

Employer Health and Wellness Initiatives in the Nashville Region: An Environmental Scan

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Introduction

The health competitiveness of the Nashville region is an issue that has emerged as a priority for the Nashville Area Chamber of Commerce, particularly as it relates to workplace health and productivity. In May 2017, the Chamber partnered with FTI Consulting's Center for Healthcare Economics and Policy and a group of local stakeholders to release a report that put a dollar figure on the productivity costs and medical costs resulting from several chronic conditions in the Nashville region, including diabetes, hypertension and obesity.

As the Nashville area contends with an aging workforce and tightening labor market, coupled with population health status that is lagging the nation, employer health programs have gained new attention.

Following the release of the *Nashville Region Health Competitiveness Report* (Guerin-Calvert, 2017), the Research Center of the Chamber responded to a request by Vanderbilt University Medical Center to assess broad patterns in the employer health program environment. Between May and August 2017, the Research Center conducted a series of inquiries into the topic, using a variety of methods to obtain information and insights, including personal interviews with business leaders, directed group discussions, a survey of businesses and review of literature in the field.

The Chamber continues to learn about and explore ways to be a useful champion for health and wellness in the Nashville region. Increasing employer awareness and engagement in this area will allow businesses to play a more direct role in improving health outcomes for their own employees and, as a result, the broader Nashville population.

Background

Rising health costs amid population health status and behaviors that are less than desired prompts ongoing concern to innovate and alter this environment. All parties to this environment – government, health service providers, insurers, employers and, most of all, individuals and households – bring a unique perspective and opportunity to address these issues in new and meaningful ways. Cities and regions, similarly, contend with needs to remain competitive in a rapidly changing economic and technological landscape.

These two factors – population health and economic competitiveness – converge through efforts to maintain strong levels of human capital. In short, workforce supply, now and in the future, is critically important for regions to succeed. Workers are most productive if they are healthy, in addition to possessing needed education, training and other assets to be successful in their roles. This, then, is the challenge for regions like Nashville: to maintain a healthy workforce to meet the ever-growing demand for highly-able and capable talent in sufficient abundance.

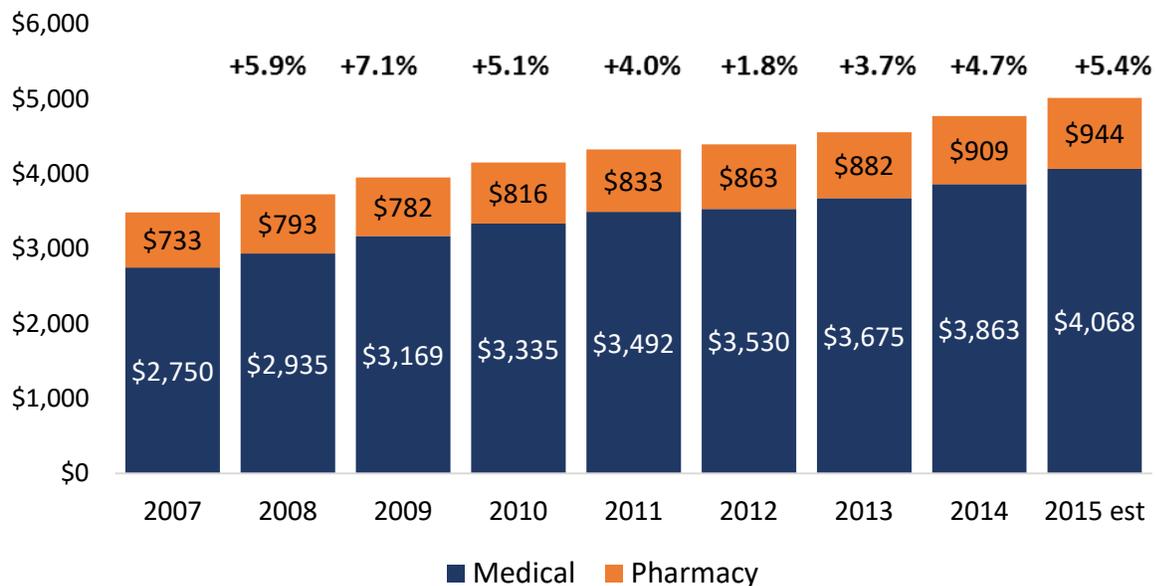
Cost of Health Care

The challenges do not exist in a vacuum relative to health outcomes or health costs in our society. The United States currently spends nearly \$3.4 trillion in healthcare costs, or \$10,346 for every man, woman and child. Overall, this spending is composed of:

- Private health insurance spending: \$1.093 trillion;
- Medicare spending: \$681.3 billion;
- Medicaid spending: \$577.7 billion;
- Out of pocket spending: \$350.1 billion (Keehan et al., 2016).

