



Healthy Worksite • Healthy Workforce • Healthy Communities

Better Together: Employer's and Community's Journey to Health Partnerships

February 11, 2013





National Healthy Worksite Program

Webinar Agenda

- Importance
 - Andrew Webber, BA
- Benefit
 - Monica Vinluan, JD



- Dawn Robbins, BA
- Q & A

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention





National Healthy

Section Overview

- Introduction to the National Business Coalition on Health
- The Employer Journey in Health and Health Care
- Building the Business Case for Community Level
 Engagement
- Employer Engagement Recommendations



National Business Coalition on Health

- **Identity:** National, non-profit membership association of **54** business and health coalitions.
- Vision: Better health, better care, lower cost, community by community

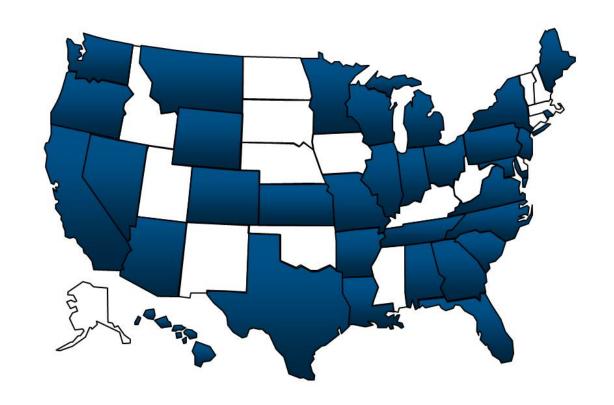
Mission: Helping member coalitions be leaders in

their communities





NBCH Coalition Membership by State



□ 54 business and health coalitions. Network of 7,000 employers and 30 million covered lives



Why Employers Matter

Influencers of all the major determinants of health:

- Socio-economic
- Individual behaviors
- Environmental
- Health care delivery system



The Employer Journey

1970s and 1980s

- Focus on employee health insurance **benefit costs** as a **business expense** to be managed

1990s and 2000s

- Focus expanded to recognizing workforce health as a business asset needing investment

Today

- An integrated approach



Employer Goals and Strategies

Two Goals:

- Improved workforce health and productivity
- Greater value for each dollar spent on health care services

• Two Employer Strategies:

- Population health improvement maximize vitality, maintain health, reduce risk factors, manage illness
- Value-based purchasing measure, report and reward health care delivery performance

Two Strategy Applications:

- At the Worksite/In the Organization
- In the Community



At the Worksite



Focusing on improving the health and quality of people's lives will improve the productivity and competitiveness of our workers and business enterprises

A growing body of scientific literature suggests that well-designed, evidence-based, worksite health promotion and disease prevention programs can:

- Improve the health of workers and lower their risk for disease;
- Save businesses money by reducing health-related medical losses and limiting absence and disability;
- Heighten worker morale and work relations;
- Improve worker productivity; and
- Improve the financial performance of organizations instituting these programs.

Source:

Goetzel R. Recommendations and Findings for Worksite Health Promotion: The Effectiveness of Assessing Employee Health Risks and Decreasing Employee Tobacco Use through Smoke-Free Environments and Using Incentives and Competitions. NBCH Presentation. July 2010.

http://nbch.org/nbch/files/ccLibraryFiles/Filename/00000001044/NBCH%20Webinar%20-%20CG%20Worksite%207-12-10%20final%20to%20post.pdf Goetzel RZ, Ozminkowski RJ. The health and cost benefits of work site health-promotion programs. Annu Rev Public Health. 2008;29: 303-323. Baicker K, Cutler D, Song Z. Workplace Wellness Programs Can Generate Savings. Health Affairs. 2010; 29(2): 1-8.



In the Community

- A leap to be sure from worksite focus
- Not the same level of employer control and direct impact
- Requiring teamwork with other stakeholders
- Yet a case can be made

And evidence of growing interest



Impact on Workforce Health

A Compelling Argument:

"Employer, you can do everything right in terms of building a worksite culture of health but if your employees leave work and go home to unhealthy communities and a broken health care delivery system, your investment will be compromised."



