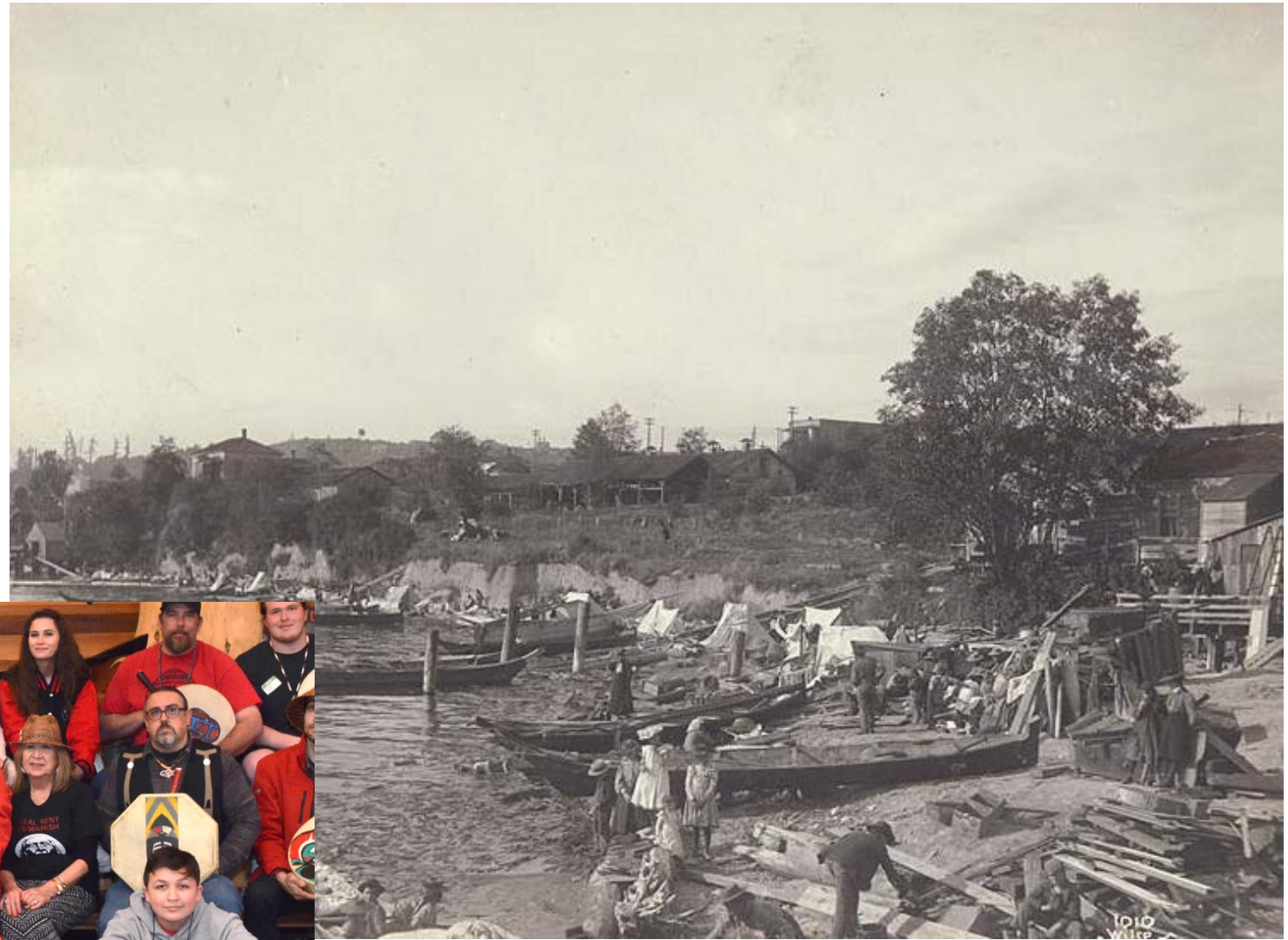


Beyond the Bottom Line: Strategies for High-Value, Affordable Healthcare

We are on the traditional land of the first people of Seattle, the Duwamish People (dx^wdəwʔabš), past and present, and honor, with gratitude, the land itself and the Duwamish Tribe.



source: duwamishtribe.org



Welcome and Opening Remarks

Denise Giambalvo
Executive Director, WA Health Alliance





Why WHA?

Health care in Washington has:

- an affordability problem,
- access gaps,
- and uneven quality.

Washingtonians deserve better.

No single organization can fix this alone.

That's exactly why WHA exists.

Connect with us to join more than 100 organizations committed to changing what's not working.

Initiatives Underway in 2026:

- **Eliminating low-value care expenses**
Reduce waste and redirect resources to high-value services
- **Mitigating pharmacy cost trends**
Strategies to manage PBM relationship & specialty Rx spend
- **Addressing chronic kidney disease**
Early screening & treatment initiatives to improve outcomes
- **Supporting workforce health**
Menopause ERG development & employer-driven strategies
- **Measuring behavioral health outcomes**
Improve access and accountability in mental health care
- **Understanding hospital expenses**
Transparency and benchmarking to assist in designing a sustainable system

The Greatest Opportunity: Changing the System

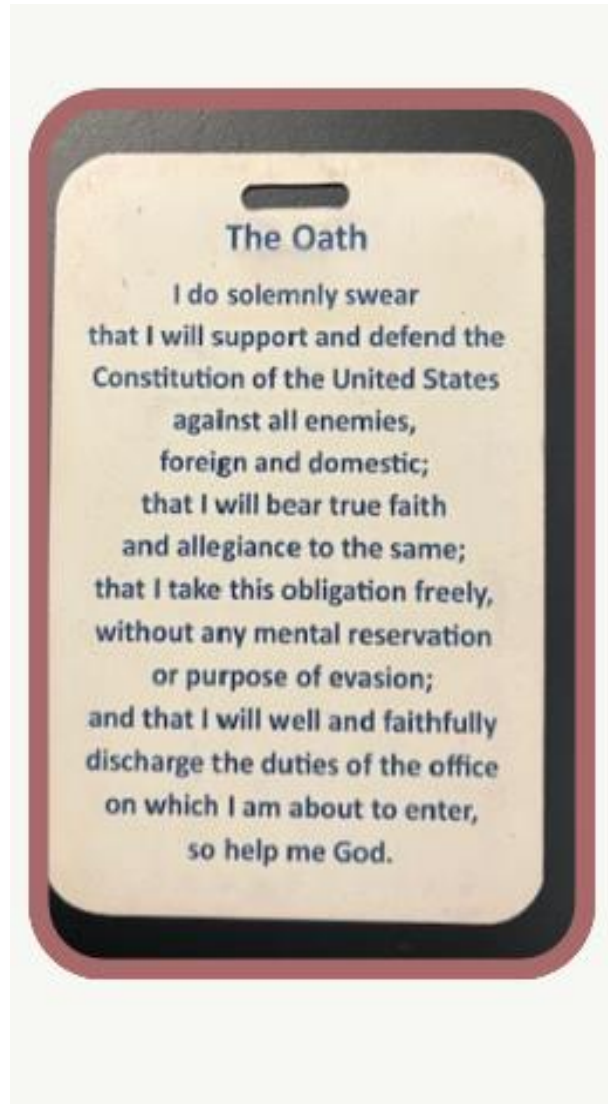
Jennifer Posa, PhD, MS
Founder, 3P Productions, former Chief Wellbeing Officer, CIA



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“

**Readiness sits
at the center of
all success.**



The Art of Driving Change

**Our systems
drive our
behaviors,
decisions, and
outcomes.**



| | |
|---|--|
| Innovation + Disruption = Opportunity | Relationships Accelerate Growth |
| Lived Experience Matters | Environments Influence Behaviors |

Dr. Jennifer
Posa

The Reality: It's Personal



Dr.
Jennifer
P
osa

The Readiness Mindset



Purpose



Strength



Security



Bias for Action

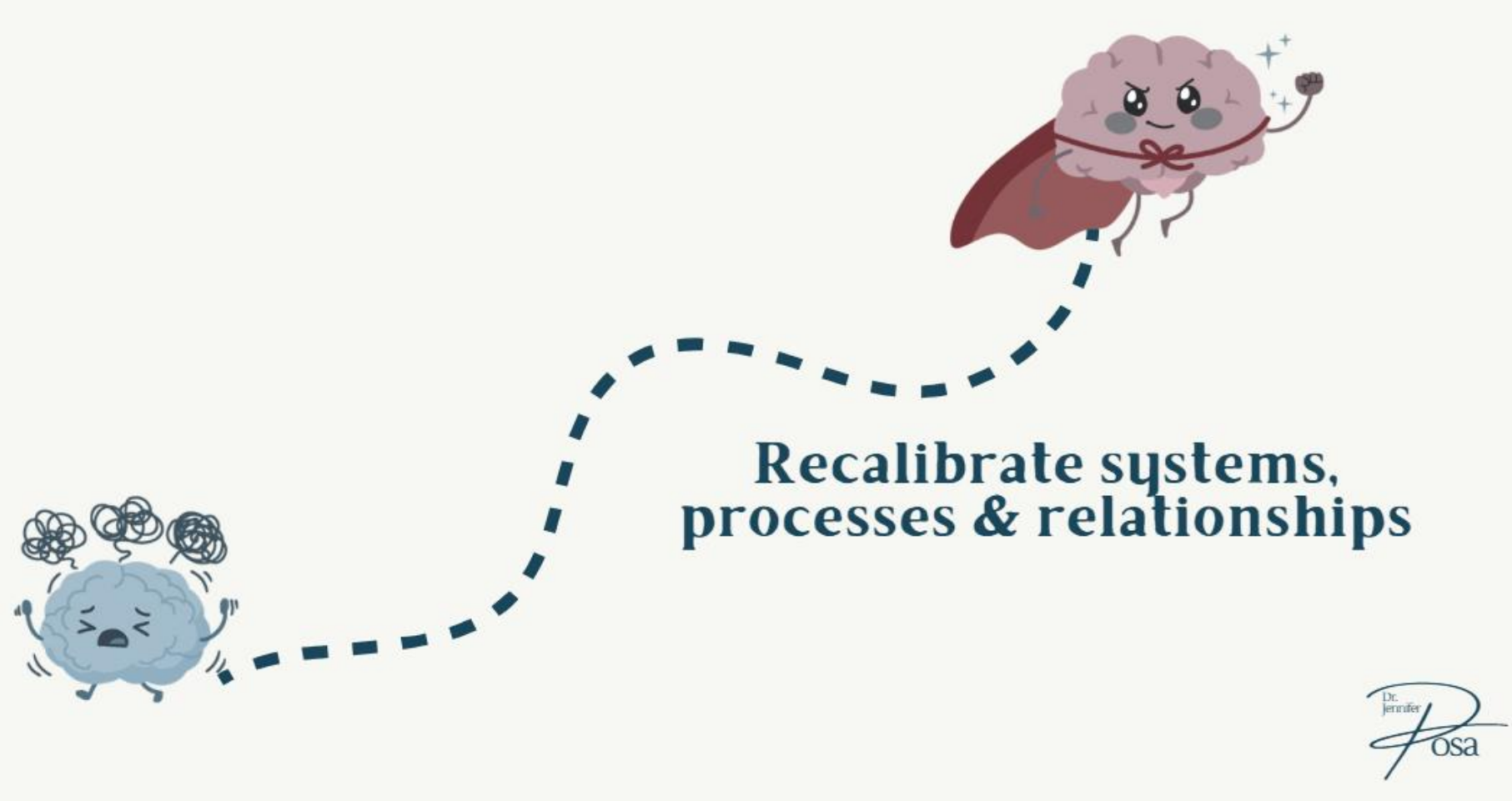


Generosity of Spirit



Optimism

Our Greatest Opportunity



Thank you.

jennifer@drjenniferposa.com

drjenniferposa.com



Advisor | Speaker | Author



Let's Connect



Reactor Panel:

What the Cost and Utilization Data is Telling Us

John Bry
Kaiser
Permanente - WA

John Mowery
WA Teamsters
Welfare Trust

**Judy Zerzan-
Thul, MD**
WA Health Care
Authority

**Drew Oliveria, MD,
MHA**
Moderator, WA
Health Alliance

Break

Please return by 11:00 AM



Panel:

Whole-Person Care in Practice: Integrating Primary, Mental, and Physical Health

Richard Frank, MD
Vida

Tara Sherman
The Boeing
Company

Sibyl Siegfried, MD
Amazon One
Medical

**Denise
Giambalvo**
Moderator, WA
Health Alliance

Lunch & Networking

Please return by 12:30 pm



From Cost to Asset – Rethinking Workforce Health

Implementing an Evidence-Based Cultural Transformation Strategy (The How)

Ray Fabius, MD

Co-founder, President & CMO, HealthNEXT



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The Importance of Culture Everything is Contagious

“Culture eats
strategy for
breakfast.”

– Peter Drucker



Why Organizations Need a Culture of Health, Safety, & Wellbeing

- People have a tendency to conform – social pressure to meet normative behavior
- The organization’s environment, policies, and cues all lead to healthy choices and sustainable behaviors
- Employees/covered lives achieve higher levels of health and wellness than the general population with better quality of life and reduced incidence of morbidity

A Case Study : A Benchmark Culture of Health Built Over Time within a Regional Hotel Chain

- Starting in 1991 with 1176 covered lives they **moved to self-insurance**
- Soon thereafter they built their own **on-site clinic** and hired 3 clinicians including a primary care doctor
- This clinic grew to an **advanced primary care center** with same day appointments;
 - 12,000 sq. ft. facility with **x-rays, ultrasound, and lab**
 - **Fitness center, Dietitian, Weight Watchers, Zumba & Pilates classes**
- Benefit package grew to have broad coverage with **zero co-pay for generic meds** & minimal out of pocket costs in network
- **Promoted healthy lifestyles, annual physicals and biometric screenings**
- Developed **condition management programs** for pregnancy, diabetes, hypertension, obesity, and other chronic conditions
- **Directly contracted with specialty network** selected based on access and quality

A Case Study : A Benchmark Culture of Health Built Over Time within a Regional Hotel Chain

- Cafeteria offered and **subsidized healthy food** options
- Added a **nurse case manager** to follow up on missed prescription fills and even does home visits
- Conducts **on-site mammograms** in direct contract with hospital system – 1/3 of retail costs
- Employed hospitalists to conduct **hospital utilization management**
 - Causing a two-day shorter length of stay
- Established National **Center of Excellence Program** including Mayo Clinic
- A few metrics they tout
 - Since 1991 – more than a **half a billion in medical cost savings**
 - Healthcare costs / employee **40% lower than national average**
 - This is despite higher illness burden of workforce and covered lives
 - **3.6% premature deliveries versus state rate of 13.6%**

The Regional Hotel Chain

Home / News / Articles

Welcome to the World of Rosencare

This CEO Solved His Company's Healthcare Problems Without Washington

By John C. Goodman

Growing Hotel Chain's Caring Culture Pays Decades of Dividends

How one hotelier's bold break from the insurance status quo sparked a nationally recognized model for employee health care, community transformation and workforce stability.



Paying Workplace Dividends

By reimaging health benefits, the company seeded a larger business dividend. Turnover in the hospitality industry is about 75% – and sometimes 100% in the food-service part of the business, said Aldridge. “We’re in the low double digits. We have families that have four generations working for Rosen Hotels.”

A Culture of Health & Wellbeing Tailored to Healthcare Employees Can Boost Performance and Contribute to Community Prosperity

- Makes the workplace safer, the workers healthier, and recovery from injury and illness quicker
- Elevates the quality of the health care our employees receive
- Reduces the need for more expensive downstream medical interventions such as hospitalization
- Improves recruitment and retention by increasing the perceived value of working in a caring organization

Occupational Health Care

Time to Take Better Care of Our Own

By Raymond Fabius, MD, CPE, FACPE

In this article...