Spending levels are high for many complex reasons, not least of which are the systemic and demographic environments in which health care is served. Many additional factors contribute to steady cost increases to workers and employers, who together constitute the forefront of much of the health spending in the United States. Average costs per employee have continued to rise over many years, prompting attempts at innovations and modifications to existing patterns of health care.

Figure 1: Trends in Average Medical and Pharmacy Claims Costs per Employee



Source: Truven Health Analytics, 2014

Continuum of Health

Consensus from a large body of research holds that “health is more than just the absence of disease – that health promotion and prevention of disease should be a top governmental and personal priority, and that each individual can and should strive to achieve a state of optimal functioning” (Kirkland, 2014). Four features of modern life, according to early work on the concept of “wellness” combine to make wellness “a goal that transcends and extends an understanding of health: interconnectedness through communications

technologies, population boom and crowding, aging of the population, and rising tensions because of the “tempo of modern life” (Dunn, 1959).

The solutions for improved health outcomes in the population are the subject of much debate and discussion. Widely recognized are the array of forces and influences that shape the health of a population. Particularly accepted are the social determinants of health as major influencing components.

Although health care is essential to health...it is a relatively weak health determinant. Rather, health behaviors such as diet, exercise and smoking are the most important determinants of disease and premature death.

Environmental factors, too, combine with what ultimately is only a limited range of influence that healthcare providers have on the health of most persons at most times. This literature on social and other non-health services determinants of health is extensive and longstanding. In short, although health care is essential to health, research demonstrates that it is a relatively weak health determinant. Rather, health behaviors such as diet, exercise and smoking are the most important determinants of disease and premature death (McGinnis & Foege, 1993; Schroeder, 2007). Understanding the role of social determinants is key to assessing the health environment of the Nashville area, where health status lags that of many regions.

Consideration of ways that the extensive interaction between workers and employers can be engaged for positive change in health outcomes is one area of opportunity for the Nashville region. As reported by the American Heart Association, “the healthcare system in the United States is undergoing a paradigm shift that will result in a greater focus on the early identification and management of risk factors known to be associated with a higher risk for noncommunicable diseases, in particular cardiovascular disease. Healthcare delivery must move beyond the clinical environment by partnering with employers, schools, community-based organizations and public health agencies to reach large segments of the population and address the problems that contribute to poor health” (Arena et al., 2014; Institute of Medicine, 2013; Vojta, Koehler, Longjohn, Lever, & Caputo, 2013). Using the opportunity of this paradigm shift to realize gains in health outcomes represents a way for the Nashville region to demonstrate leadership as a business community deeply engaged and aware of health impacts to the economy and workforce.

