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HEALTH MANAGEMENT SERVICES MANAGER

CREATING A CULTURE OF WELL- BEING

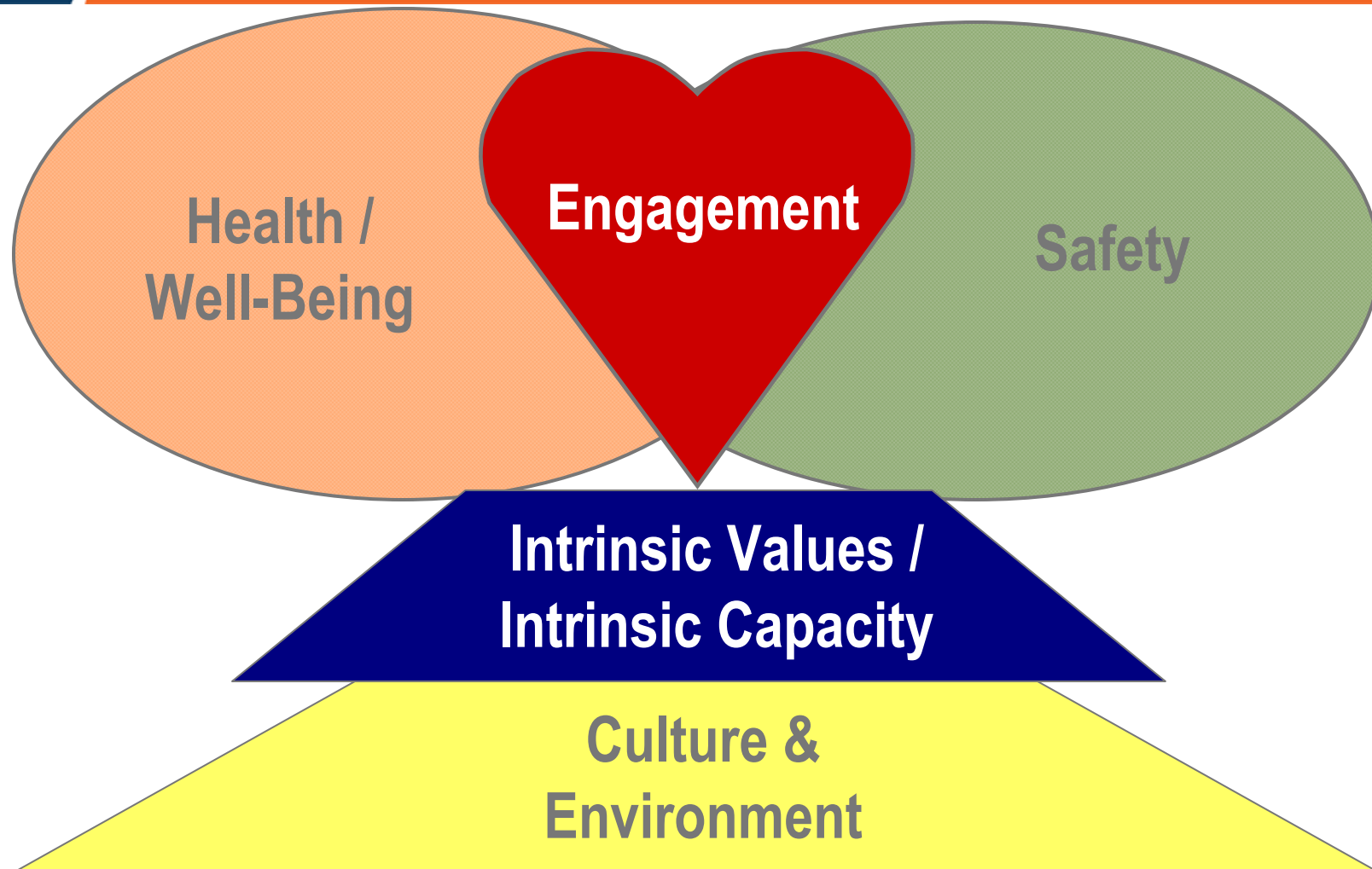


AGENDA

- The Role of Culture, Well-Being and Engagement
- The Motivation Paradox
- Low-Hanging Fruit / Getting Started
- Integrating Safety, HR, Leadership Practices and Well-Being to Move from Good to GREAT



MODEL FOR WELL-BEING





MOVING FROM GOOD TO GREAT

“A good hockey player skates to where the puck is. A great hockey player plays where the puck is going to be.”

~Wayne Gretzky





WHAT WE PERCEIVE AS “WELLNESS”

Low Number of Sick Days

Regular Preventive Care

Healthy Weight

Eating Fruits

Normal Cholesterol

Use alcohol in
moderation

Physically Active

Manage Stress

Getting Enough
Sleep

Normal Blood Pressure

Non-Smoker

Low Fat, High Fiber
Diet

Normal Glucose

Eating Vegetables

Use Sunscreen

Wear Seatbelts



WHEN EMPLOYEES FEEL “UN-WELL”

Company Doesn't Care

No time for me

Pulled in too many
directions at work &
home

OVERWHELMED

Worried about
layoffs

Too much to do

Not enough resources

Feel Trapped in my job

Co-workers Don't Care

All work and no play

Unrealistic Company
Demands

Don't like what
I'm doing



ISSUES WITH TRADITIONAL APPROACHES TO CHANGE

- Focused on behavioral management and “getting” people to change.
 - **More important to get underneath surface of behaviors to values & attitudes.**
- Little evidence that short-term changes in attitudes and behaviors resulting from traditional HP programs lasts after the program ends.
- **Stand-alone behavior change programs have proved to be relatively ineffective.**



WHAT IS BEING ASSESSED?

- 1) Would you describe your work as monotonous?
- 2) How satisfied are you with your job?
- 3) How tense or anxious have you been in the past week?