Take a look at the advantages that big businesses may achieve by setting up their own onsite health care clinics.

Some occupations are inherently dangerous.

Farm workers, for example, are at high risk of injuries or death from equipment accidents, lung diseases, noise-induced hearing loss, severe skin reactions and cancers associated with prolonged chemical and sun exposure.

Construction workers climb ladders, perch on precarious scaffolding, descend into excavations, breathe dust and noxious fumes in confined spaces, juggle power tools and try not to saw through electrical cords. Although they make up only 8 percent of the U.S. labor force, they account for more than 20 percent of job-related fatalities.

Health care workers face a wide range of threats on the job, from needles and back injuries to latex allergy, stress and assault.

The good news is that although agriculture and construction remain two of the most hazardous industrial sectors in the U.S. economy, according to the National Institute for Occupational Safety and Health, workers in those sectors are safer today than they were a decade ago.

in health care are ipso facto taking care of themselves.

Workforce studies suggest otherwise. More than a quarter of licensed professional nurses still smoke. The average American doctor is in no better shape physically (or mentally) than the average American patient. The soaring incidence of musculoskeletal injuries among registered nurses ranks them in the top 10 of all occupations reporting on-the-job injuries resulting in days away from work, according to the U.S. Bureau of Labor Statistics. Not only do the patients they struggle to move weigh more than in the past, but the nurses themselves are burdened by additional body weight and thus more susceptible to strains.

Maintaining and improving the health of a workforce is a key to productivity. During the late 1990s the United States experienced an exceptional period of prosperity. Much of the credit was given to the widespread introduction of new information technology. Computerization made nearly every employee more productive—which enabled employers to raise paychecks without increasing the cost of goods and services. This created true prosperity: wage inflation without general inflation.

The adoption of robust health care programs in the health care workplace promises a similar payoff. Worksite health care services tailored to employees can boost productivity and contribute to community prosperity in four significant ways:

Source: Time to Take Better Care of Our Own, Dr. Ray Fabius, Physician Executive Journal – Sept/Oct 2009

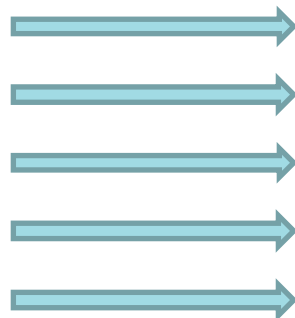


Maintaining a Safe Workplace: Building a Culture of Health and Wellbeing on a “Culture of Safety”



Culture of Safety

- Everyone is accountable
- Trending injuries
- **Near misses**
- Implement MSE*
- Eliminate disability



Culture of Health & Wellbeing

- Everyone is accountable
- Trending ill health
- **Health risks**
- Implement screenings
- Eliminating disability, illness & disparity



*MSE = medical surveillance exams

We know that healthy workers are less likely to get injured at the workplace and return to work more quickly when injured

Building a Culture of Health & Wellbeing on a “Culture of Safety” from Industry to Patient Care to All Care



Culture of Safety

- Everyone is accountable
- Trending injuries
- Near misses
- Implement MSE*
- Eliminate disability



Culture of Patient Safety

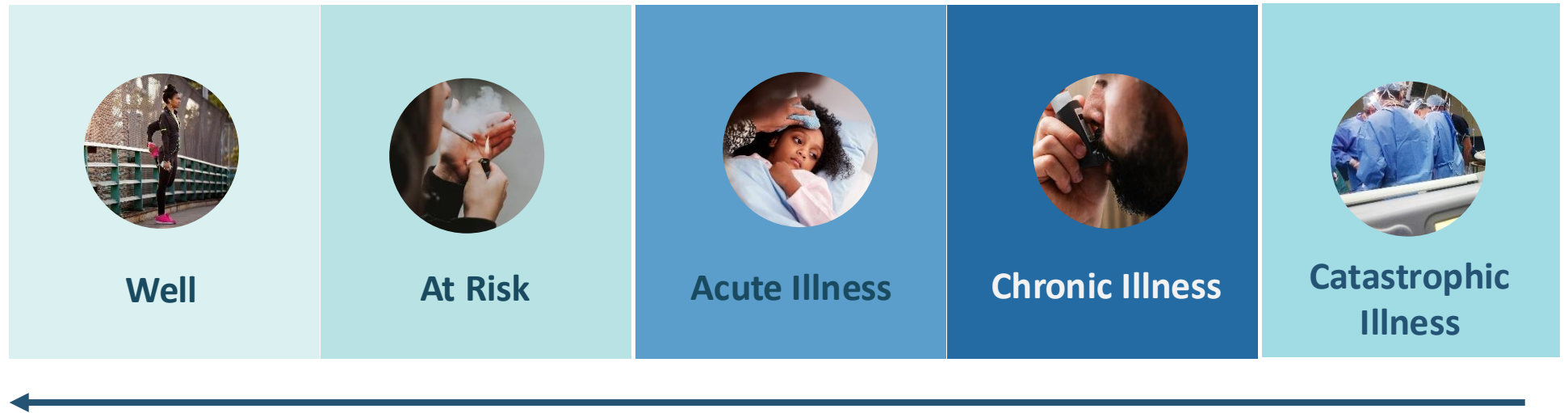
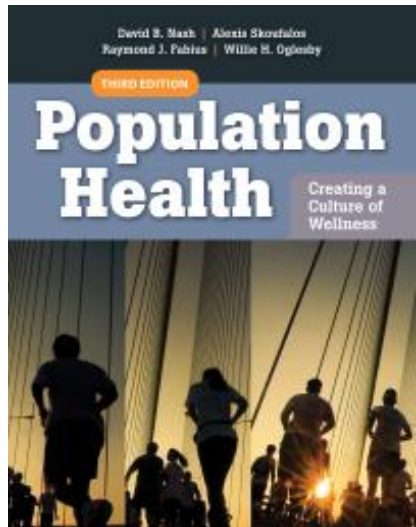
- • Everyone is accountable
- • Trending errors
- • Tracking near misses
- • Implement prevention
- • Eliminating patient harm



Culture of Health & Wellbeing

- • Everyone is accountable
- • Trending ill health
- • Health risks
- • Implement screenings
- • Eliminating disability, illness & disparity

Population Health Management: Focus on the Continuum



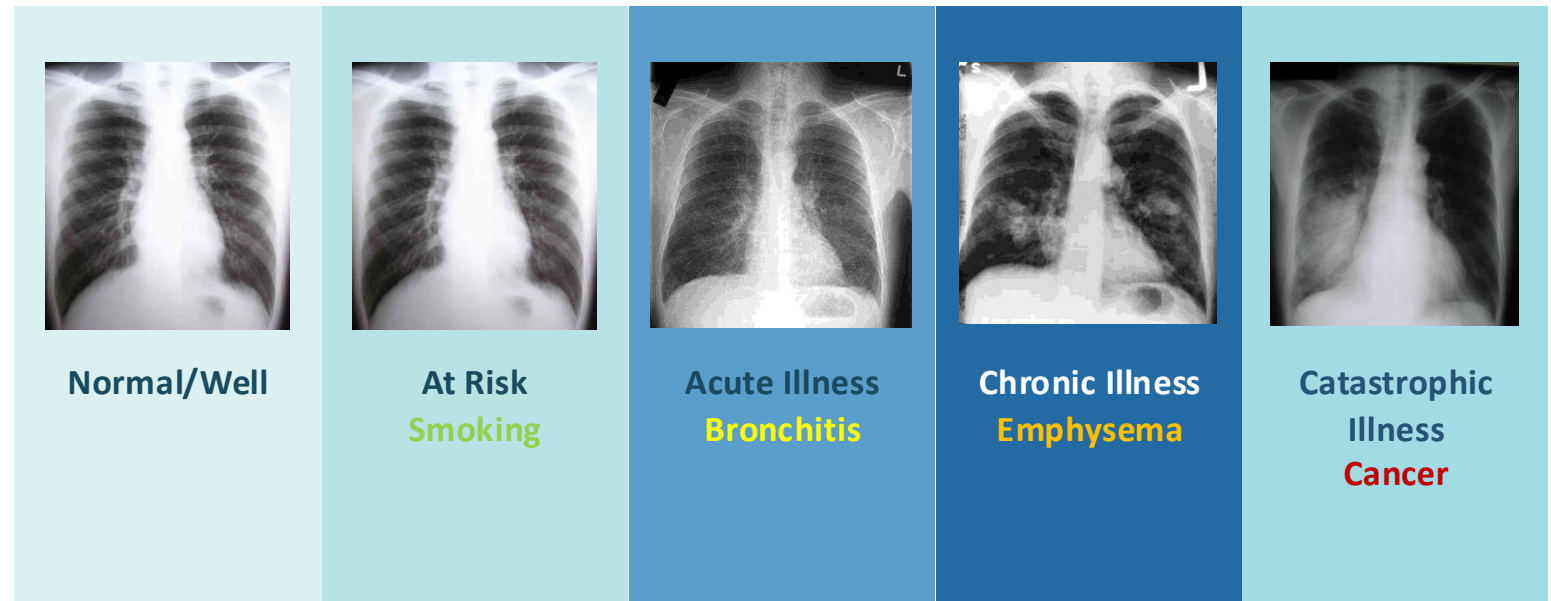
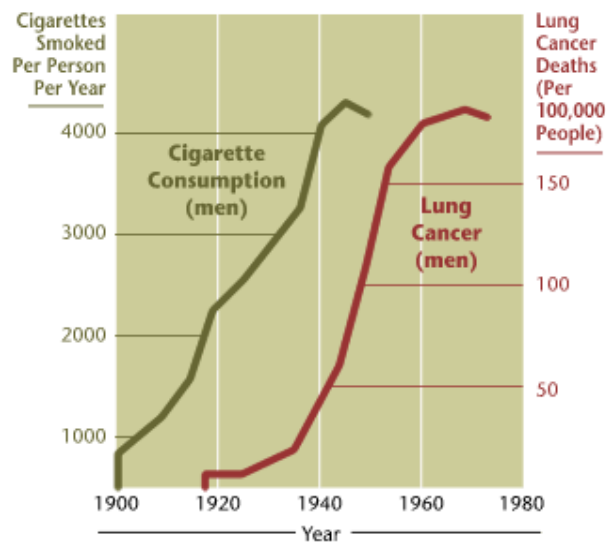
Moving the population towards wellness

Insidious Progression of Disease

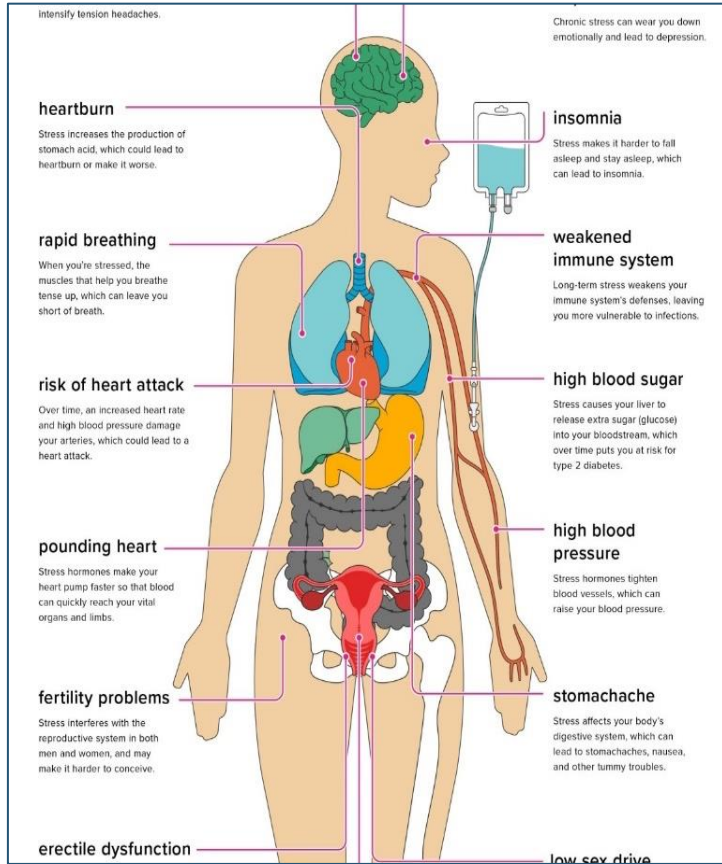
Establishing Care and Support Throughout the Health Journey

Smoking and acute illness leads to chronic and complex illness

20-Year Lag Time Between Smoking and Lung Cancer



Wellbeing: Focus on All of the Components No Separation Between the Mind and the Body



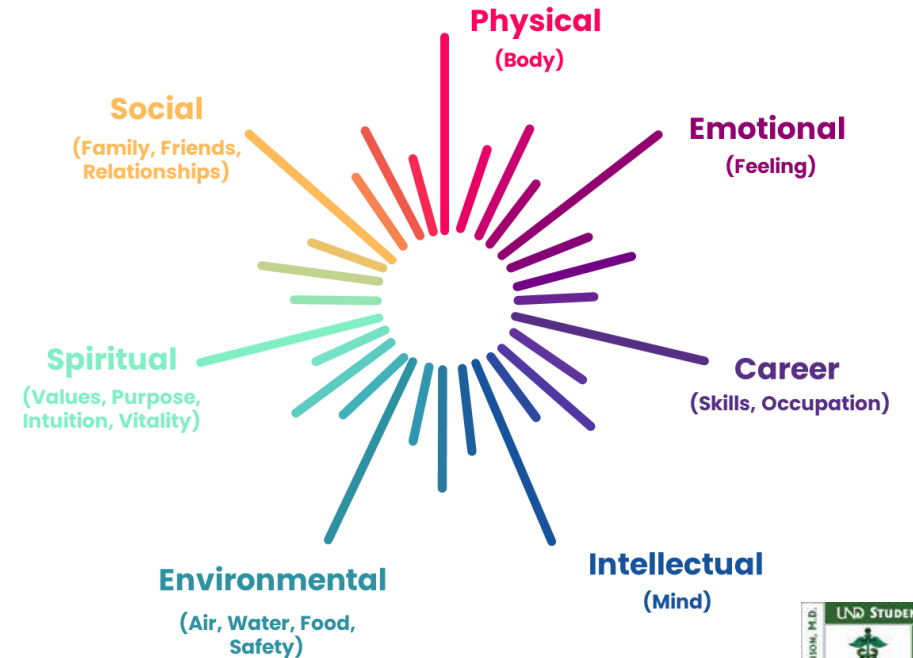
Stress Related Conditions

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”