With Distinct Business Advantage

Recruiting and Retention

- Easier to recruit a capable workforce in areas with:
 - good schools
 - clean, safe neighborhoods
 - low crime rates
 - cultural diversity
- Easier to retain a capable workforce that is:
 - invested and established in their local communities
 - has access to quality products, services, amenities



Coalitions Convene Stakeholders to Stimulate Community Action

Coalitions held community health summits and identified work groups to develop community action plans addressing several population health topics:

- Employers Coalition on Health: Access to care; basic needs; behavioral health; chronic disease; crime & violence/public safety; dental care; education/employment; health equity; and maternal/prenatal/early childhood
- Indiana Employers Quality Health Alliance: Obesity and diabetes
- Memphis Business Group on Health: Obesity
- Midwest Business Group on Health: Early elective deliveries
- Savannah Business Group: Childhood obesity
- St. Louis Area Business Health Coalition: Obesity

Spotlight: Midwest Business Group on Health

- Convened summit to assess
 existing activities, gaps, and value
 of a statewide collaborative
- Identified key areas for a community action plan
- Formed a statewide steering committee to lead activities
- Statewide group, along with other partners, applied for a CMS Innovation Grant



Coalitions Partner with Public Health, Other Stakeholders

Partnerships led to implementation of several population health improvement programs:

- □ **Employers Coalition on Health:** After school activities program to prevent childhood obesity
- Memphis Business Coalition on Health: worksite health promotion program at four pilot sites; the Move More, Eat Better campaign
- Michigan Purchasers Health Alliance: Development of employer toolkits and workshops to assess health policies and practices and provide a roadmap of evidence-based strategies/resources to support improvement
- New Jersey Health Care Quality Institute: Tools to equip mayors to develop and implement active-living initiatives in their communities; the Mayors Wellness Campaign for weight loss
- Northeast Business Group on Health: Pilot to implement collaborative depression care model in NYC and test reimbursement models
- Tri-State Health Care Coalition: Patient self-management program for employer members to maintain control over diabetes & cardiovascular disease
- Wichita Business Coalition on Health: Leadership by example approach that focuses CEO support of healthy behavior, based on the Partnership for Prevention model; Healthy Wichita



Recommendations for Building Employer Partnerships

- View employer community as part of the solution; employers share mission of population health improvement
- Speak language of employers, e.g. "workforce health and productivity," "ROI," "human capital investment," "direct and indirect costs."
- Commit to employer outreach and bring useful resources e.g. population health data, worksite toolkits, evaluation expertise
- Always work with employer-led health coalition if one exists
- Publicly recognize employer community for best practices in workforce health improvement
- Ask first for leadership commitment and engagement rather than financial commitment in community-based efforts

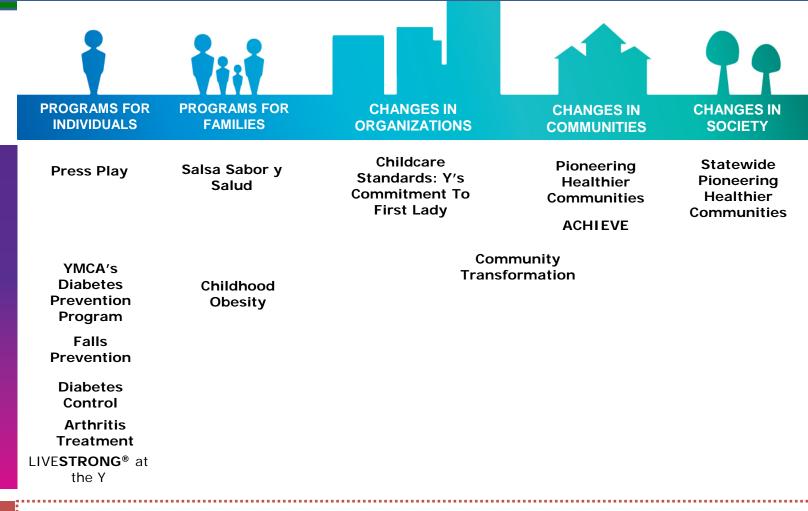


Section Overview

- Effective Coalitions and Partnerships
 - Y-USA's Healthier Communities Initiatives
 - Why Collaborate?
 - Y-USA's Leading Practices
 - Elements of Effective Teams