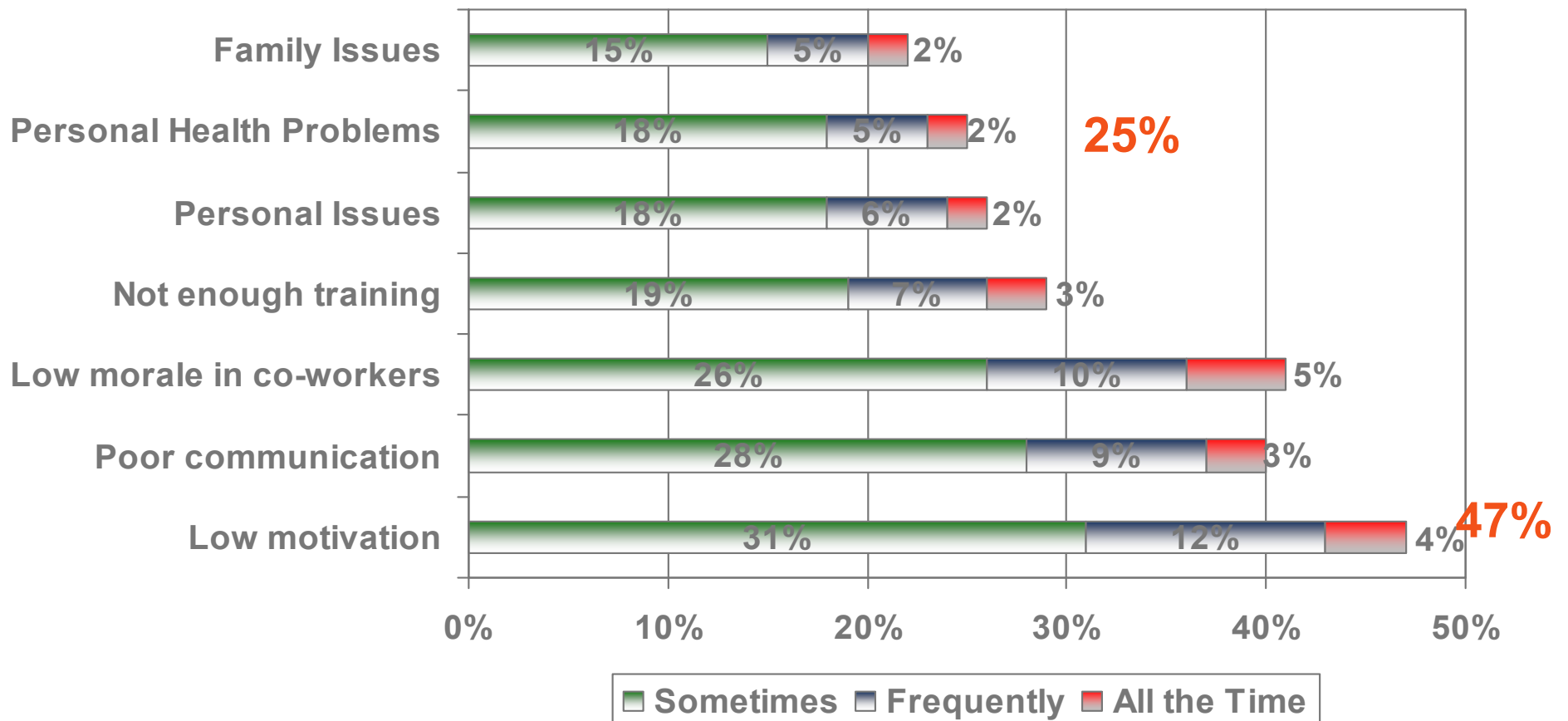
These three questions are part of a screening that is more than 80% accurate at predicting what?



**IT'S BIGGER THAN
HEALTH....**



WHAT INTERFERES WITH PRODUCTIVITY?