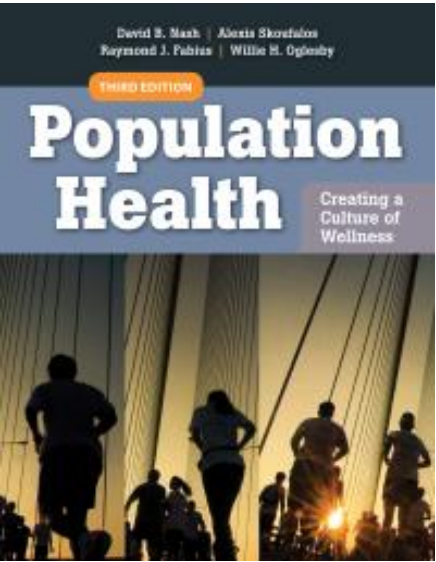
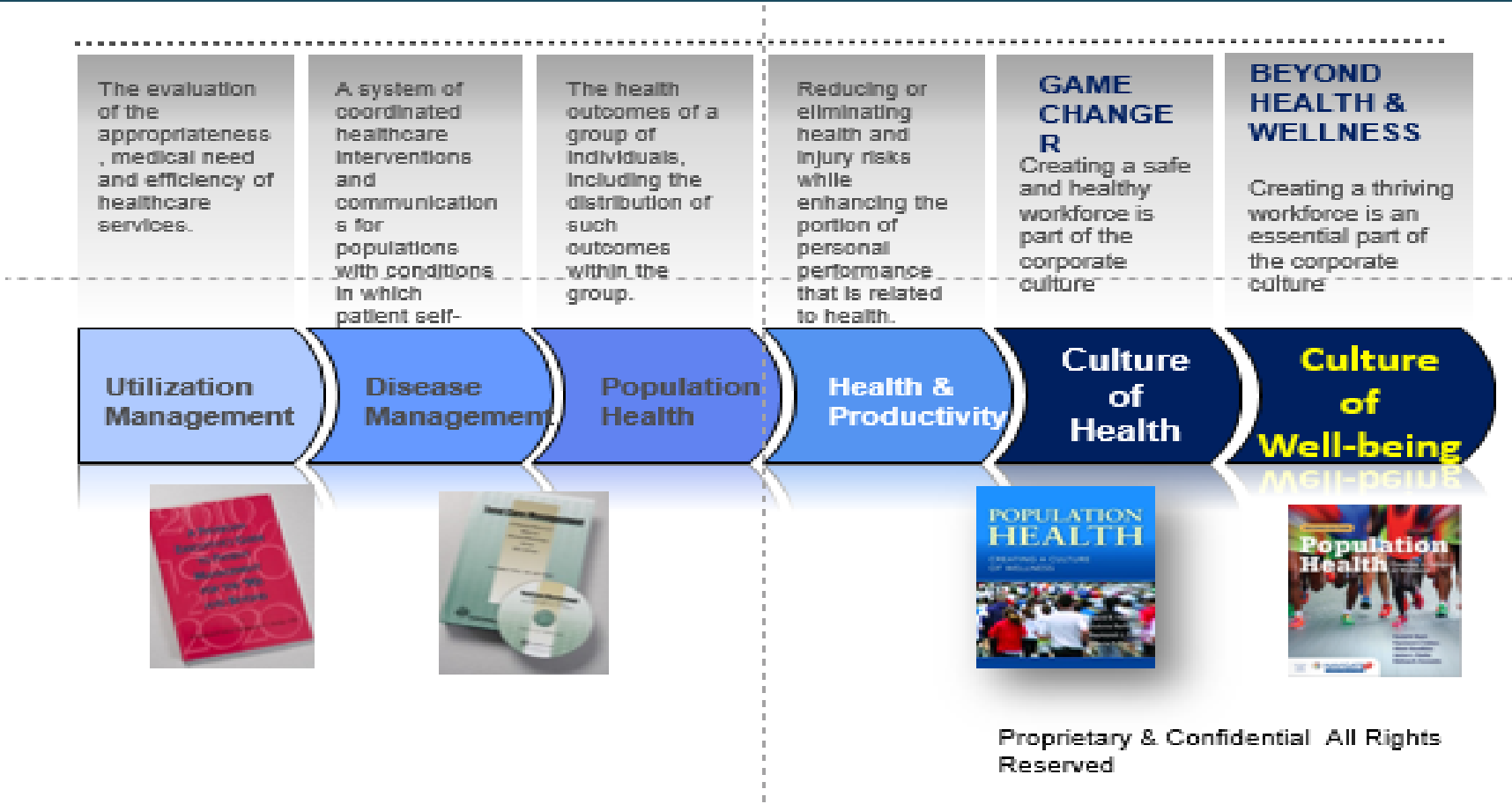
World Health Organization

S.P.E.C.I.E.S



The Evolution of Medical Management

To Sustainably Touch a Population, You Need Cultural Transformation



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10 Reasons Why Organizations Should Cultivate Their Workforce Health & Wellbeing

1. Controlling healthcare costs
2. Improving performance
3. Reducing waste
4. Improving engagement
5. Attracting & retaining the best talent
6. Enhancing workplace safety
7. Improving sales
8. Improving shareholders' returns
9. Stemming the tide of obesity
10. Stemming the tide of chronic illness

Keeping the Workforce Well: Continuum Of Employee Performance Outcomes

Remember for every dollar you spend on healthcare, you lose \$2-3 of performance or productivity



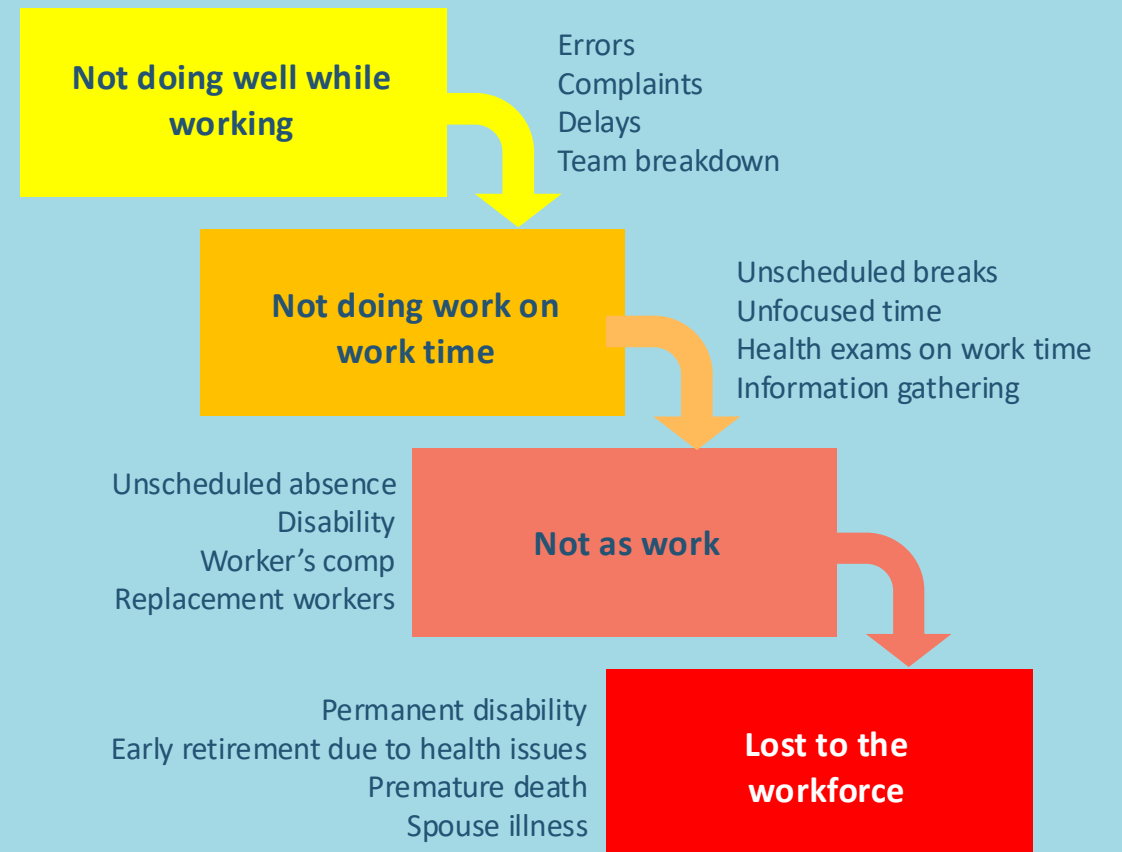
30% Personal Health Costs

Medical Care
Pharmaceutical costs

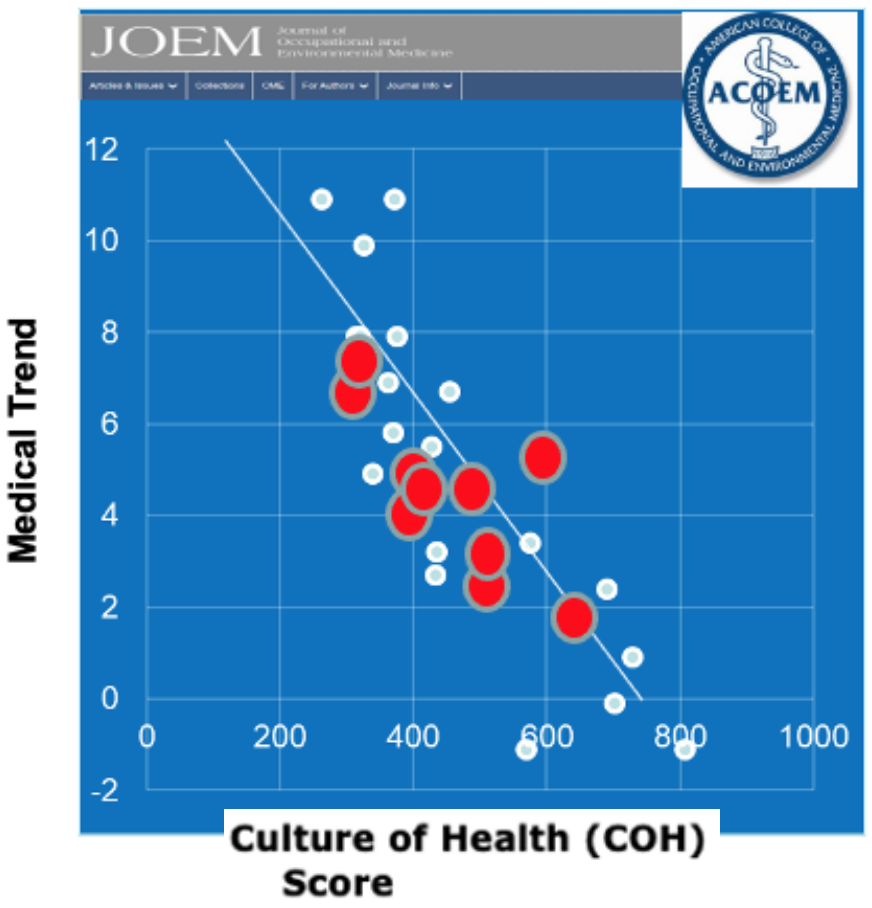
70% Performance Costs

- Absenteeism
- Short-term Disability
 - Long-term Disability
- Presenteeism
- Overtime
 - Turnover
 - Temporary Staffing
 - Administrative Costs
 - Replacement Training
 - Off-Site Travel for Care
 - Customer Dissatisfaction
 - Variable Product Quality

Source: Loeppke, R., et al. Health and Productivity as a Business Strategy: A Multiemployer Study. Journal of Occupational and Environmental Medicine 51(4):p 411-428, April 2009. | DOI: 10.1097/JOM.0b013e3181a39180



It is possible to Bend the Healthcare Cost Curve: Correlation Between CHAS Assessment Scores & Reduction in Medical Trend



FAST TRACK ARTICLE

OPEN

The Correlation of a Corporate Culture of Health Assessment Score and Health Care Cost Trend

Raymond Fabius, MD, Sharon Glave Frazier, PhD, MPH, Dixon Thayer, BS, David Kirshenbaum, MBA, and Jim Reynolds, MD

Objective: Employers that strive to create a corporate environment that fosters a culture of health often face challenges when trying to determine the impact of improvements on healthcare cost trends. This study aims to test the stability of the correlation between health care cost trend and corporate health assessment scores (CHAS) using a culture of health measurement tool. **Methods:** Correlation analysis of annual health care cost trend and CHAS on a small group of employers using a proprietary CHAS tool. **Results:** Higher CHAS scores are generally correlated with lower health care cost trend. For employers with several years of CHAS measurements, this correlation remains, although imperfectly. **Conclusion:** As culture of health scores improve, health care costs trends moderate. These findings provide further evidence of the inverse relationship between organizational CHAS performance and health care cost trend.

Keywords: corporate health assessment, culture of health, health scores, health care trend, risk reduction

How does one define an organizational culture of health? Healthy corporate cultures have a workforce with less illness and fewer unhealthy behaviors. So, employers with "cultures of health" should spend less on health care, without the need to reduce benefit services or shift more costs to their employees. It is feasible to measure a population's culture of health using medical and pharmacy claims information, health appraisals, biometric screenings, and other sources to calculate and track their collective illness burden and risk factors. This may be expressed as reductions in the collective illness burden of employees and their family members, as well as reduced health care cost trend.

Yet, cultural transformation often requires a systematic approach that addresses drivers of culture change, as well as an organization's comprehensive efforts to put in place and measure a broad array of coordinated changes to improve health. Measuring corporate cultures of health is a recent and evolving development with significant challenges. As there are a long list of determinants of health, this measurement must be comprehensive, recognizing the influence that work itself has on health as well as health benefit design, workplace environment, and company policies. Measurements must also be meaningful and practical if organizations are going to be willing to apply the resources required.

Employers can measure the health of their culture using one or more of the tools developed to provide a corporate health assessment score (CHAS). Examples of these tools include the Centers for Disease Control and Prevention healthy worksite assessment tool and the on-line self-assessment developed by the Health Enhancement Research Organization in coordination with Mercer (the HERO Scorecard). Two other such tools are the Employer Health Opportunity Assessment™ (EHOA™) and Employer Assessment 50™ (EA50™). The EHOA and EA50 are proprietary culture of health and wellness assessment tools that measure elements that can contribute to a culture of health utilizing data collected via document review, workplace observational site visits, and interviews with senior leadership, management, and employees.

This article tests the stability of the correlation between health care cost trend and scores that measure the culture of health by extending the work by Goetzel et al.¹ The seminal work by Goetzel et al.¹ demonstrated that another CHAS tool, the HERO Scorecard, was predictive of future health care cost trend. Our hypothesis is that the health care cost trend of companies achieving higher CHAS scores will be lower than companies with lower CHAS scores using data from employer companies that implemented the EHOA/EA50. Moreover, by implementing against a multiyear strategic plan and using simulation, companies can predict the impact of CHAS on future health care cost trend. This has significant implications for financial planning and establishing reserves for covering health care costs.

CORPORATE HEALTH ASSESSMENT USING THE EHOA/EA50

Corporate health assessment, vary in design, but all have the ultimate intention of scoring how an organization is doing in terms of their populations' health, their corporate health policies, and

From the HealthNEXT, Philadelphia, PA (Dr Fabius, Thayer, Kirshenbaum, Dr Reynolds); Future Research & Consulting, LLC, Beahm, NC (Dr Glave Frazier).
No funding received for this work (self-funded).
The authors have no conflicts of interest.
Address correspondence to Sharon Glave Frazier, PhD, MPH, 403 Island Drive, Beaufort, NC 28516 (FutureResearch@gmail.com).
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DOI: 10.1097/JOM.0000000000000305

JOEM • Volume 60, Number 6, June 2018 507



C. Evertt Koop National Health Award Winners Outperform in the Marketplace



KOOP Requirements

- Reduce Health Services Need
- Share Health Promotion Targets
- Prove Health Care / Productivity Cost Reductions
- Must Be Objective & Verifiable
- Achieved Through Health Status Improvement and Risk Reduction of The Workforce / Covered Lives

The Stock Performance of C. Evertt Koop Award Winners Compared With the Standard & Poor's 500 Index

Ron Z. Goetzel, PhD, Raymond Fabius, MD, Daniel Fabius, DO, Enid C. Roemer, PhD, Nicole Thornton, BA, Rebecca K. Kelly, PhD, RD, and Kenneth R. Pelletier, PhD, MD (hc)

Objective: The aim of the study was to explore the link between companies investing in the health and well-being programs of their employees and stock market performance. **Methods:** Stock performance of C. Evertt Koop National Health Award winners (n = 26) was measured over time and compared with the average performance of companies comprising the Standard and Poor's (S&P) 500 Index. **Results:** The Koop Award portfolio outperformed the S&P 500 Index. In the 14-year period tracked (2000–2014), Koop Award winners' stock values appreciated by 235% compared with the market average appreciation of 105%. **Conclusions:** This study supports prior and ongoing research demonstrating a higher market valuation—an affirmation of business success by Wall Street investors—of socially responsible companies that invest in the health and well-being of their workers when compared with other publicly traded firms.

businesses, partly fueled by a specific provision of the 2010 Affordable Care Act (Section 2705) that encourages employers to implement comprehensive worksite health promotion programs. Currently, approximately half of all employers with more than 50 employees offer wellness programs of varying comprehensiveness, with large employers being more likely to have a complex program.¹ Initiation and expansion of these programs has been spurred by the belief that organizations will benefit at the business or enterprise level by reducing the company's operating costs, in the form of medical expenditures, as well as improving worker productivity, although that assumption has been challenged by some critics.²

The connection between a company's health promotion program and overall business results assumes high employee awareness of and engagement in workplace health promotion and disease prevention programs. A further assumption is that participation in the workplace program will lead to improved health, more engaged and happier employees, and to improved workforce performance, all of which impact the organization's bottom line. It is also assumed that loyalty and commitment to the organization are influenced by workers' attitudes toward their employers and that workers who feel their company truly cares about their health and well-being are more likely to remain with the organization longer and be more motivated to perform at a high level.