Y-USA'S Portfolio of Health Innovation



BUILD CAPACITY

PROMOTE

WELL-

BEING

(primary)

TO

REDUCE

RISK (secondary)

TO

RECLAIM

HEALTH

(tertiary)

Support Change

Listen First

Build Community

Innovate

Programs

Change Your Environment

Understand Healthseekers

Transform Your Staffing Practices Food and Fun Afterschool Curriculum

ol Measurement in Activate America

Inspired Facilities

Send It Home

Engage Your Community

Healthier Communities Initiatives

Five Initiatives

- Pioneering Healthier Communities (PHC) Centers for Disease Control and Prevention (2004)
- Action Communities for Health, Innovation, and EnVironmental Change (ACHIEVE) CDC (2008)
- Statewide Pioneering Healthier Communities Robert Wood Johnson Foundation & Sam's Club (2009)
- Community Transformation Grants (CTG) CDC (2012)
- Racial and Ethnic Approaches to Community Health (REACH) CDC (2012)
- 9 years of building healthier communities
- Now in more than 220 communities



Healthier Communities Initiatives

THE RECIPE

Ingredients

1 cup <u>Leadership model</u> that utilizes <u>multiple sectors and diverse</u> <u>organizations</u>

2 cups **Systems & Environmental Change**

4 tbsp "Special Sauce" - Organically grown with strategies that meet local and state needs

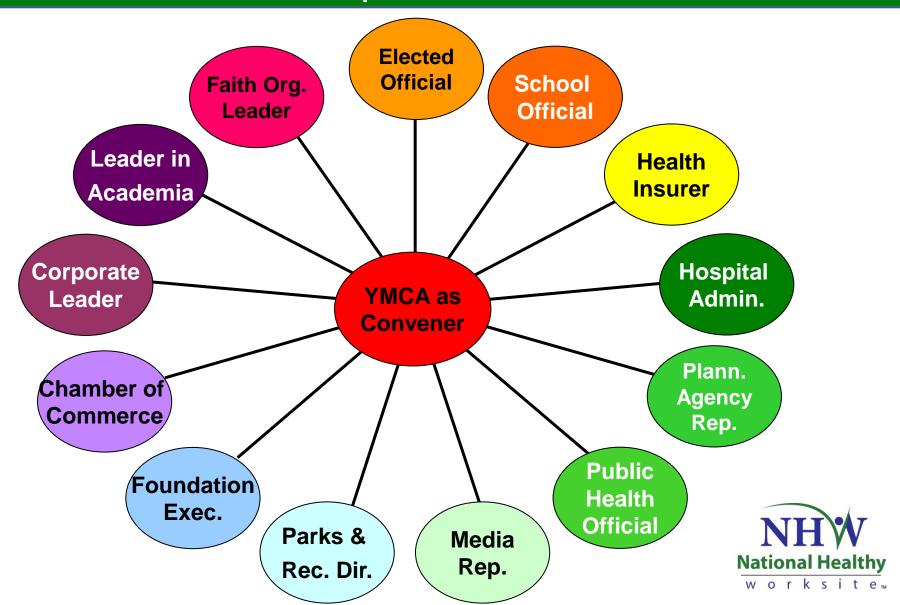
Baking Directions

- Understand the leading practices
- 2. Use the Healthier Communities Initiative process map
- 3. Make it your own
- 4. Learn from each other
- 5. Leverage \$





Healthier Communities Initiatives Team Make-Up Often Includes:



Why Collaborate?

