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Ron Goetzel, PhD shares his thoughts and insights on the value of research and evaluation.

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An Interview with Ron Goetzel, PhD

WH: Ron, I have known you since the early 80s. How did you get involved in worksite health promotion?

In the early 1980s, I was working as a researcher at a company called Corporate Health Strategies in New Haven, Connecticutt. Many of the corporate clients wanted to know how many of their insurance claims dollars were being spent on preventable conditions. Working with a small group of analysts, we came up with some estimates, which I found to be quite intriguing. In the mid 1980s, I was recruited by Dr. Jonathan Fielding, former Commissioner of Health in Massachusetts and then vice president at Johnson & Johnson, to come work in Santa Monica California as the Director of Data Analysis and Evaluation for the newly formed health promotion company at J&J called Johnson & Johnson Health Management. My team conducted a series of studies, many of which were published in peer-reviewed journals, showing that, when done right, wellness programs are effective in improving workers' health and in some cases saving money. That was the start of my 30+ year career in health services research focused on workplace health promotion program evaluation.

WH: You are recognized as one of the leading researchers in worksite health promotion. How has evaluation evolved over the course of your career and where do you see it going in the future?

Evaluation has evolved from very simple descriptive studies conducted in the 1970s and 1980s to those that are very sophisticated today. Back then, studies were primarily pre-experimental, before and after trials, with little statistical control for confounders. I remember seeing those studies and remarking, "did they control for age, sex, education, income, baseline values, and so forth?" As the industry advanced, many more experienced researchers became involved in research —people like Ron Ozminkowski, Kevin Knight, Dan Gold, Seth Serxner, Deborah Lerner, Rachel Henke, Robin Soler, Kim Jinnett, John Dement, Wendy Lynch, David Anderson, Ken Thorpe, David Howard, the list goes on and on. They introduced methods used in other areas of health services research like propensity score matching and weighting, multivariate analyses, use of instrumental variables, and triangulation approaches to data. No doubt, there is still lots of room to grow in terms of using advanced analytic methods, and we continue to evolve in our analyses. The problem we all face is the difficulty of conducting experimental studies in messy real world settings where there are many interventions taking place simultaneously and it's very hard to control for "noise" variables—otherwise known as confounders.

WH: Most organizations do not have the resources to engage the "Ron Goetzels of the world" to help measure program impact. What other options do organizations have in conducting meaningful evaluation of their respective programs?

My advice to most employers is to conduct annual anonymous surveys of your workforce. Ask employees such simple questions as: 1) Are you aware of the many health promotion programs we offer? 2) Have you participated in them? 3) If yes, why? If no, why not? 4) If yes, how would you rate these programs, from poor to excellent? 5) Have you made any positive health improvements in the past 12 months. What motivated you to become healthier (the program or something else)? 6) Has participation in the program exerted a positive, neutral, or negative effect on your health, fitness, well-being, morale, attitude toward your employer, and so on? You can also ask employees to rate opinion statements such as, "My employer cares about my health and well-being."

Bottom line, you can gather some very helpful, honest and provocative data by just asking employees to give you their views on the program. If there's very little positive sentiment expressed, that sends a message about the value placed on the program. On the other hand, if many employees respond to the survey and offer lots of positive opinions, that can be a very valuable validation of the work you're doing. That matters!

Then, you take provocative employee opinion data to senior management to support their investment in employee health and safety. Either way, you want to make sure your and your team's efforts are reaping positive outcomes for your customers and their employees. Otherwise, why bother?

WH: Over the past few years, you have been a staunch defender of the efficacy of worksite health programs. There are articles from the popular media that in some instances have misinterpreted research findings about return-on-investment (ROI) and a few individuals who have tried to argue again that worksite programs "don't work." What's your read on these negative commentaries and what advice do you have for practitioners when they are challenged by decision makers while making the business case?

First off, let's be clear that some programs "work"—are effective in achieving their objectives—while some don't work because they are poorly designed, improperly implemented, or not evaluated effectively. Our most recent research suggests that only about 13% of employer sponsored health promotion programs contain the five elements that the CDC and Healthy People 2010 define as constituting comprehensive programs: 1) health education, focused on skill development and lifestyle behavior change along with information dissemination and awareness building; 2) supportive social and physical environments, reflecting the organization's expectations regarding healthy behaviors, and implementing policies promoting healthy behaviors; 3) integration of the worksite program into the organization's benefits, human resources infrastructure, and environmental health and safety initiatives; 4) links between health promotion and related programs like employee assistance; and 5) screenings followed by counseling and education on how to best use medical services for necessary follow-up.