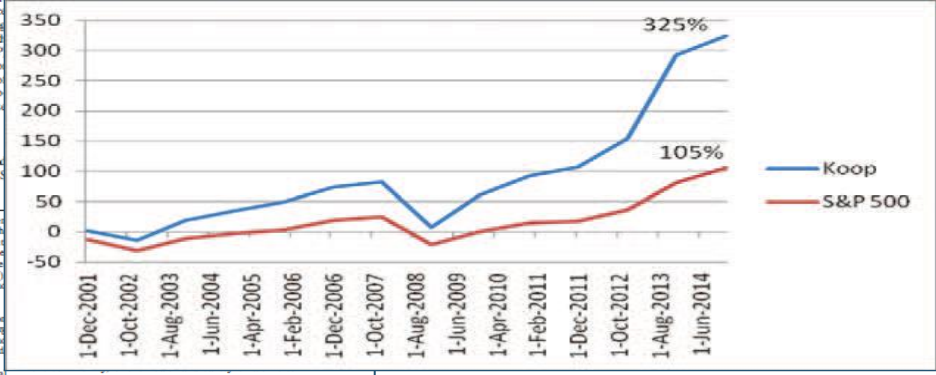
Workplace health promotion programs are designed to improve the health and well-being of employees and their dependents. Companies that excel in their workplace wellness efforts can apply for and win recognition through numerous vehicles including earning the C. Evertt Koop Award (Koop Award). The Koop Award is conferred annually by The Health Project, a nonprofit organization founded in 1994 to promote employer achievements in improving population health cost-effectively.

An opportunity presented itself to study whether Koop Award winning companies, recognized by The Health Project for improving workers' health and saving money for the employer, outperform other publicly traded firms based on their stock market performance. Specifically, we were interested in examining stock price appreciation, a public measure signifying a company's increasing worth, for companies that win the Koop Award, compared with "average" companies comprising the Standard and Poor's (S&P) 500 Index. The hypothesis tested was that companies applying for and winning the Koop Award, thereby earning the distinction of having outstanding workplace health promotion (wellness) programs, would realize financial gains that extend beyond those simply offering traditional employee benefit programs.

BACKGROUND

The genesis for this analysis is an increasing interest in, and adoption of, workplace health promotion programs by US

STOCK PERFORMANCE OF COMPANIES FOCUSED ON HEALTH AND SAFETY



The evidence that socially responsible companies do no worse, and may in fact do better business-wise, than their less

² From the Institute for Health and Productivity Studies (Dr Goetzel, Dr Roemer and Ms Thornton), Johns Hopkins Bloomberg School of Public Health Washington, DC; Trovan Health Analytics (Dr Goetzel), The Health Project Bethesda, Maryland; HOSNEXT (Dr Raymond Fabius), University of Pennsylvania; Cooper Medical School of Rowan University (Dr Daniel Fabius), Camden, New Jersey; The University of Alabama (Dr Kelly), Tuscaloosa, Alabama; University of Arizona School of Medicine at University of California (Dr Pelletier), San Francisco, California.

³ The author reports no conflicts of interest. Address correspondence to Ron Z. Goetzel, PhD, Senior Scientist, Director, Institute for Health and Productivity Studies, Johns Hopkins Bloomberg School of Public Health, Washington, DC; Vice President, Consulting and Applied Research, Trovan Health Analytics, 7700 Old Georgetown Road, Suite 650, Bethesda, MD 20814 (ron.goetzel@truvanhealth.com). Copyright © 2015 American College of Occupational and Environmental Medicine. DOI: 10.1097/JOM.0000000000000032



American College of Occupational & Environmental Medicine (ACOEM) Award Winners – Outperform in the Marketplace



ACOEM Standards

- Organizational Structure
- Health Informatics
- Quality Improvement
- Leadership / Management
- Health Promotion
- Absence Management
- Disability Management
- Health & Productivity
- Health Benefits Design
- Occupational Health
- Traveler Medicine
- Mental Health
- Substance Abuse
- Hazard Abatement
- Emergency Preparedness

Tracking the Market Performance of Companies That Integrate a Culture of Health and Safety

An Assessment of Corporate Health Achievement Award Applicants

Raymond Fabius, MD, Ronald R. Loeppke, MD, MPH, Todd Hohn, CSP, Dan Fabius, DO, Barry Eisenberg, CAE, Doris L. Konicki, MHS, and Paul Larson, MS

Objective: The aim of the study was to assess the hypothesis that stock market performance of companies achieving high scores on either health or safety in the Corporate Health Achievement Award (CHAA) program will be superior to average index performance. **Methods:** The stock market performance of portfolios of CHAA winners was examined under six different scenarios using simulation and past market performance in tests of association framed to inform the investor community. **Results:** CHAA portfolio outperformed the S&P average on all tests. **Conclusions:** This study adds to the growing evidence that a healthy and safe workforce correlates with a company's performance and its ability to provide positive returns to shareholders. It advances the idea that a proven set of health and safety metrics based on the CHAA evaluation process merits inclusion with existing measures for market valuation.

- Learning Objectives**
- Discuss previous research linking worker health to the stock market performance of companies, including the previous study tracking the performance of companies receiving the Corporate Health Achievement Award (CHAA).
 - Summarize the methods and findings of the new study assessing the performance of portfolios of stock in companies recognized for excellence in health and wellness and/or safety.
 - Discuss the implications for the use of instruments for measuring the business value of workplace health and safety programs, such as the Integrated Health and Safety Index.

This article tests the hypothesis that the stock market performance of companies that achieve health or safety during the Corporate Health Achievement Award (CHAA) process will be superior to average index performance. The CHAA was established in 1997 by the American College of Occupational and Environmental Medicine (ACOEM) to recognize and reward companies that have demonstrated excellence in employee health, safety, and wellness. Since the award's inception, companies have achieved distinction in employee health, safety, and wellness outcomes, and trends. Companies that score high in the CHAA Model Program Award, which has not overall excellence in both health and safety.

From: **NEJM** 368:1111-1118, 2013. doi:10.1056/NEJMsa1211111. Copyright © 2013 American College of Occupational and Environmental Medicine. The JOEM editorial board and planning committee are grateful to the following for their contributions to this research. The study was funded by Underwriters Laboratories, Inc. Address correspondence to Raymond Fabius, MD, 9100 North Lincoln, Newtown, PA 18940. Copyright © 2015 American College of Occupational and Environmental Medicine. DOI: 10.1097/JOCM.0000000000000000

of points possible being 1000. The 17 standards, distributed

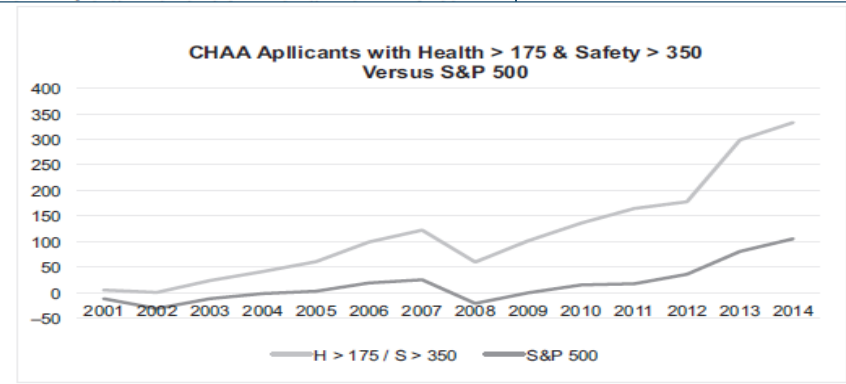


FIGURE 4. Performance of companies with a CHAA health score >175 and safety score >350 versus S&P 500.

JOEM • Volume 58, Number 1, January 2015



Corporate Health, Safety & Wellbeing Gives Enterprises an Edge in the Marketplace

A portfolio of benchmark culture of health and wellbeing companies generated 20% greater returns than the S&P 500 over 10 years.

Objective: The objective of this research is to test the hypothesis that companies distinguished by their commitment to their workforce's health, safety, and well-being outperform in the marketplace. **Methods:** To test this, we analyzed the real-world stock market performance of an investment fund of publicly traded companies selected on evidence demonstrating their pursuit of a culture of health, safety, and well-being. **Results:** This fund outperformed the market by 2% per year, with a weighted return on equity of 264% compared with the S&P 500 return of 243% over a 10-year period. **Conclusions:** Employers, fund managers, and fund investors would be well served by including strategies that assess a company's commitment to the health, safety, and well-being of their workforce when evaluating investments in their enterprise and portfolios.

| Year | HAAM Portfolio Equity | S&P Total Return (TR) |
|------|-----------------------|-----------------------|
| 2009 | 50.00% | 40.00% |
| 2010 | 60.00% | 50.00% |
| 2011 | 70.00% | 60.00% |
| 2012 | 80.00% | 70.00% |
| 2013 | 100.00% | 90.00% |
| 2014 | 120.00% | 110.00% |
| 2015 | 130.00% | 120.00% |
| 2016 | 150.00% | 140.00% |
| 2017 | 180.00% | 170.00% |
| 2018 | 160.00% | 150.00% |

FAST TRACK ARTICLE

OPEN

Companies That Promote a Culture of Health, Safety, and Wellbeing Outperform in the Marketplace

Raymond Fabius, MD and Sharon Phares, PhD

Objective: The objective of this research is to test the hypothesis that companies distinguished by their commitment to their workforce's health, safety, and well-being outperform in the marketplace. **Methods:** To test this, we analyzed the real-world stock market performance of an investment fund of publicly traded companies selected on evidence demonstrating their pursuit of a culture of health, safety, and well-being. **Results:** This fund outperformed the market by 2% per year, with a weighted return on equity of 264% compared with the S&P 500 return of 243% over a 10-year period. **Conclusions:** Employers, fund managers, and fund investors would be well served by including strategies that assess a company's commitment to the health, safety, and well-being of their workforce when evaluating investments in their enterprise and portfolios.

Keywords: corporate leadership, culture of health, financial performance, safety and well-being

There is a growing body of evidence that supports the concept that a healthy workforce provides a competitive business advantage. Unhealthy employees typically spend more on healthcare, a direct cost for most large and mid-sized employers. Even more costly are the losses in productivity—an estimated \$2 to \$3 additional dollars for each dollar spent on direct healthcare costs. Moreover, companies that focus on health and safety for their workforce may create a culture that supports a healthy workforce and increases the percentage of employees engaged and committed to the organization's success.¹ Additionally, these companies may become "employers of choice," allowing them to attract and retain top-performing talent.

Nearly three decades of research suggest the importance of corporate culture and financial performance. Early work focused on the financial performance of companies that demonstrated they valued employees, customers, and owners² and the performance of companies that were well-thought of by their employees, vendor partners, customers, investors, and society.³ More recent studies have found the superior stock performance by organizations that achieve a culture of health, as measured by receipt of various health, safety, and well-being awards such as the American College of Occupational and Environmental Medicine's (ACOEM) Corporate Health Achievement Award (CHAA),⁴ the C. Everett Koop (CEK) National Health Award,⁵ the Gallup Great Workplace Award,⁶ or being recognized as a high-scoring Health Enhancement Resource Organization (HERO) company.⁷ It is noteworthy that the results from numerous studies uniformly show improved stock performance.

For example, a portfolio of companies who had received the CHAA because of their robust health, safety, and environmental programs outperformed the Standard & Poor's (S&P 500) over 13 years (1999 to 2012) and showed a cumulative return for the CHAA recipients of 78.72% versus -0.77% for the S&P 500.⁴ Research that followed found that a simulated portfolio of publicly traded companies receiving high scores on the HERO corporate health and wellness self-assessment scorecard demonstrated an appreciation of 235% compared with the S&P 500's 159% over a 6-year simulation period.⁸ Similarly, over 14 years (2000 to 2014), a portfolio of the 26 publicly traded companies who had received the Koop award outperformed the S&P 500 Index by 2.35 to 1.00.⁵ Publicly traded companies that received the Gallup Great Workplace Award experienced a 115% growth in earnings per share (EPS), compared with the 27% EPS seen in their competitors over the same period.⁶ The positive relationship between award receipt and stock performance makes sense. These companies likely create an environment that reinforces conscious and unconscious health and safety choices and fosters discretionary effort.

Many studies have shown that a healthy workforce is more productive and incurs fewer direct and indirect health costs.⁹⁻¹¹ Healthcare represents a high cost to companies, averaging \$14,561 in employer-paid costs per employee in 2019,¹² with the average premium for family coverage increasing 54% over the last 10 years, much higher than either wage or inflation increases in the previous decade. Since most companies of more than 1000 workers self-insure,¹³ reducing health costs can directly impact funding for additional capital investments and the higher return to shareholders.

Additionally, productivity losses due to illness cost US employers \$530 billion annually.¹⁴ Prior research has shown that for every dollar saved in direct health care costs, employers receive an estimated \$2.30 in improved performance and productivity.^{15,16} This is bolstered by research that shows companies that score high on the culture of health assessment scores (CHAS) to quantify "cultures of health" tend to have lower health care cost trends without the need to reduce benefits or shift more costs to employees.¹⁷

Warren Buffett has called health care cost the "real corporate tax" because of its escalation over the last many years.¹⁸ A recent study shows that companies who engage in validated ways to support their workforce's health, safety, and well-being tend to see a reduction in health care cost trends.¹⁹ Creating a culture of health is particularly important in a business environment where healthcare costs are often considered a runaway cost, rising at a rate two to three times higher than general inflation.

In sum, the evidence clearly points to the correlation of companies that invest in a culture of health, safety, and well-being having a competitive advantage. It stands to reason then that

From the HealthNEXT, Newton Square, Pennsylvania (Dr Fabius), Washington University in St. Louis, St. Louis, Missouri (Dr Phares), and PHS Consulting, LLC, Plano, Texas (Dr Phares).

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Conflicts of Interest: None declared.

Clinical Significance: This research demonstrates that a portfolio of companies chosen for inclusion in a stock fund because of their approach to their workforce's health and safety outperformed the market and improves our understanding of the value of investing and minimizing an enterprise culture of health through its impact on business performance.