Better Together

Compliment each other's assets

Bigger Impact

Build Capacity and Readiness for Change



Collaborative Advocacy



Collaborative Advocacy

Moves to one-onone relationships between people expanding to an organization-toorganization relationship. Organizational relationships build into networks. Coordination and coalescence around similar themes, ideas, issues begin to emerge. No formal/informal partnership exists, rather, this is a dialogue-building phase.

These relationships

have the ability to

morph in to more formal partnerships/

collaborations.

High-impact alliances with other organizations around an issue, challenge, or opportunity a community is facing.

CAUSE-DRIVEN

Starts with individuals



Collaborating with Worksites



- Innovate Programs
- Initiate Organizational Change
- Deepen Community Benefit
- Build Social Capital



Leading Practices

Start With a Shared Vision & Spirit of Inquiry

- Vision Builds Energy and Alignment
- Realize Bold Visions through Systems & Environmental Change
- Move Forward With a Spirit of Inquiry
- Communications lens needs to be included from the beginning

Adapt to Emerging Opportunities

- The Right Starting Point Will Emerge
- Get Behind Existing Assets
- Produce Results to Create Opportunities

Borrow from Others and Build Your Own

- Success Stories Sell
- This is Not a Cookbook
- Think Like a Social Entrepreneur





Leading Practices

Engage Cross Boundary Leaders Who Care

- Bring the "Right" People to the Table
- Turn the Group Into a Team
- It's Personal!

Serve in Multiple Roles

- Discover the Best Role for Every Situation
- Discover the Art of Collaborative Advocacy
- Maintain a Flexible but Insistent Focus on Results

Use Data to Guide Not Drive the Effort

- Data Can Be Powerful
- Avoid Focusing on Getting All of the Data Before Moving Forward
- Be Strategic and Utilization-Focused

Develop Leadership Structures That Distribute Ownership & Action

- Create Just Enough Structure
- Utilize Good Facilitative Processes
- Share the Load (and Credit)



Start With A Shared Vision & Spirit Of Inquiry

- We have articulated a vision and direction for our effort that is clear and compelling for our full team.
- If asked to state our vision, all of our leadership team members have a compatible response.
- Our team is clear on why on focusing on systems and/or environmental change is critical for having long-term sustained impact.
- We continually ask the right questions and maintain a spirit of curiosity and open-mindedness



Adapt to Emerging Opportunities

- Our team has been opportunistic in its decision making and actions.
- We have made a concerted effort to "scan" for assets and opportunities, and to better understand and take advantage of these (including existing initiatives and programs as well as upcoming media outreach efforts).
- We had some "early successes" and were we able to build upon these (e.g., attracting additional support, taking advantage of new opportunities, tapping into existing communications outlets).



Borrow From Others and Build Your Own

- We collected and learned from stories or examples from other communities, and they have had a demonstrable impact on our team's thinking.
- We have grown our own solutions and/or creatively adapted other models.
- We have our own stories to share about both successful efforts as well as "useful failures", including how we have learned and adapted our efforts.



Engage In Cross-Boundary Leaders Who Care

What would your coalition members say?

• We have been successful at recruiting and retaining diverse leaders from different sectors.

 We have dedicated time to building and improving our performance as a team, and with positive effects (i.e., we feel and perform like an effective team).

 Leadership team members demonstrate a personal commitment to the goals and overall success of the effort (i.e., it is more than a professional/organizational obligation).



Become Multiple Role Players

- Leadership team members have sought to understand the most appropriate and useful role(s) they – individually and collectively – can play to advance the overall effort.
- We are advocating in ways that build trust and understanding across community groups and decision makers.
- We have been able to strike a balance between being flexible and insistent about the importance of particular outcomes and strategies in our education/promotion efforts.



Develop Leadership Structures That Distribute Ownership & Action

- Our team has an effective structure with clear roles and expectation of partners and action teams – that has been adaptable to changing conditions and sustained over time.
- We have effective processes to make consensus-based decisions that keep action moving and everyone feeling respected. Our time together is well spent.
- We share the load, distribute responsibility and credit across partners



Elements of Effective Teams

- Inclusive
- Collaborative
- Effective
- Clarity of expectations and goals
- Results oriented

How would your coalition measure up?



