR Studies faculty to investigate, translate and apply the latest HR research into practice excellence.

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