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In Pursuit of the Truth: Over a Decade of Research & Testing Best Practice

Tertiary Research:

3rd party literature review
Anecdotal learning



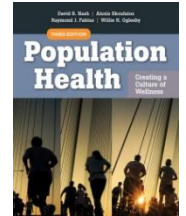
Secondary Research:

Internal retrospective research
Hypothesis generation &
Benchmark organization research



Primary Research:

Prospective application testing &
Proof-of-Concept

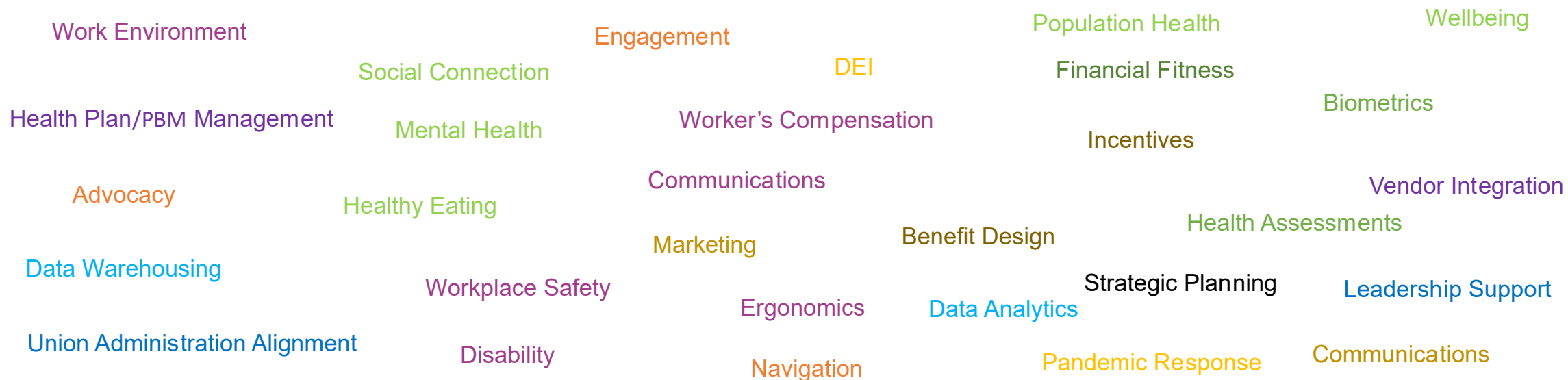


The collage displays various research outputs from 2006 to 2025:

- 2006:** FORTUNE magazine cover: "THE 100 BEST COMPANIES TO WORK FOR".
- 2007-2010:** "Proof of Concept Annotation Library Summary" with book covers and a "WELL BEING" graphic.
- 2008:** "CHD Meridian Clients Compared to Major Stock Indices" line chart.
- 2009:** "High Performer Net Cost Trends 2005 - 2010 Adjusted For Consumer Price Index (CPI-U) Inflation" line chart.
- 2010:** "2010 World Congress on Health Presentation" with a bar chart of healthcare costs.
- 2011:** "Cross Sectional Analysis Patients With A Chronic Disease Annual Per Patient Healthcare Costs" box plot showing costs of \$6,394 and \$4,849.
- 2012:** "B1 Case Study Summary" and "B3 Case Study Summary" (Bending The Curve at B3) with bar charts showing cost trends.
- 2013-2015:** "Population Health: Creating a Culture of Wellness" book cover and various data tables.
- 2016-2018:** "Medical Trend" scatter plot and "HealthNEXt COH S" data visualization.
- 2019-2025:** "ACOM National Awards" and "Building a Culture of Health" articles.

Culture of Health & Wellbeing Comprehensive Management System Research

To achieve a culture of health you need to implement a critical mass of programs & services with operational excellence.



Building toward cultural transformation to achieve optimal results faster, avoiding uncertainty and mis-steps

Research Established and Sequenced 10 Best Practice Pillars



Culture of Health & Wellbeing Pillars

- Leadership Support & Management Alignment
- Wellbeing Strategic Plan
- Workplace Environment
- On-site Wellbeing Activities (Holistic Approach)
- Health & Wellbeing Programs & Activities (Additional Health Activities)
- Data-Driven Approach: Warehousing & Analytics
- Marketing & Communications
- Incentive & Benefit Design
- Engagement & Navigation
- Vendor Management: Oversight & Integration



Cultural Transformation Methodology Built Upon:

- The Science of Operational Excellence
- The Science of Change Management
- The Science of Population Health
- The Science of Wellbeing
- The Science of Data Capture & Analytics
- The Science of Marketing & Communications
- The Science of Evidence-based Benefit Design
- The Science of Behavioral Economics
- The Science of Advocacy & Navigation

The Importance of Sequencing



- It is not enough to identify the problem and have a plan – *optimization happens when actions are completed in the correct sequence*
- Each action involves **the triple aim**:
 - **Effectiveness** – better health
 - **Efficiency** – lower costs
 - **Experience** – satisfied employees
- Systematic process improvement based on **Six Sigma**

World-Class Physician Executive Guidance

- Develop an evidence-based population health and wellbeing strategy
- Share how benchmark employers create an enduring culture of health and well-being
- Analyze & reduce the illness burden of a workforce to control healthcare costs
- Address prevalent chronic conditions and better manage high-cost claimants
- Troubleshoot a particular healthcare issue such as Covid-19, flu, RSV, etc.
- Help establish support for employees to best navigate the healthcare system
- Enhance your evaluation, selection and management of specific healthcare product and service vendors
- Support the implementation and oversight of direct provider relationships and workplace health centers
- Implement evidence-based benefit design & leverage behavioral economics

Six Sigma Approach: Assess & Reassess



Initial Analysis of Employer Data

Benefit Structure & Design

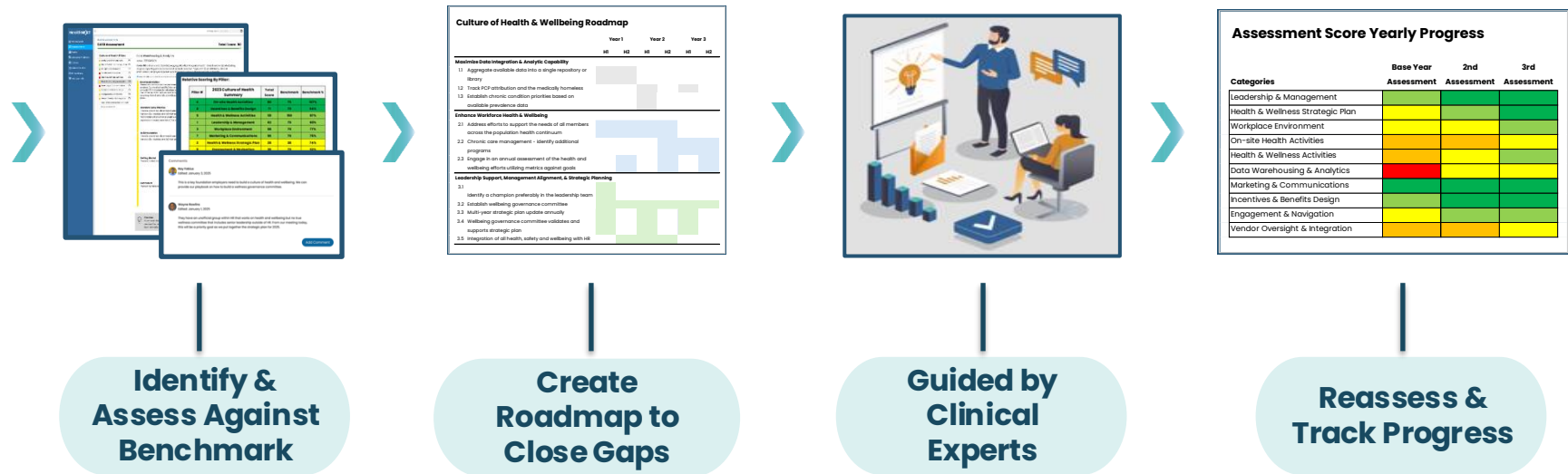
Vendor Reports

Operational Policies & Procedures

Leadership Support

Work Environment

Employee Surveys



Culture of Health & Wellbeing Roadmap

| | Year 1 | Year 2 | Year 3 |
|--|--------|--------|--------|
| Maximize Data Integration & Analytic Capability | | | |
| 11. Aggregate available data into a single repository or library | | | |
| 12. Track RCP distribution and the monthly turnover | | | |
| 13. Create chronic condition profiles based on available prevalence data | | | |
| Enhance Workplace Health & Wellbeing | | | |
| 21. Address efforts to support the health of all members across the population health continuum | | | |
| 22. Chronic care management - identify validated programs | | | |
| 23. Engage in an annual assessment of the health and wellbeing efforts using metrics against goals | | | |
| Leadership Support, Management Alignment, & Strategic Planning | | | |
| 31. Identify a champion proactively in the leadership team | | | |
| 32. Establish wellbeing governance committee | | | |
| 33. Multi-year strategic plan update annually | | | |
| 34. Wellbeing governance committee validates and supports strategic plan | | | |
| 35. Integration of health, safety and wellbeing with HR | | | |

Assessment Score Yearly Progress

| Categories | Base Year | 2nd | 3rd |
|----------------------------------|------------|------------|------------|
| | Assessment | Assessment | Assessment |
| Leadership & Management | Yellow | Green | Green |
| Health & Wellness Strategic Plan | Yellow | Green | Green |
| Workplace Environment | Yellow | Green | Green |
| On-site Health Activities | Yellow | Green | Green |
| Health & Wellness Activities | Yellow | Green | Green |
| Data Warehousing & Analytics | Red | Yellow | Green |
| Marketing & Communications | Green | Green | Green |
| Incentives & Benefits Design | Green | Green | Green |
| Engagement & Navigation | Yellow | Green | Green |
| Vendor Oversight & Integration | Yellow | Green | Green |

Baseline Gaps to Best Practice Example: Aggregate Health & Wellness Programs Pillar Heat Map

| | Not Present | Getting Started | Solid Foundation | Standardized & Effective | Benchmark Caliber |
|--|-------------|-----------------|------------------|--------------------------|-------------------|
| KEEPING THE WELL WELL | 8% | 0% | 8% | 23% | 8% |
| IDENTIFYING HEALTH RISKS | 15% | 15% | 23% | 8% | 15% |
| PROGRAMS TO HELP REDUCE HEALTH RISKS | 0% | 0% | 15% | 38% | 8% |
| CHRONIC CONDITION ASSISTANCE | 23% | 0% | 38% | 15% | 8% |
| SEVERE ILLNESS SUPPORT | 8% | 8% | 31% | 23% | 8% |
| OCCUPATIONAL RISK MITIGATION & DISABILITY MANAGEMENT | 0% | 0% | 31% | 23% | 15% |
| COMPONENTS OF WELL BEING (PHYS, FIN) | 0% | 0% | 15% | 31% | 31% |
| BEHAVIORAL HEALTH PROGRAMS | 0% | 0% | 8% | 15% | 0% |

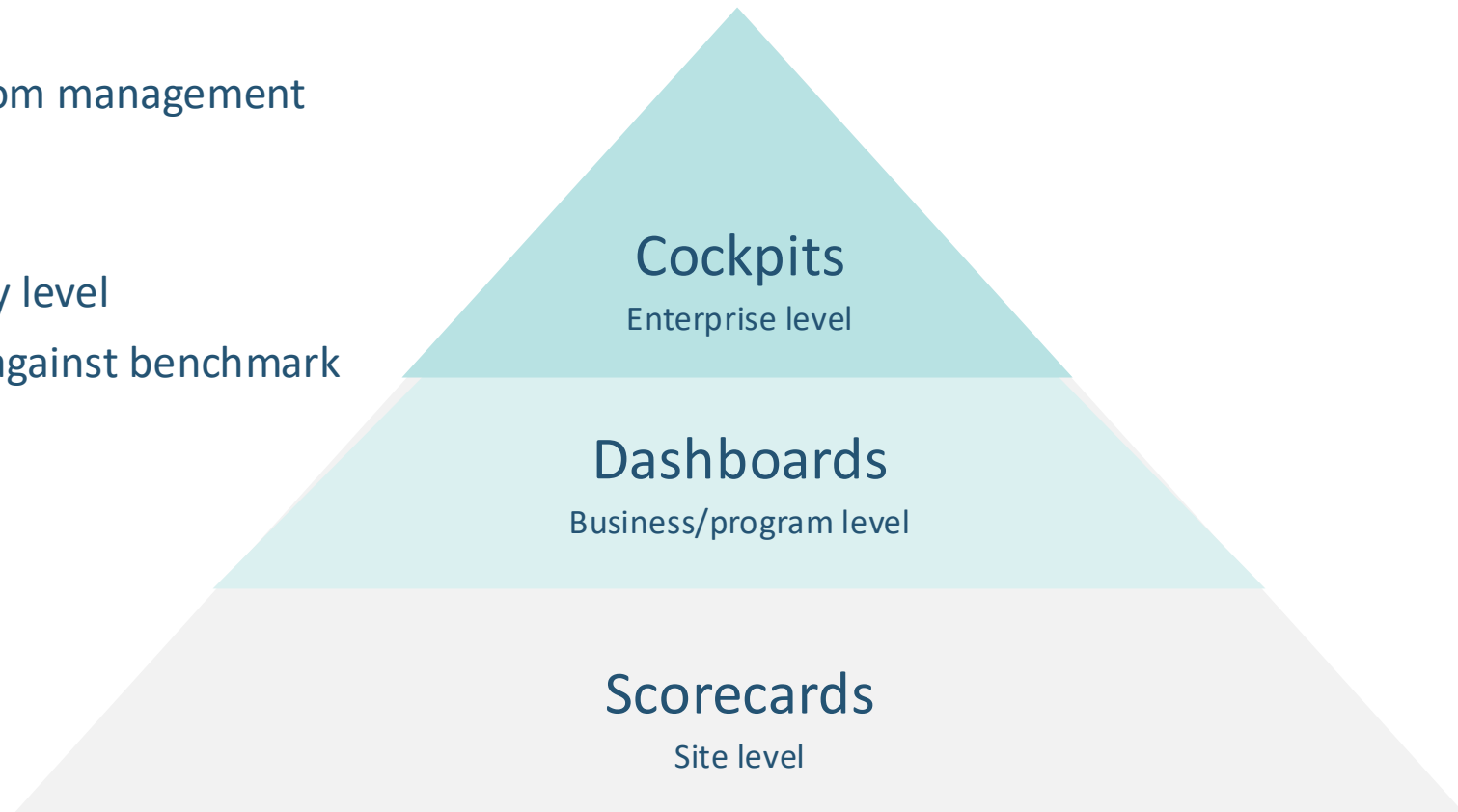
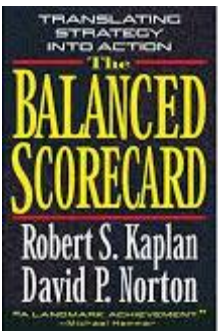
Operational Excellence

A Requirement for Success



Continuous Reporting Against Benchmark Goals at All Levels

- Data and metrics roll up from management to leadership
- Balanced reporting
- Actionable insights at every level
- Continuous improvement against benchmark goals



Sample Enterprise Cockpit

| Outcomes | | Injury Reduction | Turnover | End User Experience | |
|------------------------------|---|--|--|---|---|
| HEALTH Health Risk | PRODUCTIVITY Disability, Absence, WC & Safety | COST SAVINGS Cost Drivers & Trends | COST SAVINGS Voluntary Turnover Trends | ENGAGEMENT Outreach & Participation | SATISFACTION Employee & Family Experience |
| Trend: 1% Flat | Trend: 1% Negative | Trend: -2% Positive | Trend: -1% Positive | Trend: 5% Positive | Trend: 1% Flat |