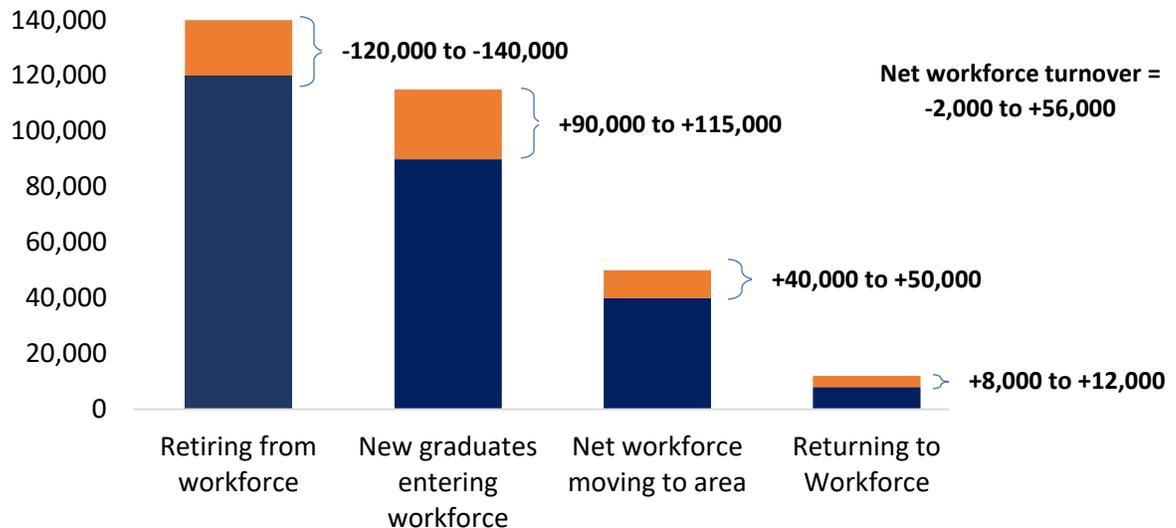
Workforce Demographics

Sustaining a sufficient supply of quality workforce in the Nashville region is paramount to ensuring the area’s continued economic competitiveness. Human capital increasingly determines the economic success of a region and its industry sectors. Yet, Nashville in many ways is at the forefront of massive workforce changes and challenges.

The demographic transitions the nation is undergoing will continue to reshape the economic and labor force landscape of the United States for the foreseeable future. In many ways, the Nashville experience of these trends and their effects is a precursor to what is destined to occur across the nation. Data show that over the period 2015 to 2020, the Nashville region is likely to fall short in its workforce supply in unprecedented ways. With expectation of up to 100,000 jobs created in a typical recent five-year period, the region will struggle to find 50,000 new workers due to aging workforce and limited sources of

replenishment, a phenomenon occurring throughout the United States and one that will persist for many years.

Figure 2: Estimated Ranges of Workforce Change Components in the Nashville Region 2015-2020



Source: The Research Center, Nashville Area Chamber of Commerce, 2015

The Nashville Area Chamber of Commerce conducted an annual *Vital Signs* survey of residents in 17 counties of the Nashville and Clarksville metropolitan statistical areas (MSAs) in July 2017. The poll of 750 adults focuses on numerous issues of importance to quality of life in the region. In 2017, 86 percent of respondents who were working indicated that their employer was interested in them being healthier overall. This response level has remained relatively constant for each of the past four years. The levels of concurrence with this view ranged between 76 and 93 percent for all age groups, races, income levels and education levels in the region. Further, 75 percent of respondents indicated that their employer provides health insurance to them.

Table 1: Employer-provided Health Insurance

	All respondents	Age			Race		Income			Education		
		18-34	35-44	45-64	White	Non-white	<\$50,000	\$50,000-\$100,000	>\$100,000	HS or less	Some College	College Grad
Insurance provided	75%	70%	74%	78%	73%	77%	65%	73%	84%	74%	67%	80%
Insurance not provided	24%	30%	24%	20%	25%	23%	33%	26%	14%	26%	32%	18%
Not responded	2%	0%	1%	2%	2%	0%	2%	1%	2%	0%	1%	2%

Source: *Vital Signs Survey*, The Research Center, Nashville Area Chamber of Commerce, 2017

The many levels of interaction between employers and workers in the matter of health create both challenge and opportunity for enhancing health status of the population. As a challenge, many firms with unhealthy workers confront rising health insurance costs and a negative impact on productivity and retention. As an opportunity, employers have a unique role in influencing and shaping health outcomes for a very large part of the U.S. population.

Research over the past decade has increasingly examined these opportunities and yielded strong, actionable findings for employers. Recent reports also show that about half of employers with at least 50 employees, and more than 90 percent with more than 50,000 employees, offer a wellness program (Mattke et al., 2013).

Employers have a unique role in influencing and shaping health outcomes for a very large part of the U.S. population.