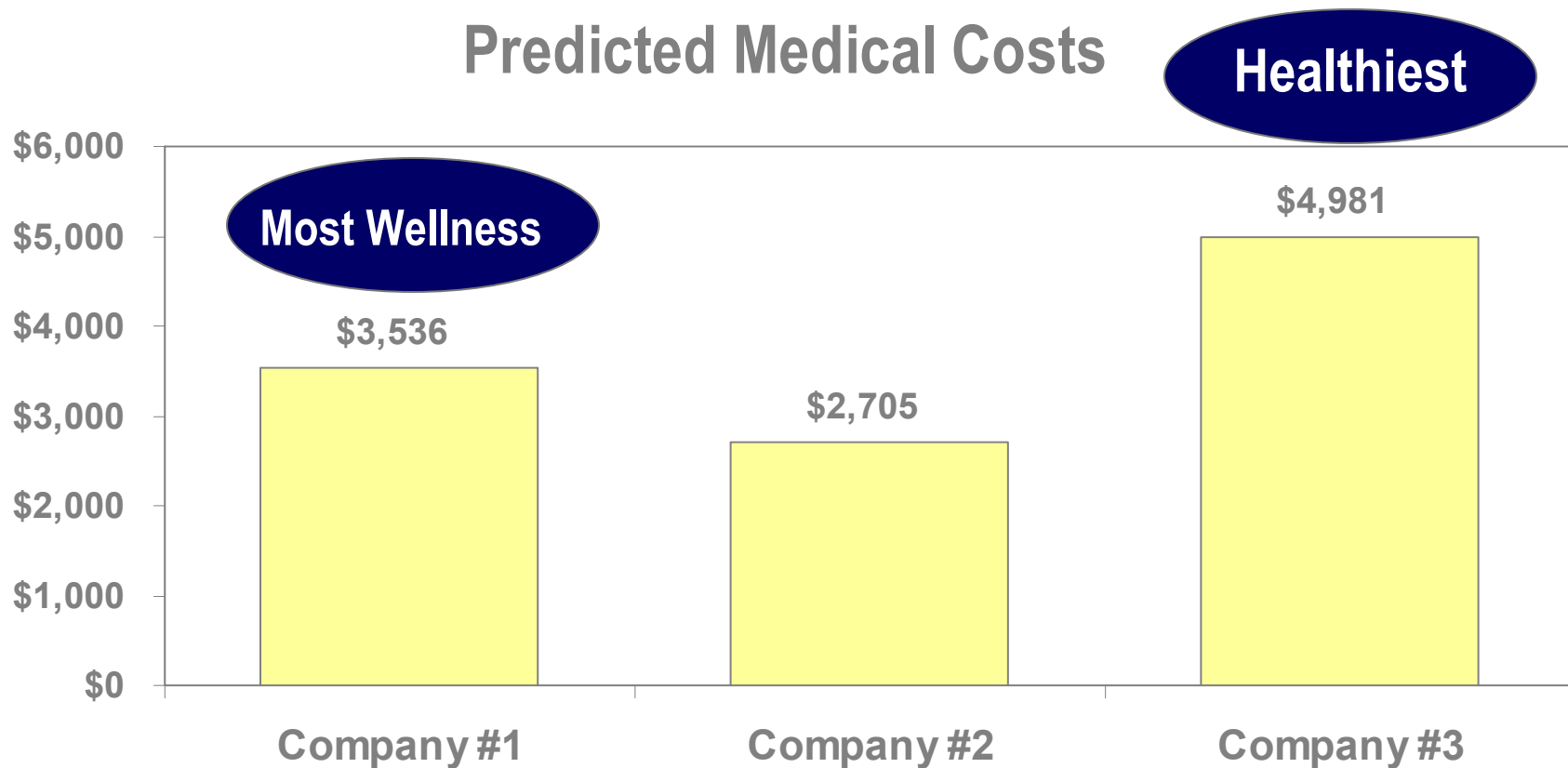


Source: Human Capital, Motivation, & Productivity, Health as Human Capital Survey (2007)



3 COMPANIES, 3 MEDICAL COST STORIES

Predicted Medical Costs



Source: Wendy Lynch, PhD., HCMS Group (2007)



OTHER DRIVERS OF HEALTHCARE UTILIZATION

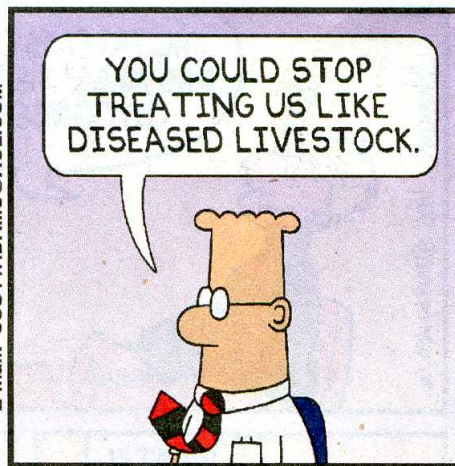




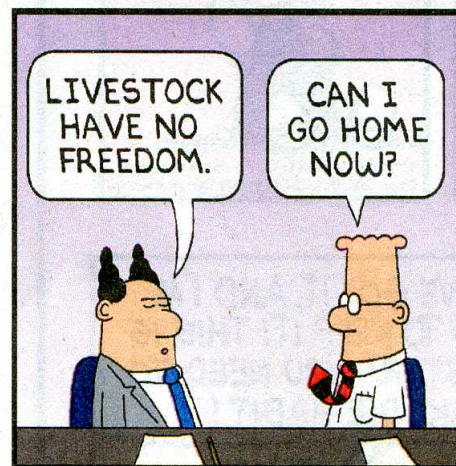
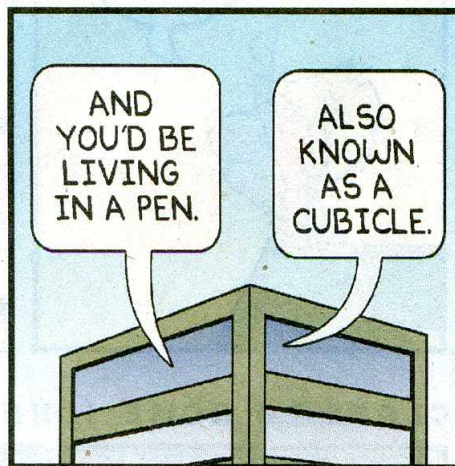
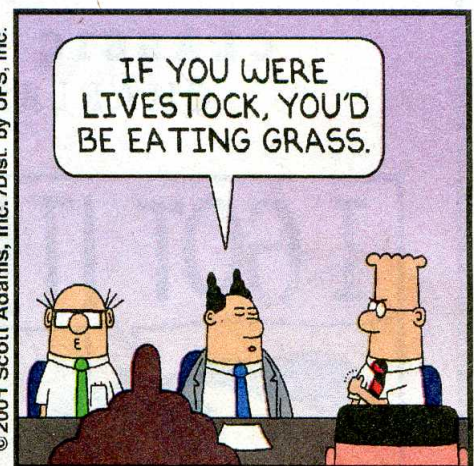
EMPLOYEES SEE THROUGH GIMMICKS