So, if a typical wellness program is nothing more than an annual health assessment and biometric screening, dollar incentives for participation and achieving certain clinical outcomes, along with a website, it is not likely to "work"—it is neither likely to improve the health of the population nor save money. However, comprehensive programs that are built on a scientific evidence base, that follow national guidelines, adhere to evidence-based practices, are sufficiently resourced, have senior and middle management support, and have ongoing measurement and evaluation structures in place, are likely to be effective. There are countless examples of excellent programs with documentary evidence that they have improved health and saved money. You can find some great examples of these programs by visiting www.thehealthproject.com. Listed there are winners of the C. Everett Koop Award (e.g., J&J, Prudential, Dow, USAA, Citibank, Dell), and companies with exemplary programs and the data to support the value of those programs.

WH: You co-authored an article in the *Harvard Business Review* on what works and what doesn't work regarding worksite wellness programs. If you were to identify three classic mistakes that organizations make when planning and implementing a program, what would they be?

They would be 1) assuming that paying someone to change a lifelong habit such as smoking, not being physically active, eating unhealthy food, being stressed out much of the time will get them to change that habit—the jury is still out on that one, 2) offering programs that are "under the radar," such as sending people to a health plan website with very little follow-up, and 3) providing random uncoordinated activities like "biggest loser" challenges that are not part of a larger strategic plan for the company that includes embedded structures for improving workers' health and well-being.

WH: If there were a "secret sauce" for successful programs what would be the key ingredients?

We've written extensively about the secret sauce, which has been derived from a series of benchmarking and best practice studies. In short, the top 10 list includes the following: 1) establishing a culture of health; 2) gaining leadership commitment; 3) setting reasonable specific goals and expectations; 4) providing strategic communications; 5) engaging employees in program design/implementation; 6) implementing best practice interventions; 7) effective screening and triage; 8) offering "smart" incentives; 9) effective implementation; and 10) measurement and evaluation.

WH: There has been a growing discussion about value-on-investment (VOI). How would you define it and how can organizations measure and report it?

I recommend gathering all the key decision makers in an organization and ask them to list (privately) what they'd like the workplace program to achieve in say 12, 24, 36, 48, and 60 months. You are likely to get a variety of items such as to increase physical activity; improve fruit and vegetable consumption; gain energy; demonstrate resilience and adaptability; align with one's life purpose; improve quality of life; become more engaged in work; increase morale; improve worker performance and productivity; achieve appropriate use of health care resources; have greater team cohesion; attract and retain top talent; reduce burnout; lower absenteeism rates; and so on. This list can fill several pages. What's notable is that these are all examples of outcomes based on a VOI model. It is also significant that most of the items on the list are difficult to "monetize" (assign dollar values), but they are nonetheless extremely valuable to leaders of an organization. So, the short answer is to find out what defines value for senior and middle managers and then figure out how to establish a baseline against which program accomplishments can be measured. Sounds simple, right? And, don't forget to ask the workers what they want, and what would define high value to them.

Forget "Culture of Health" Think "Culture of Engagement"

It seems today that if you read from the popular press, professional literature, and/or hear presentations/interviews by CEOs or health promotion practitioners, we hear about the concept of a "culture of health." In fact, a commonly heard sound bite is, "We are trying to build or create a culture of health within our organization."

Paralleled with these pronouncements is an emerging body of literature that is trying to provide a valid paradigm of what constitutes a "culture of health" and how to measure it. Why is this important? The general hypothesis is like the line from the movie *Field of Dreams*: "If you build it, they will come." In other words, if you have a work culture that supports healthy behaviors, the organization will benefit (profit) from a healthier, more productive workforce. Maybe yes, maybe no.

An organization can have all the "bells and whistles" such as fitness facilities, meditation gardens, and healthy vending machines and cafeterias, yet have a toxic work environment and inequalities in pay and advancement. In fact, some organizations provide these environmental supports not necessarily from the perspective of a culture of health, but as a means to keep employees at work longer!

The good news is that we know that well-designed worksite health programs provide many benefits to employees and employers alike. In fact, as summarized on page 8, some publicly traded companies who have been recognized as having best practices in worksite health have outperformed the Standards and Poor 500 Index over a six- to ten-year period! But, is this due to their "culture of health" or are there other significant levers that contribute to their healthier bottom lines?