Culture of Health & Wellbeing

| Site Scan (out of 100) | | | | |
|------------------------|-----------|-----------|-----------|-----------|
| Site | Year1 | Year2 | Year3 | Year4 |
| Site 1 | 37 | 40 | 39 | 38 |
| Site 2 | 50 | 50 | 51 | 53 |
| Site 3 | 44 | 46 | 48 | 49 |
| Site 4 | 80 | 85 | 85 | 84 |
| Site 5 | 75 | 73 | 72 | 70 |
| Site 6 | 78 | 79 | 82 | 83 |
| Site 7 | 66 | 60 | 68 | 67 |
| Average | 61 | 62 | 64 | 63 |

| Best Practices | | | | |
|----------------------------------|--------|--------|--------|--------|
| Pillar | Year1 | Year2 | Year3 | Year4 |
| Leadership & Management | Orange | Yellow | Yellow | Green |
| Health & Wellness Strategic Plan | Yellow | Green | Green | Green |
| Workplace Environment | Yellow | Yellow | Yellow | Green |
| On-site Health Activities | Yellow | Yellow | Yellow | Green |
| Health & Wellness Activities | Yellow | Yellow | Yellow | Green |
| Data Warehousing & Analytics | Yellow | Yellow | Green | Green |
| Marketing & Communications | Yellow | Yellow | Green | Green |
| Incentives & Benefits Design | Yellow | Yellow | Yellow | Yellow |
| Engagement & Navigation | Yellow | Yellow | Yellow | Green |
| Vendor Oversight & Integration | Orange | Orange | Orange | Green |



Triple Aim Metrics: Interpreting Key Metrics for the C-Suite



Effectiveness

- 80% of covered lives have a medical home
- Diabetes and pre-diabetes prevalence is stable
- Incidence of smoking is stable and quit rates are up
- Modest improvement in the percentage of the covered lives that have a normal total & LDL cholesterol
- Prevalence of chronic conditions has been stable or better except for diabetes
- Care compliance considerably higher than the norm for chronic conditions



Efficiency

- Medical cost trend moderating and significantly less than the marketplace
- Reductions in the number of hospital days and ER visits to levels below the norm
- Established health and wellbeing dashboard drives results

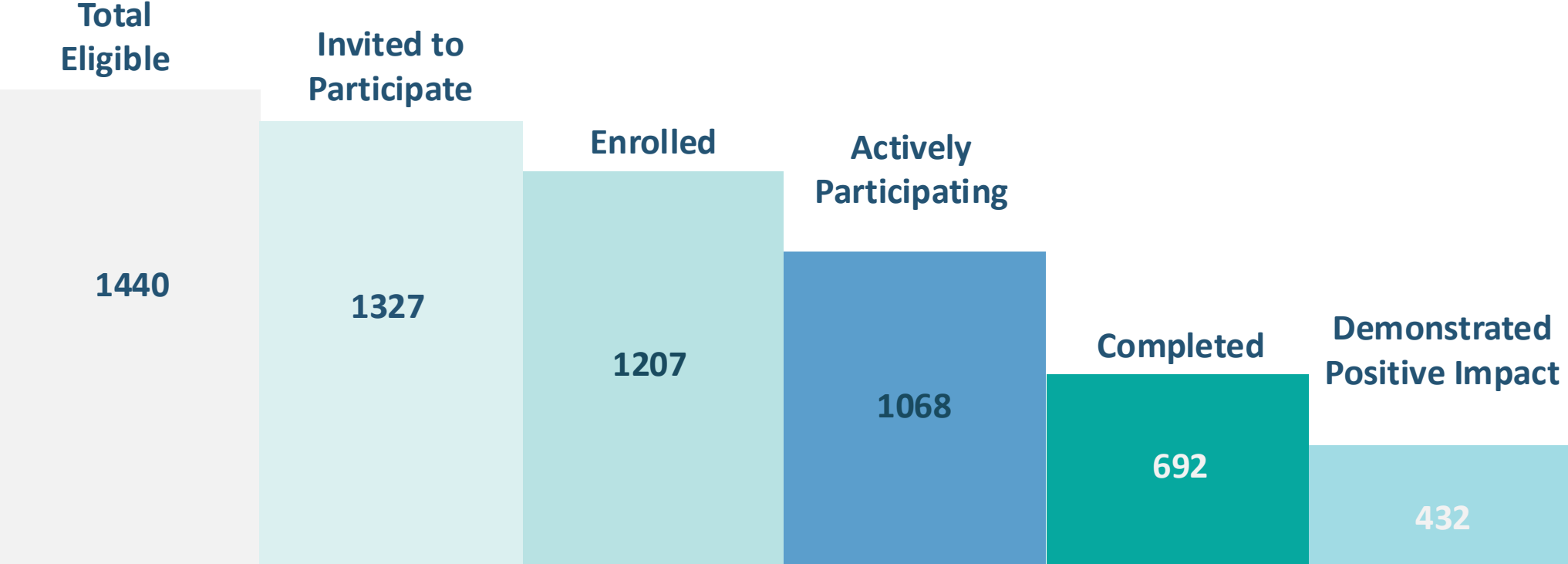
Experience

- Award winning
- Overall medication adherence rates are good with most drug classes exceeding the 80% threshold
- Remarkably high participation in wellbeing programs and challenges
- Wellness program receives high satisfaction rates

Waterfall Engagement Metrics

To Identify the Barriers to Achieve High Participation

Track the impact of programs and marketing/communication efforts, as well as barriers to participation and completion to **identify actionable insights**.



Monitoring the Illness Burden of a Population

What Are The Prevalent Risk & Conditions of Your Workforce?

| Risk Factors | Episodes of Care | Rx Medicines | Chronic Illness | High Cost | STD/LTD | Life Insurance |
|------------------------|-----------------------|---------------------------|---|-------------------|-------------------|----------------------|
| Obesity/ Overweight | Musculoskeletal | Cardiovascular | Depression/ Anxiety/Mental Health | Heart Circulatory | Respiratory | |
| Sedentary | Respiratory | Behavioral/Mental Pain | Musculoskeletal | Cancer | Musculoskeletal | Heart Circulatory |
| Nutrition | Mental | Diabetes Endocrine | Diabetes/Pre- Diabetes | Musculoskeletal | Cancer | Respiratory |
| High BP | Heart Circulatory | Infection | Arthritis | Infections | Heart Circulatory | Cancer |
| High CHOL | Diabetes Endocrine | Respiratory | CV Disease | Renal | Mental | Neuro |
| Stress | Gastro Intestinal | Gastro Intestinal | Respiratory | Neuro | Neuro | |
| | Pregnancy Newborns | Neuro | Comorbid Chronic Conditions | Pulmonary | OB/GYN/GU | |
| | | Cancer | 0: 53% | | GI | |
| | | | 1-2: 37% | | | |
| | | | 3-4: 9% | | | |
| | | | 5+: 1% | | | |



Strategic Roadmap

Multi-Year Approach is a Best Practice Hallmark

| 4 Key Initiatives | | Y1 H1 | Y1 H2 | Y2 H1 | Y2 H2 | Y3 H1 | Y3 H2 |
|-------------------|---|-------|-------|-------|-------|-------|-------|
| 1 | Maximize Data Integration & Analytics Capabilities | | | | | | |
| 1.1 | Define illness burden by prevalence | | | | | | |
| 1.2 | PCP attribution & medically homeless | | | | | | |
| 1.3 | Establish chronic condition priorities based on prevalence | | | | | | |
| 2 | Enhance Workforce Health & Wellbeing | | | | | | |
| 2.1 | Complex & catastrophic care management – dedicated/designated unit | | | | | | |
| 2.2 | Chronic care management – phase 1 mental health & msk, phase 2 CV & metabolic | | | | | | |
| 2.3 | Assess aggregate health risks & biometric screenings | | | | | | |
| 3 | Leadership Support, Management Alignment, & Strategic Planning | | | | | | |
| 3.1 | Identify champion in the c-suite | | | | | | |
| 3.2 | Establish wellbeing governance committee – broader representation over time | | | | | | |
| 3.3 | Create vision, mission, values, & multi-year strategy plan | | | | | | |
| 3.4 | Governance committee validates and supports strategic plan | | | | | | |
| 4 | Marketing & Communicating Health & Wellbeing | | | | | | |
| 4.1 | Produce annual marketing & communications calendar | | | | | | |
| 4.2 | Develop comprehensive campaign to close healthcare gaps | | | | | | |

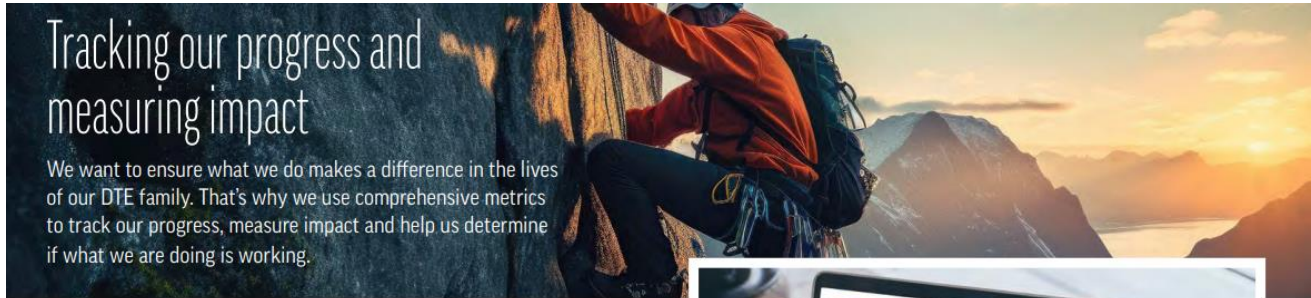
DTE Case Study – DTE’s 2024 Culture of Health & Wellbeing Annual Report



Detroit Based Energy Company

- Utility and Non-Utility
- 100+ locations in 17 states
- ~10,000 employees
- 14 unions
- 74% male
- 45 average age
- 337 on Fortune 500

Link to the annual report:
<https://bit.ly/4sglhpi>

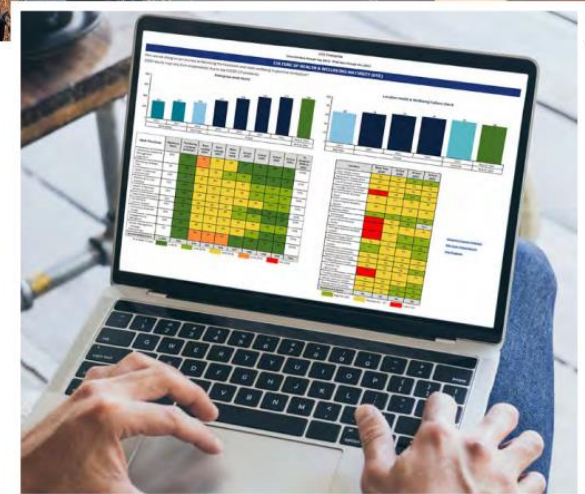
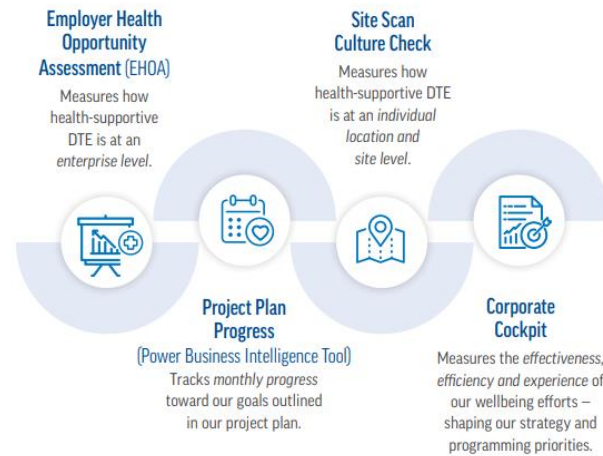


Tracking our progress and measuring impact

We want to ensure what we do makes a difference in the lives of our DTE family. That’s why we use comprehensive metrics to track our progress, measure impact and help us determine if what we are doing is working.

Our tools

Our comprehensive approach to measuring our progress consists of the following tools:



As with all our other business imperatives, we take a robust approach to the metrics behind our health and wellbeing efforts. Tracking and measuring progress is critical to advancing toward our best-in-class Culture of Health & Wellbeing.⁹⁹


- Alyson Richard, program manager, Health & Wellness

2024 CULTURE OF HEALTH & WELLBEING REPORT | 6




DTE Case Study – Key Results

Reduced Cost Trend, Absence, Injuries, Workers Comp...




Activated leaders and strengthened commitment.

- Provided leader activation toolkits, leader-led discussion forums and tailored training.
- Took a “shadow of a leader” approach—emphasizing walking the walk, talking the talk and impactful storytelling.




Sustained mental health programs and deepened field presence.

- Held the 4th Annual Mental Health Town Hall featuring panel of employees who shared personal stories.
- Offered Mental Health First Aid training.
- “Mental health check in” now a standard on safety agendas.




Drove further enhancements to our work environment.

- Expanded Local Wellbeing Committees.
- Leveraged improvements to the physical environments.
- Increased leader buy-in for fostering intrinsic motivation for wellbeing.




Improved support for those with chronic and complex conditions.

- Improved delivery of chronic condition management and complex care management for the DTE family.
- Highlighted success stories to expand awareness and deepen engagement.



Continued “Take Care” campaign to inspire through employee storytelling.

- Celebrated and showcased employees and leaders who take care of themselves and others.




Expanded injury prevention support and programs.

- Deployed athletic trainers to service centers throughout Gas operations.
- Deployed Body Mechanic Field Guide through leader led discussions.



Promoted importance of having a trusted medical home.

- Inspired over 80% of the DTE family to work with a primary care provider.



Provided in-person and virtual support to all employees.

- Met the DTE family wherever they were along their wellbeing journeys.

RESULTS BY THE NUMBERS

| | | |
|---|---|--|
| <p>Physically Thriving programming</p> <p>2,468 events with 43,057 participants</p> | <p>One-on-one nutritional coaching</p> <p>356 sessions</p> | <p>Your Dedicated Nurse program</p> <p>320 participants</p> |
| <p>EYL nutrition workshops, webinars and “Ask the RD” sessions</p> <p>32 sessions with 587 participants</p> | <p>Health coaching</p> <p>Over 1,400 health coaching calls and Next Step consult calls completed</p> | <p>Teladoc condition management (formerly Livongo)</p> <p>Over 1,522 members of the DTE family utilizing Teladoc experienced an A1c reduction, blood pressure reduction and weight loss</p> <p>Over 95% of participants take advantage of more than one Teladoc program to take care of their total wellbeing</p> <p>with 37% taking advantage of the myStrength mental health program through Teladoc to care for their mental health while caring for their physical health</p> |
| <p>Group exercise classes</p> <p>591 group classes offered exercise, with 6,246 total participants</p> | <p>One-on-one performance coaching</p> <p>775 virtual and in-person sessions</p> | |
| <p>Athletic trainers and Injury Prevention program</p> <p>3,237 participants 11 Gas locations 5,830 total encounters</p> | | |

DTE Case Study - Population Health Management Article

The Power of Commitment: Creating an Award-Winning Culture of Health And Well-Being at DTE Energy

Karen Personett,¹ Raymond Fabius, MD,² David Kirshenbaum, MSM,³ Dixon Thayer,⁴ and Sharon Phares, PhD, MPH⁵

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Volume 00, Number 00, 2024
Mary Ann Liebert, Inc.
DOI: 10.1089/pop.2024.0096



Abstract

The evidence that a healthy and safe workforce provides a competitive business advantage is increasingly clear. However, how to obtain this may be unclear to many. This article presents a case study showcasing how one large employer worked toward improving its culture of health and well-being. Measuring progress using an established corporate health assessment tool, results improved 75% over a 5-year period. In addition, site scan culture checks showed annual improvement, exceeding best-in-class scores by the fifth year. Building a culture of health and well-being often requires a few years to implement fully and involves a commitment to plan, deploy, improve, and manage over time. Ultimately, by following approaches taken by best-in-class employers, this can be accomplished with some ease and without missteps along the way.