Elements of effective teams



Inclusive

- Engagement of traditionally disenfranchised
- Key decision makers from different sectors
- Diverse perspectives, demographics, and geographies
- Grassroots, grasstops



Elements of effective teams

Collaborative

- Authentic dialogue
- Interest based negotiation
- Collaborative problem solving
- Reflective and analytical
- Driven by vision
- Informed by data, research, and trends





Elements of effective teams

Effective

- Authentic dialogue
- Interest based negotiation
- Collaborative problem solving
- Reflective and analytical
- Driven by vision
- Informed by data, research, and trends





Elements of effective teams

Clarity of expectations and goals

- Authentic dialogue
- Interest based negotiation
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Elements of effective teams

Results - oriented

- Authentic dialogue
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Section Overview

Starting Community Partnerships

- Collective Impact Model
- Assess Readiness, Move Ahead
- Feet on the ground: wellness@work





Collective Impact Model

- Simple structure to solve complex problems; similar to Performance Partnership Model
- Underlying belief: "No single organization, however innovative or powerful, could accomplish this alone."
- Examples: improve student achievement, reduce teen pregnancy, slash smoking, build a culture of health
- Effective in lean economic times to leverage creative solutions between unconventional partners

Source:

Kania J, Kramer M. Collective Impact. *Stanford Social Innovation Review*. Winter 2011. Web access 12/28/12: http://www.ssireview.org/articles/entry/collective_impact

Smoking Cessation Leadership Center: http://smokingcessationleadership.ucsf.edu/performancepartner.htm



Key Elements

- Community leaders committed to a specific issue (e.g., creating a healthy workforce in a community)
- Data to establish baseline, set target, and measure success
- Action plan with multiple strategies
- Backbone support organization to catalyze action: "the glue"



Assess Readiness, Move Ahead

- Form a team to plan a one-day summit. Allow three to four months for planning.
- Identify and recruit leaders interested in tackling the problem.
- Collect data to inform the work.
- Hold a summit to set a common goal and action plan.



Potential Partners

- Businesses, associations, small, large, minority-owned
- Labor, union trusts
- Schools, hospitals, universities, government
- State and local public health
- Health care and workers' compensation providers, insurers, consultants and brokers
- Parks, YMCAs, transportation planners
- Non-profits, e.g. American Heart Association, American Cancer Society, public health institutes

Include members of select groups on planning team

Data to Inform the Work

- Chronic disease rates and costs
- Tobacco use, physical inactivity, poor nutrition rates and costs
- Population interest in adopting healthy behaviors
- Percentage of employers with culture of health (leadership support, a wellness committee, data, planning, policies, programs)
- Impacts of building a culture of health
- Data that is as local as possible (i.e., regional is better than national)

Work of Planning Group

- Choose summit date.
- Hone invitee list (20-30 people).
- Craft and strategically deliver invitations.
- Gather baseline data.
- Create agenda and materials.
- Plan meeting.



Four-Question Summit Agenda

- Where are we now? (Baseline and personal connection)
- Where do we want to be? (Measurable target)
- How will we get there? (Multiple strategies)
- How will we know we are getting there? (Evaluation)



Where are we now?



Where do we want to be?

Increase the number or percentage of worksites:

- With key wellness elements...
- Demonstrating a culture of wellness...
- With employee wellness programs/policies...

Increase employee participation in wellness

programs...

...By (date).



How will we get there?

Key strategy areas:

- Data
- Programs and Policies
- Resources, Tools
- Education, Promotion, Marketing
- Partnerships/Steering Committee







How do we know we're getting there?