I, too, have used the term "culture of health" in my writings and talks, but usually with a clarifier and a counter argument that this term is incorrect for positioning worksite health within a corporate or occupational setting. Within the context of the workplace—be it generating meaningful profit or providing cost effective services for the common good—the common thread is human capital, the employees and leadership that are tied to the organization's mission, values, and customers to produce meaningful outcomes. In other words, *being meaningfully engaged in what one does.*

The Conference Board defines engagement as, "A heightened emotional and intellectual connection that an employee has for his/her job, organization, manager or coworkers that, in turn, influences him/her to apply additional discretionary effort to his/her work."[1]

No doubt the integration of supportive leadership, policies, benefits, environmental supports, and comprehensive health programs are a powerful combination that can impact health and productivity and make one feel good about the organization. But again, placing an organization under this "culture of health" umbrella misses the point of why organizations exist and what expectations are placed on its employees and leadership to get the job done—today and tomorrow.

Within this context, we are talking about policies, programs, and supports that enable employees and work teams to do their best work—*to be fully, meaningfully engaged.* Here, health promotion and well-being programs are part of the "secret sauce" (unique to each organization) that creates a *culture of engagement.*

When we look at "healthy work" through this lens, then worksite health is part of a greater cross-functional approach for improving and sustaining employee engagement and job satisfaction.

So what's my take on some critical components of a "culture of engagement?" Here are a few hints:

- A "successful" enterprise that is sustainable and has a strong articulated mission (e.g., Why do we exist? Who do we serve? Why do we make a difference?) and vision (e.g., What to we wish to become?)
- Strong articulated values and beliefs that are practiced by leadership and encouraged/reinforced for employees as well as key stakeholders (e.g., customers, vendors, shareholders)
- Respect and trust of the individual
- Safe work environment
- Meaningful work
- Meaningful and fair compensation
- Meaningful benefits (e.g., medical, paid leave)
- Strong communications up and down the organization
- Empowered individuals and teams that have clear goals/objectives and metrics that define success
- A learning organization that is not complacent about past successes or approaches, but learns from past mistakes and attempts to be proactive in developing new solutions
- Enables career growth through ongoing skill development
- Meaningful incentives and recognition
- Real opportunities for advancement
- Policies, benefits, environmental supports, and programs that encourage healthier behaviors and balanced well-being
- Policies that prevent and address a "toxic work environment" such as high stress, harassment, discrimination, and bullying

Food for thought!

First Globally Certified Healthy Workplace in Pakistan

Syed Ijlal Haider

Engro Powergen Qadirpur Limited (EPQL) is a subsidiary of Engro Corporation, which is Engro's first initiative into the power business. Our core vaues consist of upholding ethics and integrity to ensure health, safety, and environment at our base of operations, commitment to engage key stakeholders in our community, work on breakthrough ideas to ensure innovation, and uphold the dignity and value of our people.

At EPQL, we strongly believe in the importance of our people. We consistently treat each other with respect and strive to create an organizational environment in which individuals are treated fairly, encouraged and empowered to contribute, grow, and develop themselves, and help to develop each other.

EPQL started its *WeCare for Wellness* program 2014. *We Care* was spearheaded from the office of EPQL's CEO as an exclusive and extensive care program for the valued employees of EPQL. It encompasses an array of programs and initiatives aimed at enriching employees' lives and making them feel truly cared for. It is also a trailblazer in employee care programs as it encourages other departments to extend care through their own initiatives.

The standard of excellence in professionalism is ultimately set by how accommodating and enabling a workplace's environment is in ensuring employee healthiness. The *WeCare* program works on the principle of ensuring employee wellness by dividing the focus in four key areas.

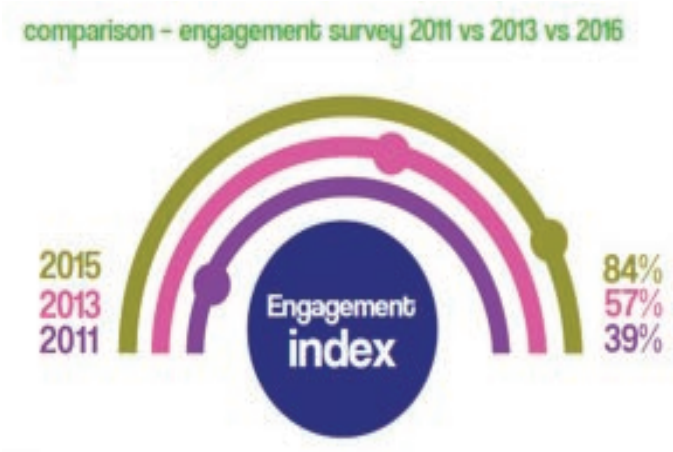
Each highlighted area within the four focus areas had then been presented to the employees in the form of sessions and activities. The scope of each area was quite diverse and the branding created awareness for the necessity of this program. The physical area dealt with the most direct and commonly faced office-related health issues that affect many employees. Whereas the mental and emotional area dealt with easing the employees into a more immersive but light environment that caters to their individual needs maximally. The *WeCare* program has been meticulously designed to ensure the effectiveness of our health and safety systems that are in place already. Through *WeCare,* we have not only institutionalized the safety systems present at our facilities, but also introduced its aspects into our office environment.