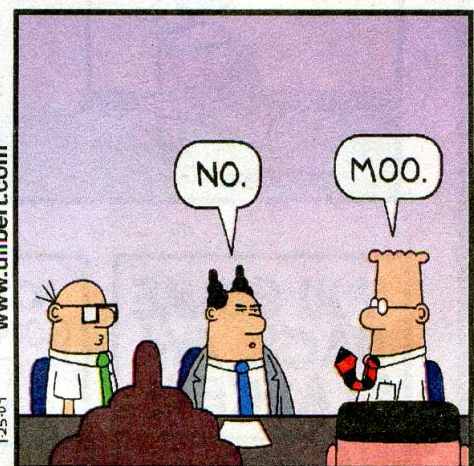
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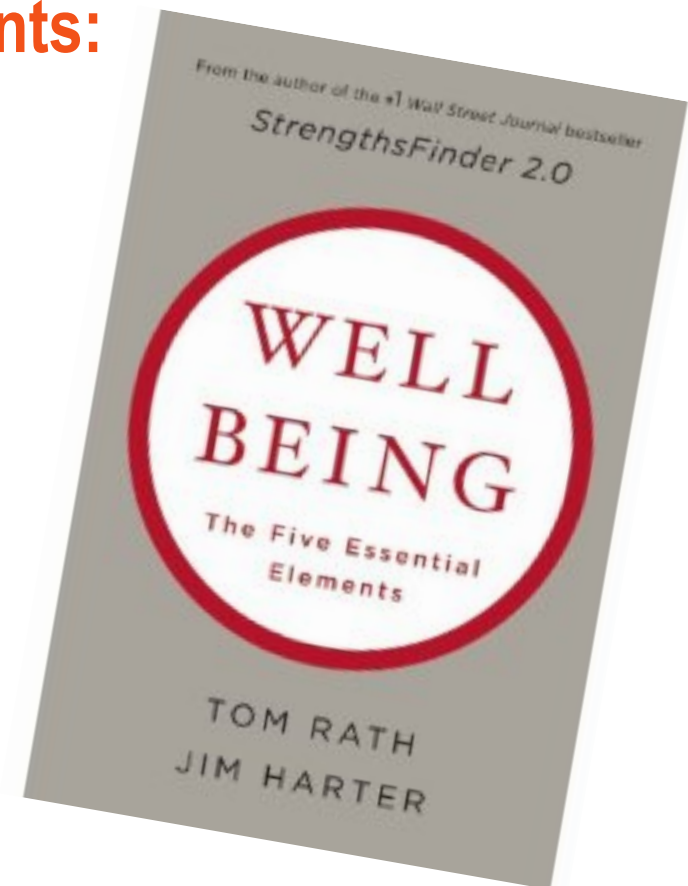
FROM WELLNESS TO WELL-BEING



INDIVIDUAL WELL-BEING

5 Universal, Interconnected Elements:

- > Career Well-Being
- > Social Well-Being
- > Financial Well-Being
- > Physical Well-Being
- > Community Well-Being





WELL-BEING CONSIDERATIONS

- 66% of people thriving in 2 areas.
 - > Only 7% of people thriving in all 5 areas.

- 70-100 = Thriving
- 40-69 = Struggling
- <40 = Suffering

• **Struggling/Suffering people have 2x higher new medical costs due to disease burden** (2008-2009) compared to those who are Thriving.

• **People with high quality friendships at work are 7x as likely to be engaged in their work.**



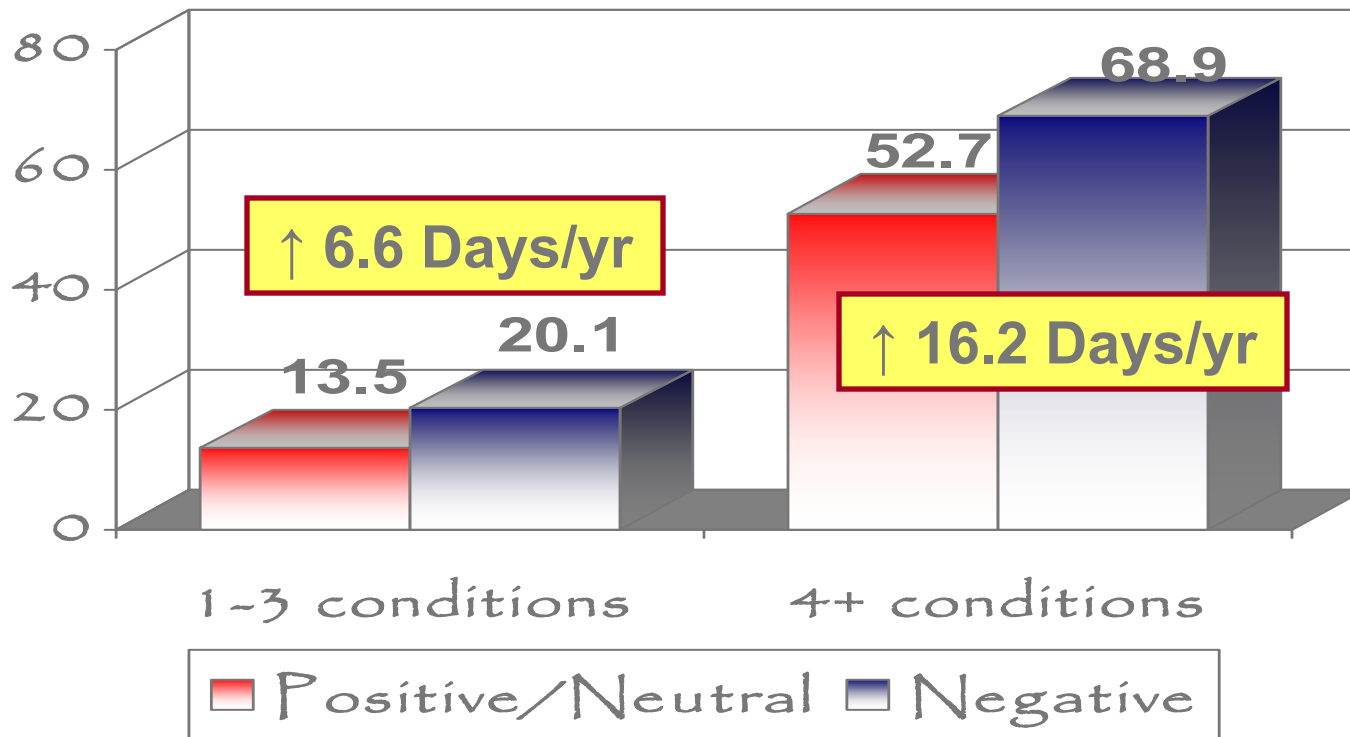
IMPACT OF A NEGATIVE WORK ENVIRONMENT

- **Elements of negative work environment:**
 - > Dissatisfaction with job
 - > Authoritative rather than collaborative leadership
 - > Lack of trust and openness at work
 - > Lack of focus on individual strengths
- **Having any one of these four negative factors present drains well-being**
 - > Employers eliminating these negative factors will see one of the greatest improvement in well-being scores and return on employee investment