- Process: action plan accomplishments; number of people reached; website hits
- Mid-Term Measures: policies passed, programs started (including leadership support, committee formed, data-driven plan developed)
- Results: Reduced tobacco use, increased physical activity, improved nutrition, improved attendance, fewer workers' compensation claims, lower health care costs
- Data sources: BRFSS for School Employees, School Health Profiles Supplement, Employer Survey, health care cost/absenteeism data, workers' compensation rates/claims

National Healthy

worksitem

Lessons Learned

- Soaring health care costs drive a growing interest in worksite wellness
- Worksite wellness, properly framed, can unify
- Most "wellness programs" focus on activities
- Developing a comprehensive wellness program takes time and commitment
- Timely, reliable worksite wellness data are not always readily available

wellness@work Resources and Tools



www.wellnessatworkoregon.org

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wellness@work

making it easy to:

Be Tobacco Free

Fat Well

Move More

Take Charge of Your Health



Create a healthy worksite

Health care costs continue to soar in Oregon, driven largely by ongoing conditions, like heart disease, diabetes, arthritis and cancer. By building a culture of wellness, employers can prevent costly disease, boost employee health and productivity, and improve the bottom line.

Employers of all sizes and types can use resources on this site to:

· Assess your support for the health of employees, from



Wellness works. Take a step

How healthy is your worksite? Find out with this Healthy Worksite Assessment Tool.

Take the assessment



Build a culture of health

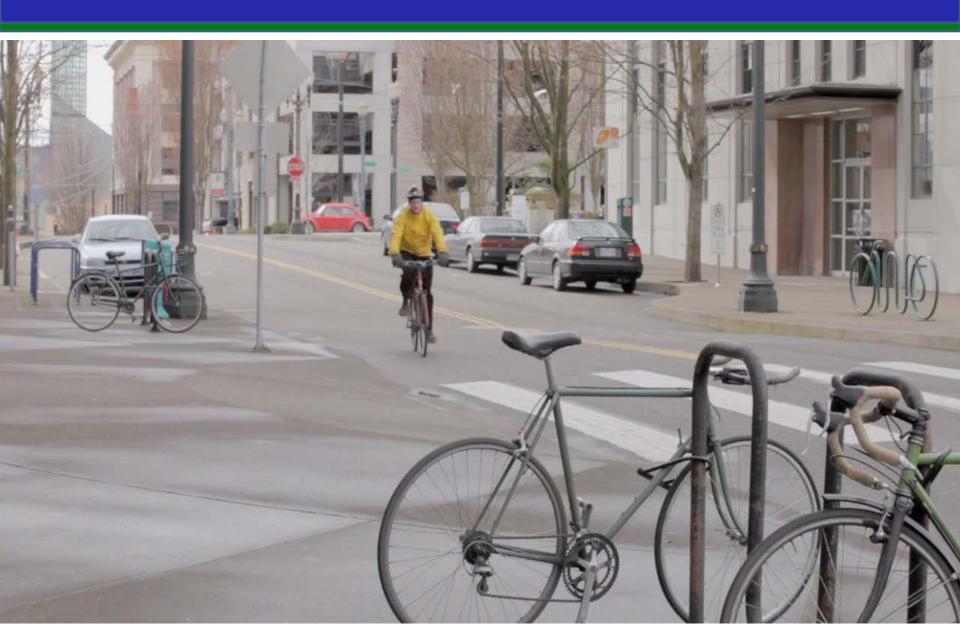
Use this step-by-step guide to make a measurable difference in employee wellness.

Let's get going





Showcase Partner Successes



Contact Information

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CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion

www.cdc.gov/NationalHealthyWorksite/







Upcoming Events

- National Participant Program Implementation Webinar Training (4 of 5)
 - Topic: "Implementation"
 - Date/Time: April 15, 2013, 1:00 PM 2:30 PM EDT
 - Speakers: Jessica Davies Panhandle Public Health District
 Bob Hardison Henderson Behavioral Health
 Kirstie Settas-Jones, MBA Seitlin
 - Registration Link:

https://www3.gotomeeting.com/register/897990086



Continuing Education Credit Redemption

- IACET CEU: The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer **0.1** ANSI/IACET CEU's for this program.
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 - Evaluation link: www.cdc.gov/tceonline/