The U.S. Centers for Disease Control and Prevention (CDC) define workplace health programs as “a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees” (Centers for Disease Control, 2016b). There is a wide and complex body of federal and state law relating to workplace wellness programs (WWPs), with regulation of various program features such as the use of incentives to encourage employee participation and the availability of tax credits for employers that offer these programs. Research indicates that 32 states and the District of Columbia had state or jurisdictional laws related to WWPs in 2014, with a mixture of those that had laws directed at public employers, private employers or both. Tennessee in recent research does not have state law related to WWPs. Findings are divided on the efficacy of these laws as a stimulus or hindrance to WWP usage, and studies suggest more research and greater focus on evidence-based WWPs is desirable (Pomeranz, Garcia, Vesprey, & Davey, 2017).

The CDC has further developed a Workplace Health Model that articulates a systematic and stepwise process of building a workplace health promotion program that emphasizes four main steps:

1. An *assessment* to define employee health and safety risks and concerns and describe current health promotion activities, capacity, needs, and barriers.
2. A *planning process* to develop the components of a workplace health programs including goal determination; selecting priority interventions; and building an organizational infrastructure.
3. *Program implementation* involving all the steps needed to put health promotion strategies and interventions into place and making them available to employees.
4. An *evaluation* of efforts to systematically investigate the merit (e.g., quality), worth (e.g., effectiveness), and significance (e.g., importance) of an organized health promotion action or activity (Centers for Disease Control, 2016a).

The CDC through the National Institute for Occupational Safety and Health has also developed a framework of the essential elements of a comprehensive work-based health protection and health promotion program. This framework includes components that comprise guiding principles and practical direction for organizations seeking to develop effective workplace programs. The Essential Element’s 20 components are divided into four areas:

1. Organizational culture and leadership;
2. Program design;
3. Program implementation and resources; and
4. Program evaluation.

For individual employees and workers, wellness is defined as a dynamic process of learning new life skills, becoming aware of and making conscious choices toward a more balanced and healthy lifestyle across seven dimensions:

1. Social;
2. Physical;
3. Emotional;
4. Career;
5. Intellectual;
6. Environmental; and
7. Spiritual (Lyons, 2015).

Through a balance in these seven dimensions, individuals develop their own resources and capacity to continue a healthy lifestyle and positively engage in all facets of their life (e.g., work, community, family). The World Health Organization has articulated a framework and model specific to health and workplace designs for health programming.

Productivity

Most businesses are focused on maintaining viability and competitive success. These businesses are comprised of individuals who bring essential talent and skills to ensure their organization is sustained, guided and nourished. The ability of business to be productive is both determined and constrained by the traditional economic factors of production – labor, land, capital, raw materials and know-how. It is increasingly the human capital factors of labor and know-how that distinguish organizations that thrive and succeed. Assessing productivity, though it is certainly not a new economic concept, remains a persistently challenging task for many organizations. From Taylorism – a scientific management theory related to production efficiency – to contemporary algorithms of per worker sales and output, organizations often lag in their ability to arrive at meaningful or robust productivity metrics.

Health considerations often lag attention to education and skills when assessing an individual's abilities to perform a given work role. This gap, however, misses a very large set of phenomena that have massive implications for a large employment base in a business, industry, region or nation. Where education gaps are viewed as subject to amelioration by business, government and other forces, health impacts are often held as a purview of individuals, the healthcare system, or both, with other parties expected to influence health in only tangential or unwelcome ways. Yet there is a strong evidence base that health gains are achievable in diverse ways that can involve a wide range of stakeholders that are, in turn, significant beneficiaries of these gains. This base of evidence states that:

- A large proportion of diseases and disorders are preventable. Modifiable health risk factors are precursors to many diseases and disorders and to premature death (Centers for Disease Control, 2015; McGinnis & Foegen, 1993; Mokdad, Marks, Stroup, & Gerberding, 2004).

- Many modifiable health risks are associated with increased healthcare costs within a relatively short time window (Goetzel et al., 1998; Bertera, 1991; Pronk et al., 1999; Goetzel et al., 2012).
- Modifiable health risks can be improved through workplace sponsored health promotion and disease prevention programs (Heaney & Goetzel, 1997; Pelletier, 1991-2011; Soler et al., 2010).
- Improvements in the health risk profile of a population can lead to reductions in health costs (Goetzel et al., 1999; Carls et al., 2011).
- Worksite health promotion and disease prevention programs save companies money in healthcare expenditures and produce a positive return on investment (Henke, 2011).