WORK ENVIRONMENT AND HEALTH

Days Unable to Perform Usual Work Activities Per Year
by Number of Disease Conditions for Each Individual by **Type of Work Environment (Positive/Neutral or Negative)**





**“I’m sending you home, Janice.
Your bad hair day is infecting the entire office!”**



LIFE EVALUATION & MEDICAL CLAIMS

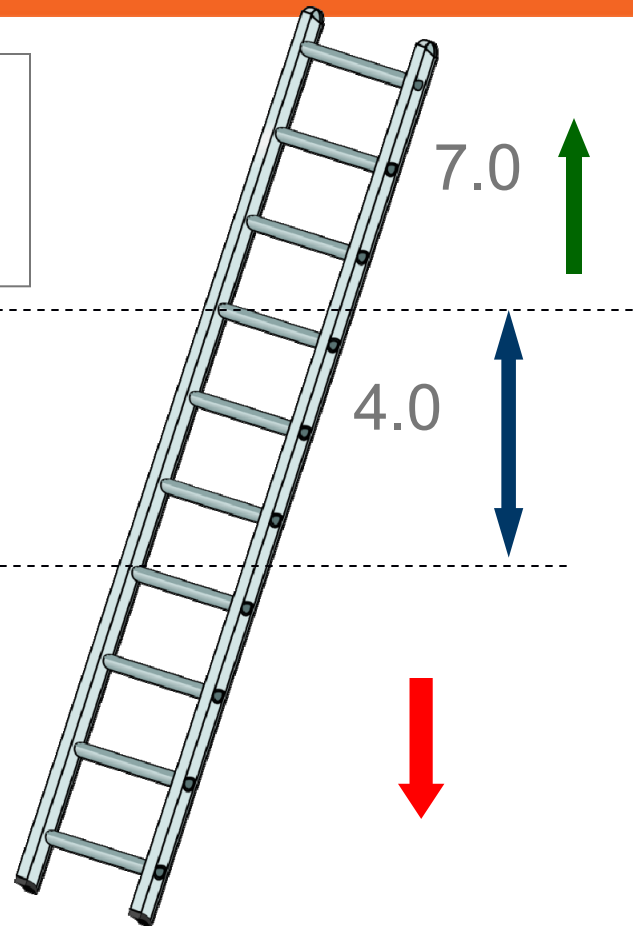
Thriving

Average 20% Lower
Medical Costs

Struggling

Suffering

Average 50% Higher
Medical Cost





ENGAGEMENT: THE KEY TO OVERALL WELL-BEING



DEFINING ENGAGEMENT

- **Engaged:** work with passion and feel a profound connection to their company. They drive innovation and move the organization forward.
- **Not Engaged:** essentially “checked out”; are sleepwalking through their workday, putting time – but not energy or passion – into their work.
- **Disengaged:** actively act out their unhappiness and undermine what their engaged coworkers accomplish every day.



ENGAGEMENT & WELL-BEING

- Engaged EEs 2x as likely as actively disengaged to be *thriving in their lives overall*
- Those w/ low Career Well-Being begin to disengage after just 20 hours/week.
- Disengaged 2x as likely to be diagnosed with depression, have higher stress levels, and at greater risk for heart disease.



ENGAGEMENT & WORKPLACE INJURIES

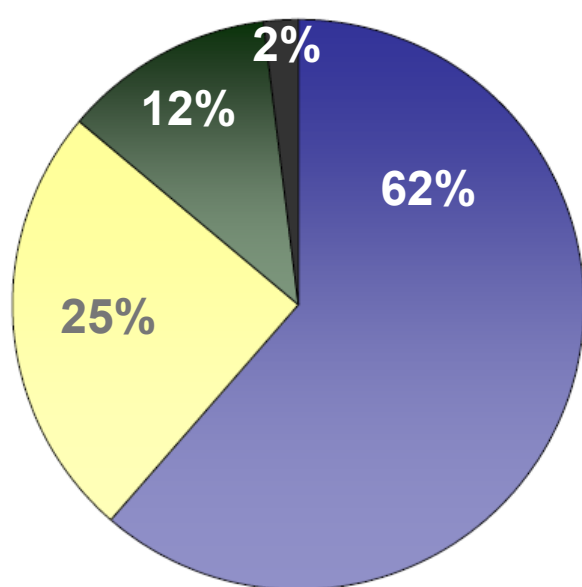
- Workgroups in bottom 25% of engagement average **62% more accidents** than workgroups in top 25% of engagement.
- **Building on employee strengths and improving engagement** substantially impacts productivity, employee retention and safety, and customer experiences.