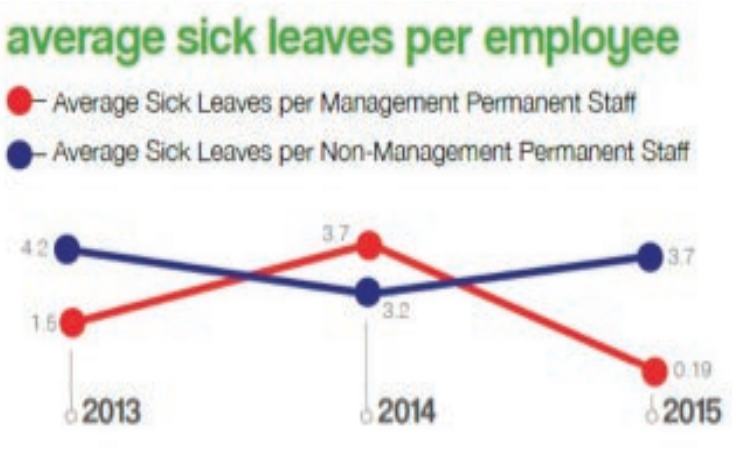
physical	mental	social	Spiritual	financial	HSE
medical assistance program	'Understanding YOU' Psychiatrist Program	shopping visit assistance	meditation outbreak	home ownership assistance plan	occupational health & safety
hypertension & diabetes control program	one on one with a psychiatrist	club membership	mindfulness sessions & workouts	investment loan plan	food hygiene system
smoking cessation program	be the change campaign	career off track program	retreats & outbreaks	housing facility and house rent advance	periodic medical check-ups
female health drive	talent development program		community development partnerships	car earn-out policy	DuPont's PSM & PSRM
oral hygiene campaign	employee aspirations management program			service incentive plan	clean development mechanism
the extra mile'	personality grooming				environmental

A Cross Functional View of Employee Health

The monitoring and stewardship of all these programs is done using the KPIs of the *WeCare for Wellness* program. The W*eCare for Wellness* structure is designed specifically to cascade care factors throughout the organization. The Wellness Committee has been created to generate employee wellness initiatives, which are effective in all dimensions of the organization, and to have a cross functional view of all *WeCare* programs. This committee stewards all it's findings to the Corporate Wellness Committee, which monitors the effectiveness of the *WeCare for Wellness* program.

The true measure of the effectiveness of our *WeCare* program is increased employee engagement, which has improved significantly since the initiation of the program. Engagement increased from 39% to 57% in 2 years with the pilot employee care program *WeCare* and from 57% to 84% during the institutionalization phase of the *WeCare for Wellness* program.





Overall, the numbers from the physical and mental health side looked very positive with at least 44% of the employees not having taken sick leave in the calendar year 2016. In equal measure, the problem areas within the company's medical profile showed signs of differences. The most key among them is awareness of dietary planning, especially with regards to cholesterol, which showed the concern drop to less than 5%. Diabetes and smoking remain concerns even after the development of regular sessions.

Creating an Empathetic Organization

The mental and emotional sides were of interest because of the general room for growth in Pakistan. Despite that, the anxiety level gauged from previous years never hit above 20% and dropped even lower in 2016, with programs like *Understanding You* and *Be the Change.* Moving forward, the focus can be put on empathy and encouraging employees to be more self-actualizing so that they feel "worthy" (valued) within their working environments. This was the one key factor for ensuring more successful outcomes with the therapists and consultants.

The most significant factor overall has been the bifurcation between programs and research initiatives in trying to derive further frameworks. *Eat Healthy* and E*at Right, Financial Well-being,* and *Understanding You,* among many others, have brought more regulation into the methodology of conducting and evaluating health issues among employees. The consultation at EPQL has always prioritized quality but now with active SOPs, the results have been more meaningful, which means the input towards further development becomes much more effective.

Creating Value, Success, and Growth

The timeline of *WeCare* can be gauged against how effectively it is delivering value to its employees on all four fronts. By ensuring that the inplace benefits and health programs are maximized, our KPIs show a much better turn for 2016. The development of frameworks has led to the company's understanding of being empathetic to employee needs, which has fostered an environment within which the employees themselves feel better about their jobs.