DTE Case Study – Recognition

Received over 30 awards, including:

- C. Everett Koop National Health Award
- Best Employers, Excellence in Health & Wellbeing
- National Best & Brightest in Wellness (Elite)
- Michigan Best & Brightest in Wellness (Elite)



First Horizon Case Study

Wellness First Dashboard



First Horizon Corporation is a financial services company, founded in 1864, and based in Memphis, TN.

Financial services through retail locations in 12 states across the Southeast; fourth largest regional bank.



7,500+ Associates



418 Locations



\$85.1 Billion Total Assets

Sample Version – Culture of Health & Wellbeing Dashboard

| TOPIC Participation | 2025 METRIC as of 10/9/25 | 2025 ANNUAL GOALS | 2024 METRIC as of 12/31/24 | 2024 ANNUAL GOALS | 2023 METRIC as of 12/31/23 | 2023 ANNUAL GOALS | 2022 METRIC as of 12/31/22 | 2022 ANNUAL GOALS | 2022 % of Associate Population N=7400 |
|---|------------------------------|-------------------|-----------------------------------|--------------------|---------------------------------------|--------------------------------------|----------------------------|-------------------|---------------------------------------|
| GCL Enrollment - Associates | 6025 | 6200 / 97% | 5923 | 6200 / 96% | 5910 | 7000 / 84% | 7,129 | 6907 / 103% | 92% |
| GCL Enrollment - Spouses | 776 | 1000 / 78% | 786 | 1000 / 79% | 694 | 1000 / 69% | 527 | 1000 / 53% | |
| GCL Logins - Associates (Week Ended 10/9/25) | 100097 | 137000 / 73% | 131048 | 125000 / 105% | 113533 | 28000 / 86% | 101205 | 26,577 / 98% | |
| GCL Logins - Spouses (Week Ended 10/9/25) | 5837 | 7500 / 78% | 6879 | 7500 / 92% | 6185 | 2000 / 110% | 3784 | 1930 / 60% | |
| Quantum Health Registrations (Associates) 9/24/25 | 4724 | 2800 / 168% | 2113 | 2800 / 75% | 1975 (12/31/23) | 2200 (55%) / 3400 (49%) / 4500 (44%) | | | |
| Wellness \$\$ Redeemed in Recognition Connection Incentives Awarded Incentives Redeemed | \$601,687.32 \$501,905.89 | 83% | \$809,344.13 \$714,537.10 | 88% | \$594,575 \$494,287.16 | N/A | | | |
| CompPsych Contacts/Sign Ups | Q1-Q3 (176) | 2250 (.78%) | Q1 (99), Q2 (80), Q3(87), Q4 (69) | 2250 (.60%) | Q1 (79) / Q2 (82) / Q3 (95) / Q4 (89) | 2250 | 1,763 | N/A | |
| LifeSpeak Training Modules | 11728 | 36000 / 33% | 11615 | 36,000 / 32% | 30,176 | 18,000 / 168% | 21,206 | | |
| Team Champions (Locations with 25+) | 60 | 100 / 60% | 38 | 100 / 38% | | | | | |
| Team Champions (Locations with 50-99) | 73 | 100 / 73% | 72 | 100 / 72% | 68 | 68 / 100% | | | |
| Team Champions (Locations with 100+) | 100 | 100% | 100 | 100% | 100 | 100% | | | |
| Core Activities 9/30/25 | | | | | | | | | |
| Wellness Assessment (PLAN / NON PLAN) | 2748 / 463 | 4240 / 76% | 3079 / 931 | 3800 / 106% | 2770 / 561 | 3800 / 88% | 2791 / 505 | 4200 / 78% | 3097 = 41% |
| Biometric Screening (PLAN / NON PLAN) | 1870 / 215 | 2700 / 77% | 2057 / 501 | 2700 / 95% | 2070 / 323 | 1900 / 126% | 1731 / 200 | 2100 / 92% | 1800 = 24% |
| Annual Physical (PLAN / NON PLAN) | 2031 / 265 | 2840 / 81% | 2287 / 544 | 2700 / 108% | 2120 / 336 | 2500 / 98% | 1958 / 234 | 3800 / 58% | 2043 = 27% |
| PCP Attribution / Medically Homeless Assessments | | | | | | 6000 / 80% | TBD | 80% | 6000 = 80% |
| EHOA Score | | | 611 | 600 | | | 533 | 500 | |
| AHA Worksite Wellness | | | | | In Progress | Gold | Gold | Gold | |
| CEO Cancer Roundtable | Yes | | Yes | | In Progress | Gold | TBD | Gold | |
| WELCOA | | | | | In Progress | Gold | TBD | Recognition | |
| HWA Award (CompPsych) | | | Not Recognized | Submitted in April | | | | | |
| Carolyn C. Mattingly Mental Health in the Workplace Award | | | | | | | TBD (In Progress) | Recognition | |
| Mental Health America Bell Seal for Workplace Mental Health | | | | | | | TBD (In Progress) | Recognition | |
| GCL Satisfaction | | | | | TBD (In Progress) | | | 4.0 | |



First Horizon Case Study – Key Results

Effectiveness



- 80% PCP Attribution
- Preventive Care Adherence increased by 13%
- Breast Cancer screenings at 74%
- Wellness Exam compliance increased by 24%
- Condition compliance above norms for diabetes, CAD, CHF
- 78% of SmartFHR users reported that the wellness platform improved their health & wellbeing
- Biometrics stabilizing with modest improvement in blood sugar and blood pressure

Experience



- 80% SmartFHR enrollment
- 3,200 associates participated in Wellness Challenges in 2023
- 23.9 logins PMPY
- 56% completion of annual HRA
- 77.4% of HRA respondents report good occupational wellness with equity across all income bands
- Over 68,422 resources accessed through LifeSpeak for total of over 6,347 hours in 3 years

Efficiency

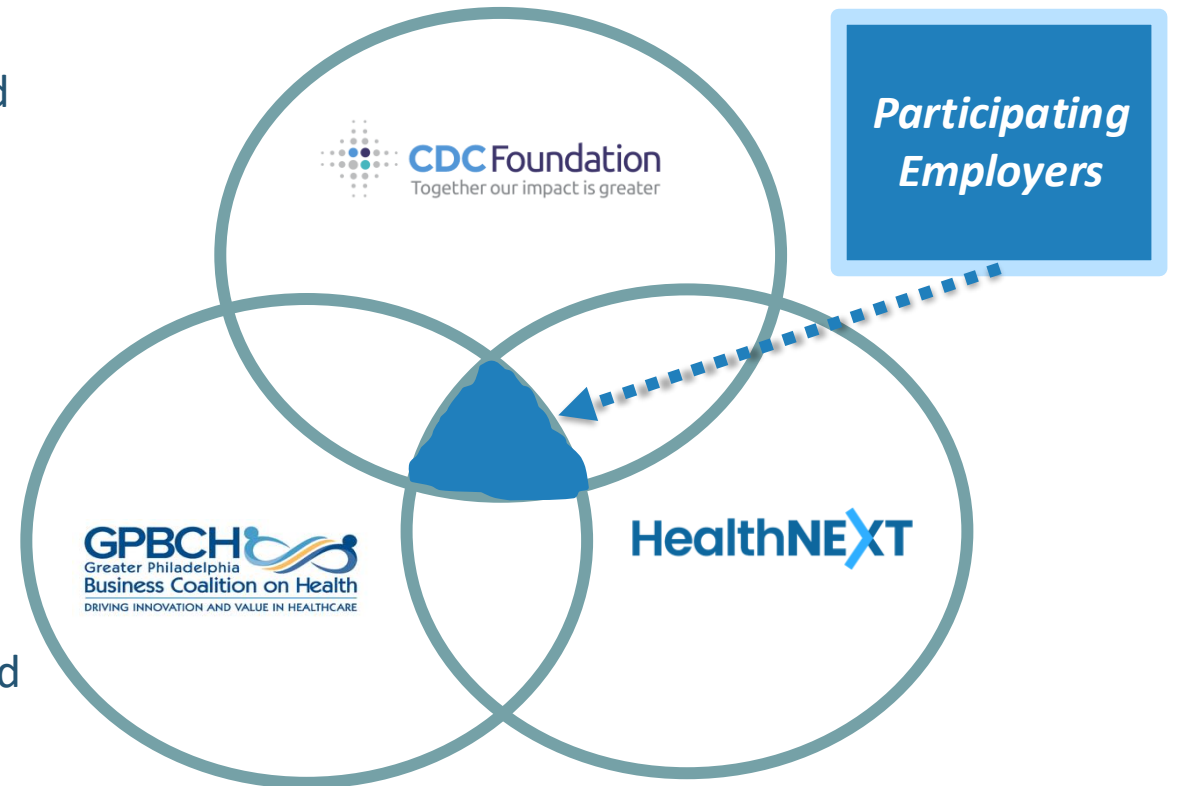


- Office & Urgent Care visits increasing with ER visits remaining flat
- Hospital admissions decreased by 22%
- Total annual claim cost increasing at or below national trends
- 2023 PEPY health care cost 21% below national benchmark (Mercer)
- Contractual savings – 3 year pharmacy projected at \$5.3M

A Community of Employers Pursuing a Culture of Health and Well-being

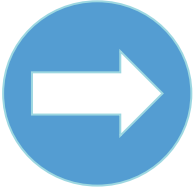
A Learning Collaborative

- **Greater Philadelphia Coalition on Health and Participating Employers**
 - Recruit employer participants, orchestrate collaboration and collect data and analyze the results for sharing and publication
- **CDC Foundation**
 - Funding and support of the learnings by actively monitoring the project to its successful conclusion
- **HealthNEXT**
 - Provide highly experienced physician executive guidance and its proven method to build workforce cultures of health



Collaborative Members, Assessed on 50 Factors, Within 10 Pillars

- A significant narrowing of the gaps from benchmark in many if not most Factors
- Average improvement of score from baseline to predicted year-end score was 80 points (450 to 530) moving from 60% to 71% of benchmark
- Range of scores at baseline and after predicted modeling went from 187-580 to 313-663
- Lowest scoring enterprise improved the most – over 125 points
- Harder to improve as score gets higher



Initial Assessment

| PK | A | B | C | D | E | F | G |
|----|-------|--------|-------|-------|-------|-------|-------|
| 37 | Green | Green | Green | Green | Green | Green | Green |
| 30 | Green | Green | Green | Green | Green | Green | Green |
| 15 | Green | Yellow | Red | Green | Green | Green | Green |
| 8 | Green | Red | Green | Green | Green | Green | Green |
| 1 | Green | Green | Green | Green | Green | Green | Green |
| 7 | Green | Green | Green | Green | Green | Green | Green |
| 22 | Green | Green | Green | Green | Green | Green | Green |
| 13 | Green | Green | Green | Green | Green | Green | Red |
| 3 | Green | Green | Green | Green | Green | Green | Red |
| 7 | Green | Green | Green | Green | Green | Green | Red |
| 18 | Green | Green | Green | Green | Green | Green | Red |
| 16 | Green | Green | Green | Green | Green | Green | Red |
| 19 | Green | Green | Green | Green | Green | Green | Red |
| 17 | Green | Green | Green | Green | Green | Green | Red |
| 12 | Green | Green | Green | Green | Green | Green | Red |
| 9 | Green | Green | Green | Green | Green | Green | Red |
| 31 | Green | Green | Green | Green | Green | Green | Red |
| 6 | Green | Green | Green | Green | Green | Green | Red |
| 24 | Green | Green | Green | Green | Green | Green | Red |
| 32 | Green | Green | Green | Green | Green | Green | Red |
| 33 | Green | Green | Green | Green | Green | Green | Red |
| 48 | Green | Green | Green | Green | Green | Green | Red |
| 36 | Green | Green | Green | Green | Green | Green | Red |
| 4 | Green | Green | Green | Green | Green | Green | Red |
| 18 | Green | Green | Green | Green | Green | Green | Red |
| 11 | Green | Green | Green | Green | Green | Green | Red |
| 21 | Green | Green | Green | Green | Green | Green | Red |
| 34 | Green | Green | Green | Green | Green | Green | Red |
| 42 | Green | Green | Green | Green | Green | Green | Red |
| 44 | Green | Green | Green | Green | Green | Green | Red |
| 28 | Green | Green | Green | Green | Green | Green | Red |
| 10 | Green | Green | Green | Green | Green | Green | Red |
| 16 | Green | Green | Green | Green | Green | Green | Red |
| 41 | Green | Green | Green | Green | Green | Green | Red |
| 43 | Green | Green | Green | Green | Green | Green | Red |
| 40 | Green | Green | Green | Green | Green | Green | Red |
| 50 | Green | Green | Green | Green | Green | Green | Red |
| 5 | Green | Green | Green | Green | Green | Green | Red |
| 27 | Green | Green | Green | Green | Green | Green | Red |
| 47 | Green | Green | Green | Green | Green | Green | Red |
| 29 | Green | Green | Green | Green | Green | Green | Red |
| 30 | Green | Green | Green | Green | Green | Green | Red |
| 25 | Green | Green | Green | Green | Green | Green | Red |
| 35 | Green | Green | Green | Green | Green | Green | Red |
| 45 | Green | Green | Green | Green | Green | Green | Red |
| 14 | Green | Green | Green | Green | Green | Green | Red |
| 39 | Green | Green | Green | Green | Green | Green | Red |
| 46 | Green | Green | Green | Green | Green | Green | Red |
| 23 | Green | Green | Green | Green | Green | Green | Red |
| 49 | Green | Green | Green | Green | Green | Green | Red |

Year-end Prediction

| PK | A | B | C | D | E | F | G |
|----|-------|--------|-------|-------|-------|-------|-------|
| 37 | Green | Green | Green | Green | Green | Green | Green |
| 30 | Green | Green | Green | Green | Green | Green | Green |
| 15 | Green | Yellow | Green | Green | Green | Green | Green |
| 8 | Green | Green | Green | Green | Green | Green | Green |
| 1 | Green | Green | Green | Green | Green | Green | Green |
| 7 | Green | Green | Green | Green | Green | Green | Green |
| 22 | Green | Green | Green | Green | Green | Green | Green |
| 13 | Green | Green | Green | Green | Green | Green | Green |
| 3 | Green | Green | Green | Green | Green | Green | Green |
| 7 | Green | Green | Green | Green | Green | Green | Green |
| 18 | Green | Green | Green | Green | Green | Green | Green |
| 16 | Green | Green | Green | Green | Green | Green | Green |
| 19 | Green | Green | Red | Green | Green | Green | Green |
| 17 | Green | Green | Green | Green | Green | Green | Green |
| 12 | Green | Green | Green | Green | Green | Green | Green |
| 9 | Green | Green | Green | Green | Green | Green | Green |
| 31 | Green | Green | Green | Green | Green | Green | Green |
| 6 | Green | Green | Green | Green | Green | Green | Green |
| 24 | Green | Green | Green | Green | Green | Green | Green |
| 32 | Green | Green | Green | Green | Green | Green | Green |
| 33 | Green | Green | Green | Green | Green | Green | Green |
| 48 | Green | Green | Green | Green | Green | Green | Green |
| 36 | Green | Green | Green | Green | Green | Green | Green |
| 4 | Green | Green | Green | Green | Green | Green | Green |
| 18 | Green | Green | Green | Green | Green | Green | Green |
| 11 | Green | Green | Green | Green | Green | Green | Green |
| 21 | Green | Green | Green | Green | Green | Green | Green |
| 34 | Green | Green | Green | Green | Green | Green | Green |
| 42 | Green | Green | Green | Green | Green | Green | Green |
| 44 | Green | Green | Green | Green | Green | Green | Green |
| 28 | Green | Green | Green | Green | Green | Green | Green |
| 10 | Green | Green | Green | Green | Green | Green | Green |
| 16 | Green | Green | Green | Green | Green | Green | Green |
| 41 | Green | Green | Green | Green | Green | Green | Green |
| 43 | Green | Green | Green | Green | Green | Green | Green |
| 40 | Green | Green | Green | Green | Green | Green | Green |
| 50 | Green | Green | Green | Green | Green | Green | Green |
| 5 | Green | Green | Green | Green | Green | Green | Green |
| 27 | Green | Green | Green | Green | Green | Green | Green |
| 47 | Green | Green | Green | Green | Green | Green | Green |
| 29 | Green | Green | Green | Green | Green | Green | Green |
| 30 | Green | Green | Green | Green | Green | Green | Green |
| 25 | Green | Green | Green | Green | Green | Green | Green |
| 35 | Green | Green | Green | Green | Green | Green | Green |
| 45 | Green | Green | Green | Green | Green | Green | Green |
| 14 | Green | Green | Green | Green | Green | Green | Green |
| 39 | Green | Green | Green | Green | Green | Green | Green |
| 46 | Green | Green | Green | Green | Green | Green | Green |
| 23 | Green | Green | Green | Green | Green | Green | Green |
| 49 | Green | Green | Green | Green | Green | Green | Green |

Pillar Performance Ranking Year over Year

Several Improved Significantly

- Many more pillars improved on an enterprise basis. 36 out of 70 Pillar cells (51%) will be approaching Benchmark Threshold by year-end, versus 21 out of 70 (30%) in the initial assessment
- The rank order of Pillars has shifted from the Initial Assessment to year-end
 - “Leadership & Management” followed by “Marketing & Communication”, and “Health & Wellness Strategic Plan”, improved the most moving to the top of the list on a % of Benchmark Threshold basis
- For many participating enterprises there is still much work to be done to achieve best practice in pillars such as “Vendor Oversight” and “Incentives and Benefit Design”.
- Each employer has their own strategic plan maps out for the next few years.