Extensive research indicates moderate to strong effects of health promotion and intervention initiatives on a host of health conditions. The body of evidence confirms that a presumption of altered outcomes is well founded. Evidence-based research demonstrates solid findings in an array of health factors susceptible to alteration through behavioral change.

Table 2: Estimates of Likely Health Effects through Behavior Modification

Outcome	Body of Evidence	Consistent Results	Magnitude of Effect	Finding
Diastolic blood pressure	17	Yes	Diastolic -1.8mm Hg	Strong
Systolic blood pressure	19	Yes	Systolic -2.6 mm Hg	
Risk prevalence	12	Yes	-4.5 pct pt	
BMI	6	Yes	-0.5 pt BMI	Insufficient
Weight	12	No	-0.56 pounds	
% body fat	5	Yes	-2.2% body fat	
Risk prevalence	5	No	-2.2% at risk	
Total cholesterol	19	Yes	-4.8 mg/dL (total)	Strong
HDL cholesterol	8	No	+ .94 mg/dL	
Risk prevalence	11	Yes	-6.6 pct pt	Insufficient
Fitness	5	Yes	Small	
Alcohol Use	9	Yes	Variable	Sufficient
Fruits and vegetables	9	No	0.09 serving	Insufficient
% Fat intake	13	Yes	-5.4%	Strong
% Change in those physically active	18	Yes	+ 15.3 pct pt	Sufficient
Tobacco use				Strong
Prevalence	23	Yes	-2.3 pct pt	
Cessation	11	Yes	+3.8 pct pt	
Seat Belt Non-use	10	Yes	-27.6 pct pt	Sufficient
Estimated Risk	15	Yes	Moderate	Sufficient
Health care use	6	Yes	Moderate	Sufficient
Worker Productivity	10	Yes	Moderate	Strong

Source: Soler et al., 2010

Recent research has found that lowering modifiable health risk factors would reduce healthcare costs of average working-age adults by 18.4 percent (Bolnick, Millard, & Dugas, 2013). Other research suggests that even well-executed lifestyle management programs may be cost-neutral in many ways, though they still provide demonstrated value in effects on absenteeism and improvements in many health risks. Meanwhile, research finds that focus on disease management components of health promotion programs yield consistent and significant return on investment (ROI) between \$1.46 and \$1.76 for every dollar invested (Caloyeras, Liu, Exum, Broderick, & Mattke 2014). Studies are mixed on findings relating to lifestyle management components, with less robust or conclusive economic returns to organizations. Still, there are reasons for supporting both disease management and lifestyle management through employer-based health and wellness initiatives. These include attracting and retaining talent, maintaining or increasing competitive benefits and improving employee health even in absence of financial return (ADP Research Institute, 2012).

Employers see greater benefit in aligning health promotion program configuration with their objectives. If the firm's primary objective is cost control, organizations should focus on interventions for higher-risk employees, such as those with multiple risk factors or manifest chronic disease. If the objective is to improve workforce health, investment in evidence-based lifestyle management programs may be warranted (Mattke et al., 2013).

Chronic Conditions

A facet of concern for workforce productivity and retention involves prevalence of chronic conditions. The Nashville region displays numerous chronic conditions at levels greater than many peer regions (Guerin-Calvert et al., 2017). Data show that this region already severely lags areas like Denver, Atlanta, Austin, Charlotte and others in positive health status of its population and in performance against national goals. The competitiveness of the Nashville region economy is compromised by a drain on its workforce due to health status that adds to other factors such as education and mobility.