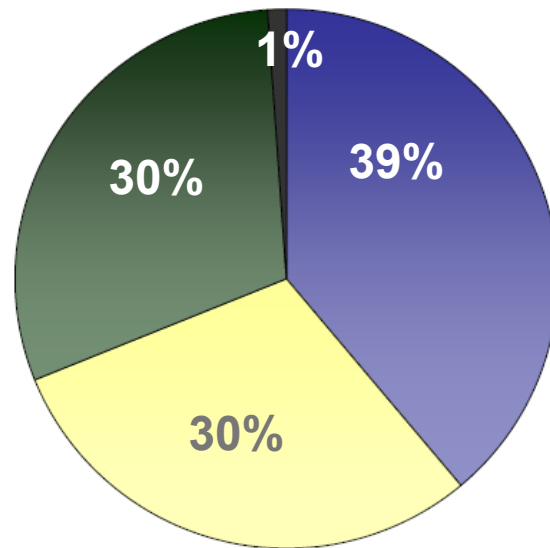
ENGAGEMENT & PHYSICAL HEALTH

Effect of Work Life on Health

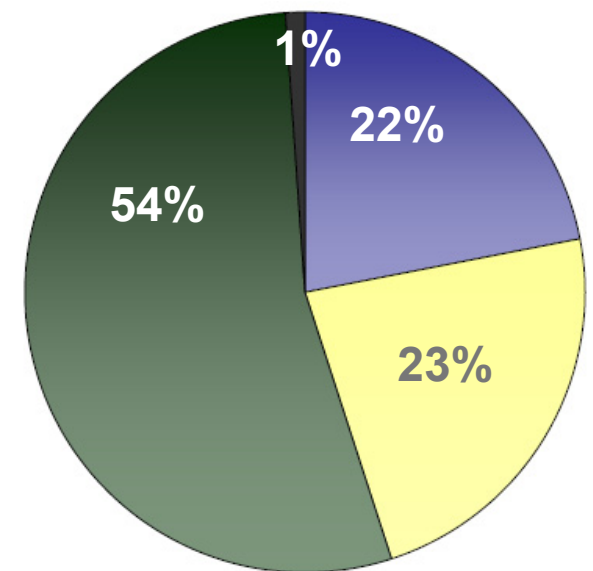
■ Positive ■ None ■ Negative ■ Don't Know / Refused



Engaged



Not Engaged



Actively Disengaged



**You Can't Ignore the
800 Pound Gorilla**





WHEN ENGAGEMENT OCCURS

- Emotionally connected to others
- **Cognitively stimulated**
- Know what is expected of them
- Have what they need to do their work
- Perceive they are part of something significant with co-workers they trust
- Have chances to improve and develop



LEADERS' ROLE IN WELL-BEING

- **Leaders shouldn't ignore well-being as if it's beyond the scope of their jobs.**

- **People who agree their manager cares about them as a person:**

- > Are more likely to be top performers

- > Produce higher quality work

- > Are less likely to be sick

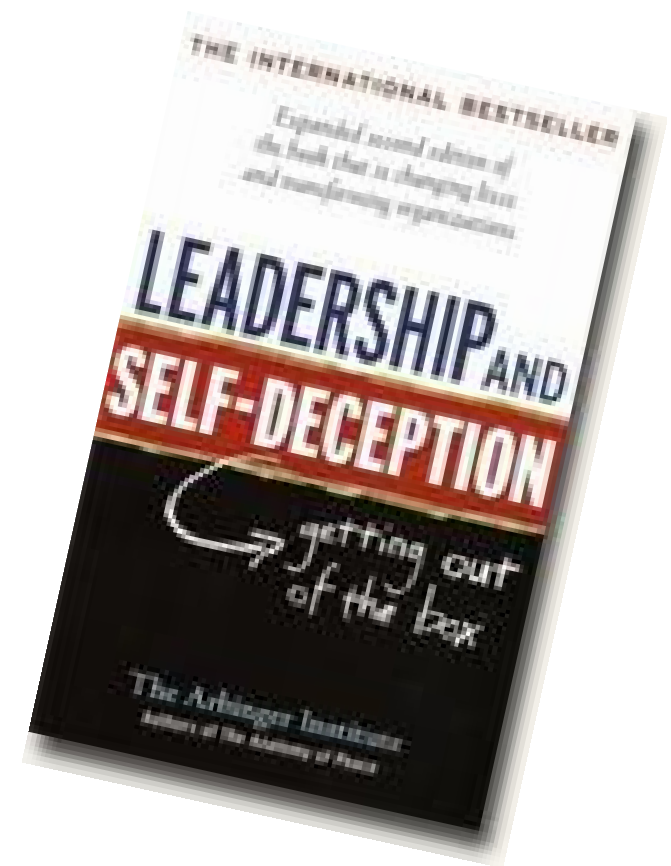
- > Are less likely to change jobs

- > Are less likely to get injured on the job



STOP DOING, START *BEING*

- People know if being manipulated, coped with, etc....it's not about skills but how leaders *regard* others.
- Our *thinking* about others influences how they perceive our behaviors.
- > **People respond not to what we're doing but how we're *being*.**





**BEYOND
“CONVENTIONAL
WISDOM” TO CREATE
A CULTURE OF WELL-
BEING**



BRAIN: FRIEND OR FOE?

Prefrontal
Cortex



Basal
Ganglia



COGNITIVE CHALLENGES WITH CHANGE

- Change itself amplifies stress & discomfort.
- Carrot & Stick don't succeed in the long run.
- Brains = pattern-making organs with innate desire to create meaningful connections.
- **People can detect the difference between authentic inquiry and persuasion efforts.**
- **Change requires changing mental maps through creating moments of insight.**



TYPES OF MOTIVATION

- **Intrinsic Motivation:**

- > “People doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself.” (Gagne & Deci, 2005)

- **Extrinsic Motivation:**

- > People are driven to do something due to pressure or tangible rewards rather than for the fun or interest of it.” (Petri, 1991)