Trending job satisfaction can be linked to a variety of factors and EPQL's program is being paternalistic without being directly invasive. The highlighted areas within each area and the subsequent programs indicate awareness at the managerial level, which is expected to produce even more operational quality in 2017 in the form of health consultants and therapists. The *WeCare* program with its vast a EPQL network has much opportunity for success and further growth.

"The standard of excellence in professionalism is ultimately set by how accommodating and enabling a workplace's environment is in ensuring employee healthiness."

Reference	Overview	Description	Outcomes
Fabius R, et al. Tracking the Market Performance of Companies That Integrate a Culture of Health and Safety An Assessment of Corporate Health Achievement Award Applicants. *JOEM.* 2016; 58(1): 3–8.	A portfolio of publicly-traded companies representing the American College of Occupational Environmental Health's Corporate Achievement Award winners was examined under six different investment simulations. The financial analysis evaluated past market performance (share price) compared to the performance of the Standard and Poors (S&P) benchmark.	The award criteria of CHAA is judged on 17 standards in four general categories: 1. Leadership and Management 2. Healthy Workers 3. Healthy Environments, and 4. Healthy Organizations	From 2001 through 2014, the portfolio's return was 333% compared with the S&P, which had a return of 105%.
Goetzel R, et al. Stock Performance of C. Everett Koop Award Winners Compared With the Standard & Poor's 500 Index. *JOEM.* 2016; 58(1): 9–15.	The stock performance of 26 winners of the C. Everett Koop National Health Award was measured over time and compared with the average performance of companies comprising the Standard and Poor's (S&P) 500 Index.	The Koop Award is conferred annually by The Health Project, to organizations that have demonstrated best practices in worksite health with demonstrable outcomes.	In the 14-year period tracked (2000–2014), Koop Award winners' stock values appreciated by 325% compared with the S&P market average appreciation of 105%.
Grossmeier J, et al. Linking Workplace Health Promotion Best Practices and Organizational Financial Performance. Tracking Market Performance of Companies With Highest Scores on the HERO Scorecard. *JOEM.* 2016; 58(1): 16-23.	The study evaluated the stock performance of high scoring companies who completed the HERO Scorecard to the Standard and Poor's 500 Index. The study period was over 6 years that used a simulated investment portfolio of $10,000 that was divided equally across 45 companies.	The HERO Scorecard is a validated web-based self-assessment tool that addresses six domains with a maximum score of 200 points. High-scoring organizations were defined as having an aggregate score of 125 or greater.	Compared to the Standard and Poor's 500 Index, high scoring—HERO Scorecard companies' stock performance out-performed 235% to 159% respectively from 2009-2014.
Fabius, R. et al. The Link Between Workforce Health and Safety and the Health of the Bottom Line: Tracking Market Performance of Companies That Nurture a Culture of Health. *JOEM.* 2013; 55(9): 993–1000.	Seminal study that evaluated the stock performance of a portfolio of publically-traded companies representing the American College of Occupational Environmental Health's Corporate Achievement Award winners to the Standard and Poors (S&P) benchmark from 1997 to 2012. A $10,000 simulated investment portfolio was equally distributed across the study population. Four different financial models were evaluated.	The award criteria of CHAA is judged on 17 standards in four general categories: 1. Leadership and Management 2. Healthy Workers 3. Healthy Environments, and 4. Healthy Organizations	The initial $10,000 investment grew 78.72% ($17,871.52) compared to -0.77% ($9923.14) of the S&P benchmark. Organizations that create a culture of health and safety provide greater value to the organization and to its' shareholders.

INTERNATIONAL ASSOCIATION FOR WORKSITE HEALTH PROMOTION
Advancing the global community of worksite health promotion practitioners.

Susan Morgan Bailey Receives the William B. Baun Award

Susan Morgan Bailey, MS, was honored March 8, 2017, as the first recipient of the William B. Baun Award. Bailey was recognized for her contributions to worksite health promotion from a practitioner's perspective. Most notably as former program manager of the award-winning DTE Energy employee health program, Chair of the Michigan Wellness Council, and as a faculty member (with Bill Baun) of the National Wellness Institute's worksite wellness program manager certification program, she has demonstrated professionalism and practitioner outreach throughout her 20+ years of service.

Estey Presents at the XVI Brazillian Congress of Quality of Life (ABQV)

Charles Estey, IAWHP President, delivered a keynote address—*Best Practices to Create Healthy Companies and Value on Investment (VOI)* on May 22, 2017 in Sao Paulo, Brazil. Below are Alberto Ogata, MD, President-Elect IAWHP, Eloir Simms, President ABQV, Charles Estey, President IAWHP, and Samia Simurro, Vice President ABQV.

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