Initial Assessment

| Pillar | A | B | C | D | E | F | G | Avg % BT |
|------------------------------------|---|---|---|---|---|---|---|----------|
| 3 Workplace Environment | - | - | - | - | - | - | - | - |
| 5 Health & Wellness Activities | - | - | - | - | - | - | - | - |
| 6 Data Warehousing & Analytics | - | - | - | - | - | - | - | - |
| 4 On-site Health Activities | - | - | - | - | - | - | - | - |
| 8 Incentives & Benefits Design | - | - | - | - | - | - | - | - |
| 2 Health & Wellness Strategic Plan | - | - | - | - | - | - | - | - |
| 1 Leadership & Management | - | - | - | - | - | - | - | - |
| 7 Marketing & Communications | - | - | - | - | - | - | - | - |
| 10 Vendor Oversight & Integration | - | - | - | - | - | - | - | - |
| 9 Engagement & Navigation | - | - | - | - | - | - | - | - |

Year-end

| PILLAR | A | B | C | D | E | F | G | Avg % BT |
|------------------------------------|---|---|---|---|---|---|---|----------|
| 1 Leadership & Management | - | - | - | - | - | - | - | - |
| 7 Marketing & Communications | - | - | - | - | - | - | - | - |
| 2 Health & Wellness Strategic Plan | - | - | - | - | - | - | - | - |
| 3 Workplace Environment | - | - | - | - | - | - | - | - |
| 6 Data Warehousing & Analytics | - | - | - | - | - | - | - | - |
| 9 Engagement & Navigation | - | - | - | - | - | - | - | - |
| 5 Health & Wellness Activities | - | - | - | - | - | - | - | - |
| 4 On-site Health Activities | - | - | - | - | - | - | - | - |
| 8 Incentives & Benefits Design | - | - | - | - | - | - | - | - |
| 10 Vendor Oversight & Integration | - | - | - | - | - | - | - | - |
| TOTAL | - | - | - | - | - | - | - | - |



Learning Collaborative Publication Participant Feedback

FAST TRACK ARTICLE

OPEN

Advancing Employer Cultures of Health and Well-being *Lessons for Business Coalitions and Employers*

Raymond Fabius, MD, Michele Bildner, DrPH, Neil I. Goldfarb, BA, David Kirshenbaum, MBA, Dixon Thayer, BS, Ivor R. Kiwi, MBA, and Sharon E. Phares, PhD

Objective: The aim of the study was to determine the impact of a collaborative effort by employers to improve their organizations' cultures of health and well-being. **Methods:** The Centers for Disease Control and Prevention Foundation partnered with two organizations to help employers use an established methodology—an industry-validated baseline assessment, along with a strategic roadmap and guidance from physician executive experts. Employers implemented this approach and simultaneously participated in a structured monthly learning collaborative. **Results:** The average projected improvement in the culture of health scores from baseline to year end was 80 points, moving from 60% to 71% achievement of the benchmark score. **Conclusions:** This research demonstrates that employers working collaboratively and following an appropriate sequence of scientific-based approaches can demonstrate a positive trend in organizational cultures of health and well-being scores pointing to the possibility of sustainable culture change.

Keywords: employers, culture of health, population health, occupational health, well-being, collaborative approach, community health

LEARNING OUTCOMES

- Learn the importance of identifying gaps in best practice implementation.
- Articulate barriers and facilitators for improving employee health and well-being among business leaders.
- Identify which pillars and factors of employee health and well-being present the most common strengths and opportunities.

Employers provide health benefits for more than 50% of all Americans¹ and are interested in preventing and managing chronic conditions to advance workforce health and performance, work engagement, and worker retention.² Employers are also aware that improving population health helps lower direct costs, such as the cost

TABLE 2. GPBCH Questionnaire Results From Participating Employers (n = 6)

| Questions | Strongly Disagree/ Disagree % (n) | No Opinion/Not Sure % (n) | Agree/Strongly Agree % (n) |
|--|---|---------------------------------|----------------------------------|
| Participating in the project met the expectations I had when my organization agreed to participate | 0% (0) | 0% (0) | 100% (6) |
| Participating in the project helped advance my organization's culture of health and well-being | 0% (0) | 0% (0) | 100% (6) |
| Participating in the project helped advance my own understanding of how to build an organization culture of health and well-being | 17% (1) | 0% (0) | 83% (5) |
| As a result of participating in the project, I expect the organization's leadership will be more supportive of our efforts to build a culture of health and well-being | 0% (0) | 17% (1) | 83% (5) |
| As a result of participating in the project, I expect leaders to dedicate more resources to our efforts to build a culture of health and well-being | 0% (0) | 33% (2) | 67% (4) |
| I believe that our organization's participation in the project will benefit the health and well-being of our workforce | 0% (0) | 0% (0) | 100% (6) |
| I believe that our organization's participation in the project will help to moderate (bend) our medical cost trend | 0% (0) | 17% (1) | 83% (5) |
| I believe that our organization's participation in the project will help to reduce employee turnover and contribute to our reputation as an employer of choice | 0% (0) | 17% (1) | 83% (5) |
| As a result of having participated, I believe I will be more successful in my role of promoting population health & well-being | 0% (0) | 0% (0) | 100% (6) |

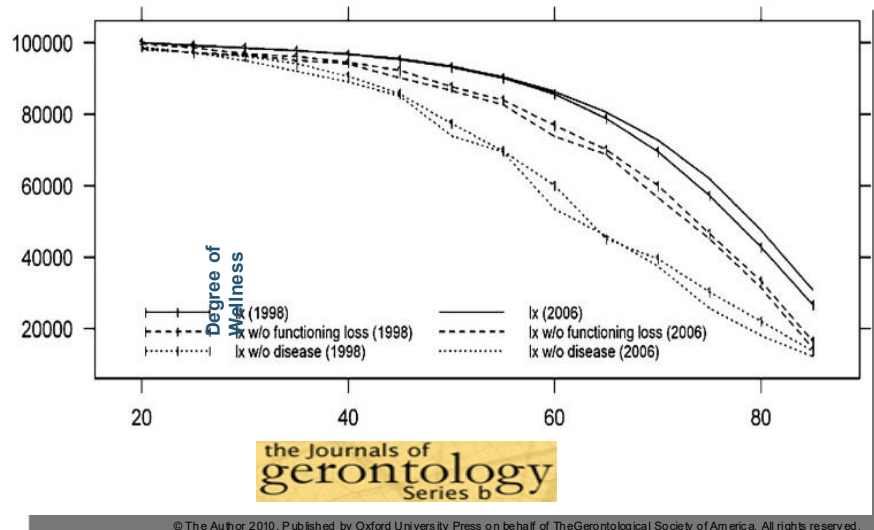
Where Should You Start?

The Captive ACO

- Should Healthcare Delivery Systems organize ACOs for other employees before demonstrating that they can improve the health of their own employees?
- The Healthcare Delivery System is the one of the largest employers in the community
- The Healthcare Worker is a role model for others in the community



THE ULTIMATE GIFT OF HEALTH: *Compression Of Morbidity*



Crimmins E M , Beltrán-Sánchez H J Gerontol B Psychol Sci Soc Sci 2011;66B:75-86



*The Goal Should Be Sudden
Death in Overtime*

**The longer you stay healthy and vital,
the shorter your period of morbidity before life ends.**

Employer Spotlight:

Strategies that Work – Advanced Primary Care, Navigation, and Advocacy

Carley Hamann
Vera

Denise Giambalvo
WA Health
Alliance

Health Commons Project

Maura Little
Executive Director, Health Commons Project



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WHO WE SUPPORT

A range of providers and partners across the care continuum



Community Care

FQHCs, CBOs, social services, and community partners



Clinical Care

Clinics, hospitals, care teams, and health systems



Public Health & Medicaid

State agencies and programs



Payers & System Leadership

Health plans, ACOs, employers, and system leaders

Provider Tools and Services



Access to Eligibility and Payment Systems (Single Sign-On)

116,000+ active users total
35,000+ provider organizations total
13,000+ provider organizations use for P1 access



Medicaid Clinical History Portal

Clinical History on 2.4M Medicaid Lives



Student Behavioral Health and Housing Referral Service

32 schools in Renton and Seattle
18 youth behavioral health and housing providers
132 total users

Network Operations



Health Information Exchange (HIE)

765 health system/facilities trading partners as of March 2026.
Over 260+ Million transactions per year

Data Repositories we manage



Medicaid Clinical Data Repository (CDR)

58 health system/facilities submitting
8M+ CCDs each year dating back to 2017



Transformational Repository & Analytics eXchange (TRAX)

Chronic disease/public health
In Development

HIE Public Health Registries We Support

A secure means for health care organizations to exchange information

765 health system trading partners as of March 2026
Supports over 260+ million transactions per year



Electronic Lab Reporting

Creates cases for investigation, tracing and surveillance for infectious disease
260k+ transactions/yr



Syndromic Surveillance

Tracks public health threats via hospital reporting
135M+ transactions/yr



Prescription Drug Monitoring Program

Tracks opioid misuse;
71M+ transactions/yr



Cancer Registry

Collects data about cancer diagnosis, treatment, and death
100k+ transactions/yr



Immunization Registry

Allows providers to submit and query vaccination history
52M+ transactions/yr



Clinical Data Repository

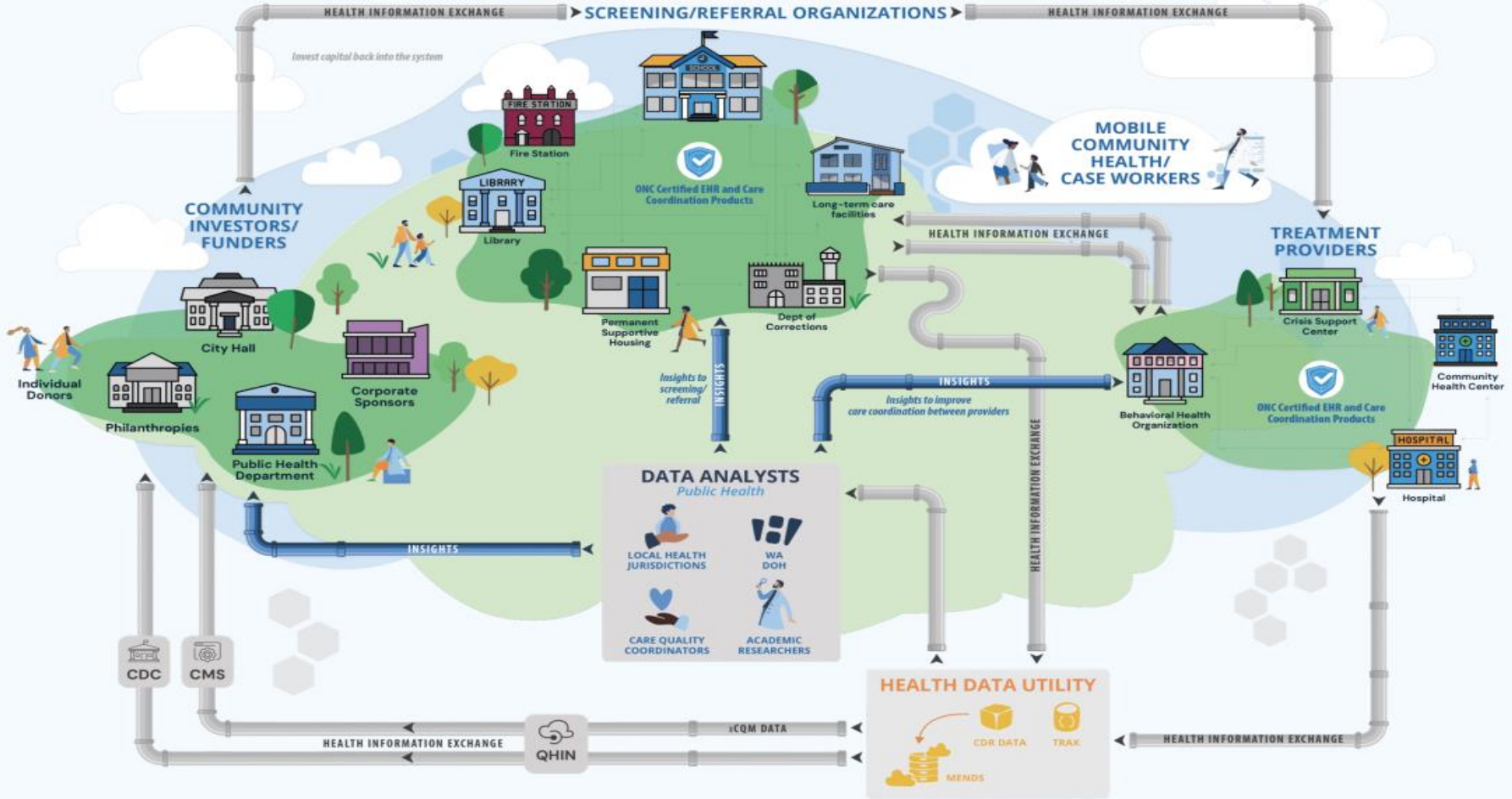
Supports Washington Medicaid Reporting and Clinical Portal
8 million clinical records dating back to 2017



Expedited workers' comp claims

Providers send data directly to L&I to expedite workers' compensation claim adjudication
160k+ transactions/yr

Our Vision: No Wrong Door to Care



Panel:

Data Powering Change – Unlocking the WAHDX Repository for WA

Jonathan Bennett
WA State Hospital
Association

Vishal Chaudhry
WA State Health
Care Authority

Jim Freeburg
Patient Coalition
of WA

**Bryant Thomas
Karras, MD**
WA State Dept. of
Health

Maura Little
Moderator, Health
Commons Project,
WAHDX

Closing Comments

Thank You to Our Sponsors



Thank you!