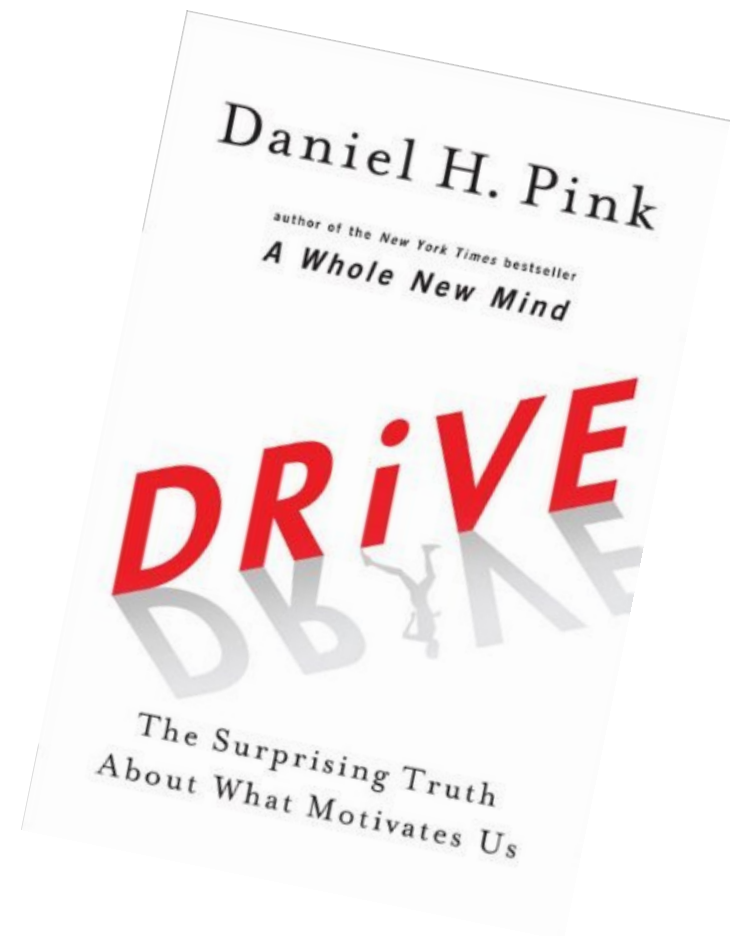


BUSINESSES IGNORE THE EVIDENCE

Carrot & Stick (especially \$\$\$) not only ineffective but **HARMFUL**

True Motivation = Autonomy; Mastery; Purpose.

- > Results in higher EE satisfaction and stronger results





FOSTERING INTRINSIC MOTIVATION

- Occurs when learning activity & learning environment elicit motivation in a person.
- Key to organizational effectiveness = empowered & intrinsically motivated employees.
- **Individual thoughts central to intrinsic motivation & self-leadership**
 - > **Organizations need to create an environment that fosters developing and maintaining constructive thinking.**



SUSTAINED BEHAVIOR CHANGE

Cognitive Coaching Research (Stanford)

	<u>New Knowledge</u>	<u>New Skill Developed</u>	<u>New Behavior at Work</u>
Instruction Only	90%	25%	5%
Add Demonstration	90%	50%	5%
Add Practice	90%	90-95%	5%
Add Feedback	90%	90-95%	5%
Add Coaching	90-100%	90-100%	95%



LONG-TERM VISION FOR WELL-BEING IN THE SCHOOLS



***“Insanity: doing the same thing
over and over again and
expecting different results.”***

~Albert Einstein



MOVING BEYOND BEHAVIORS TO ATTITUDES & VALUES

ROBERT S. HARTMAN, PH.D.



C. STEPHEN BYRUM, PH.D.





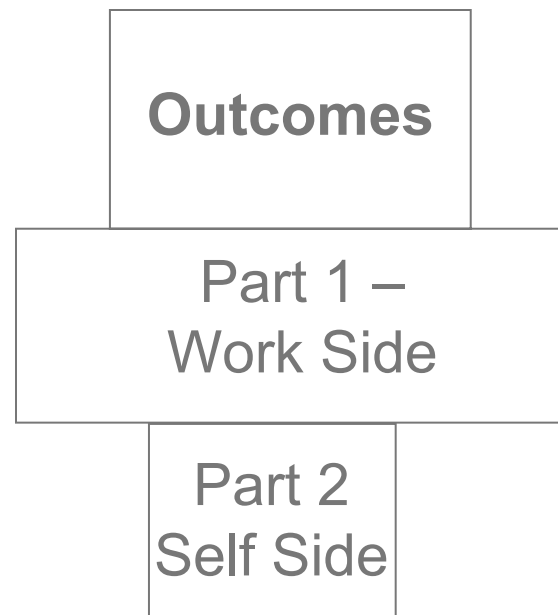
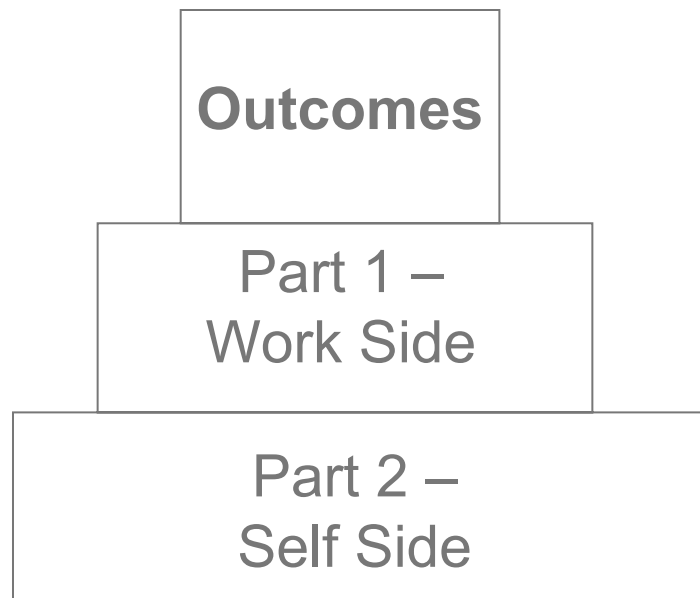
VALUES THINKING / GOOD JUDGMENT

Hartman's Hierarchy of Values:

- **Intrinsic (I)** – value for individual uniqueness
- **Extrinsic (E)** – strategy/expertise, labels
- **Systemic (S)** – concepts/ideas; *ought/should*
- **I > E > S** – people are more valued than things; things are more valued than mere ideas of things or people.



NEED FOR INDIVIDUAL WELL-BEING





NEED FOR WORK/SELF BALANCE

• **Only 7% of population has stronger self-side than work-side (JI™)**

- > Strong, direct link between strong scores on work-life balance indicator and high performance
- > Clear link between strong balance scores and ability to deal with stress.

• **Only 7% of population is thriving in all 5 areas of well-being.**



SHIFTING THINKING PATTERNS

CHRISTINA MARSHALL





INTRINSIC COACHING®

“A paradigm changing approach to better results for, with, and through people” by “increasing people’s capacity to think better about choices, especially by increasing intrinsic thinking” (Totally Coached, Inc.)

- Shifts thinking to I>E>S:
 - > Improves Resiliency and Work/Self Balance
 - > Improves Communication
 - > Improves Relationships
 - > Teams: Get more done in less time
 - > **IMPROVED LEARNING**



SHIFTING OUR APPROACH

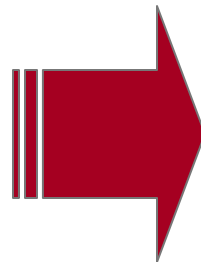
Yesterday's Approach

HA

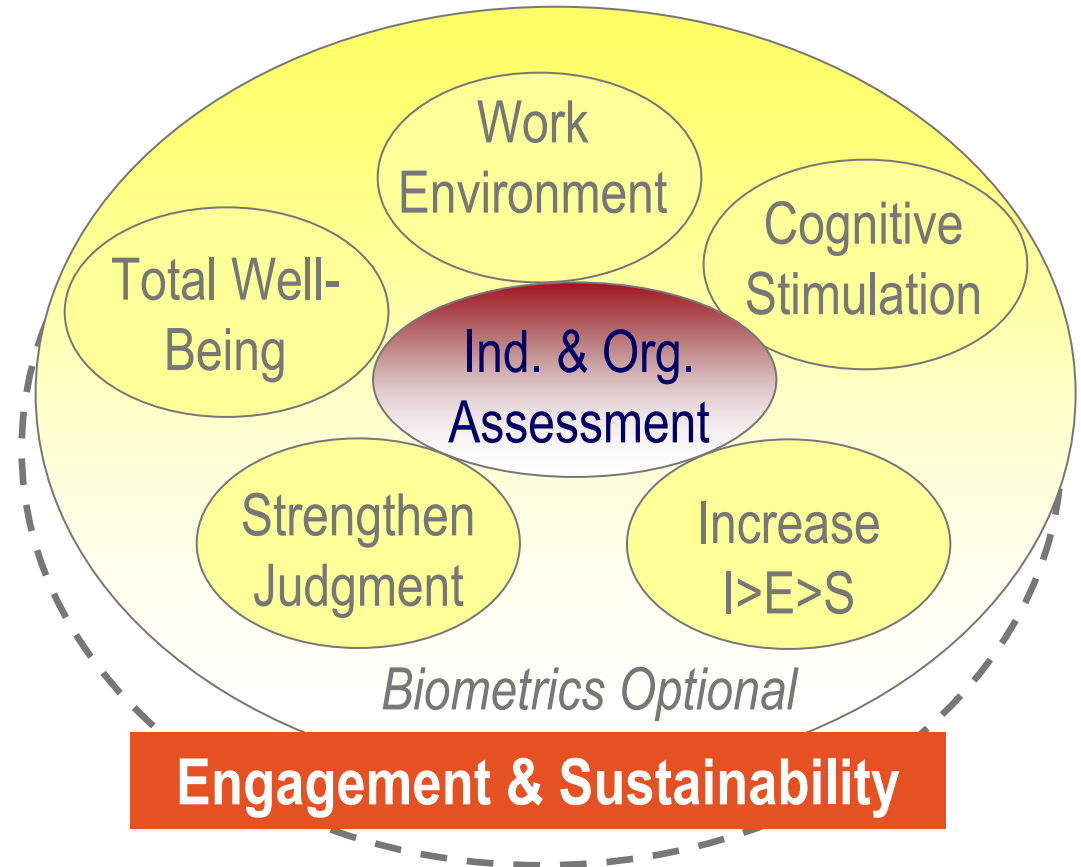
Biometric Screenings

Incent Behaviors

Limited in scope; lacking in sustainability



Today: Organizational Well-Being





GETTING STARTED WITH WELL-BEING IN THE SCHOOLS



LAY THE FOUNDATION

1. Form a Well-Being Team
 - > Monthly meetings
2. Develop / Brand Well-Being as a BENEFIT
 - > Mission/Vision, Goals, Name/Logo, Benefit Overview
3. Create the Plan
 - > 3-year Strategic
 - > Annual Operating, Education/Communication
4. Establish Network of Well-Being Champions



CONSUMERISM: THE IMMEDIATE “LOW-HANGING” FRUIT

- 70% of employees and their families use health care each year.
- 80% of health problems are handled at home (without help from doctors).
- 25% of doctor’s visits could have been handled with self-care**
- 55-60% of Emergency Room visits are unnecessary**



BENEFITS OF SELF-CARE PROGRAMS

- **Reduced unnecessary physician & ER visits**

- > 17% ↓ in outpatient visits
- > 35% ↓ in visits for minor illnesses
- > 40% ↓ in visits for upper respiratory tract infections
- > 35% ↓ in fever visits & 25% ↓ in acute pediatric visits

- Reduced absenteeism

- **Increased patient empowerment (esp. with more complex medical decisions)**

- **\$2.50 to \$3.50 to \$1 cost-benefit ratio**



QUESTIONS / DISCUSSION OF NEXT STEPS



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