There are many reasons to focus on those areas where health conditions in the workforce are poor and where change is attainable through behavior modifications, including those subject to influences at the workplace. The following conditions are subject to some degree of control, amelioration or reduction through lifestyle and behaviors:

- Tobacco use: cerebrovascular disease, coronary artery disease, osteoporosis, peripheral vascular disease, asthma, acute bronchitis, COPD, pneumonia, cancers (bladder, kidney, urinary, larynx, lip, oral cavity, pharynx, pancreas, trachea, bronchus, lung);
- Lack of exercise: coronary artery disease, diabetes, hypertension, obesity, osteoporosis;
- Poor nutrition: cerebrovascular disease, coronary artery disease, diabetes, diverticular disease, hypertension, oral disease, osteoporosis, cancers (breast, colorectal, prostate);
- Alcohol use: liver damage, alcohol psychosis, pancreatitis, hypertension, cerebrovascular disease, cancers (breast, esophagus, larynx, liver);
- Obesity: cholecystitis/cholelithiasis, coronary artery disease, diabetes, hypertension, lipid metabolism disorders, osteoarthritis, sleep apnea, venous embolism/thrombosis, cancers (breast, cervix, colorectal, gallbladder, biliary tract, ovary, prostate);

- Stress, anxiety, depression: coronary artery disease, hypertension;
- Uncontrolled hypertension: coronary artery disease, cerebrovascular disease, peripheral vascular disease; and
- Uncontrolled lipids: coronary artery disease, lipid metabolism disorders, pancreatitis, peripheral vascular disease (Truven Health Analytics, 2014).

The transition of attention to wellness has in many ways gone from its earliest consideration in the 1960s to the managed care of the 1990s, alongside a reorientation in focus. The earlier period regarded the five dimensions of wellness to include aspects of the spiritual, intellectual, social or emotional alongside the physical. The current period of workplace wellness makes five data points paramount: body mass index (BMI), smoking status, glucose and cholesterol levels, and blood pressure. In short, wellness “has become more focused on the attainment of specific biometric goals at the same time as it has become highly managerialized within the business world as employers seek to lower their healthcare costs” (Kirkland, 2014).

Mental Health

The role of mental health is consistently overlooked as an economic cost to the nation. The prevalence of mental health issues is substantial, rising and costly to society and to business. According to Mental Health America, “the United States has staggering rates of mental health and substance abuse conditions. In fact, the most recent rankings suggest that the United States has the highest rates of mental health conditions and the second highest rate of substance abuse problems in the world. Almost half of Americans (47.4%) will develop a mental health or addiction condition in their lifetime” (Shern & Steverman, 2014).

Social epidemiology has developed a large body of data on physiological responses to stress, supported by work of health psychologists, neuroendocrinologists and physiologists (Berkman et al., 2014). A major component of research in the field of workplace health has centered on the demand-control model developed by Robert Karasek. The model correlates workplace stress with a job’s level of psychological demand and the amount of control the person doing the job has over managing those demands, including their level of discretion, authority or decision-making. It is the interaction between the demands and control that determines whether given jobs are “high-strain” or “low-strain” (Berkman et al., 2014). The most “toxic” jobs are those combining high demand with low control, such as assembly line production, call center service, waitresses and nurses’ aides.

Johnson and Hall built on Karasek’s model, adding social support at work as another important link between health and wellness and job types. Social support from supervisors, coworkers and employing organizations, including those that impact both work and family domains, has been shown to influence cardiovascular health. Another model of work stress, the effort-reward imbalance model, draws from research that shows links between coronary heart disease, adjusted for various biological risk factors, and the presence or absence of work reward increases as job demand and worker effort rises.

Conflicts between work and family roles also represent a major area of research important to understanding workplace health. As an international example, stress-related

claims in Australia cost businesses more than \$200 million annually, and 53 percent of workers surveyed say that they feel overwhelmed with pressure a significant proportion of the time that they are at work (Browning, 2012). These types of findings, if correlated with presenteeism, or presence at work while experiencing less than optimal health and wellness status, can generate very significant sums for business. According to the 2012 Human Spaces report, “presenteeism is a relatively new area of study defined as both the act of turning up to work while ill and of displaying low productivity and engagement at work despite being healthy – in both cases it is often referred to as showing “face time.” In the United States, more than \$200 billion is lost per year due to lost productivity associated with poor health. Research shows that the Nashville MSA loses approximately \$123.1 million due to absenteeism and \$384.2 million due to presenteeism associated with diabetes, obesity and hypertension (Guerin-Calvert et al., 2017). These three chronic conditions, then, result in over half a billion dollars in lost productivity in a mid-sized metropolitan area such as Nashville, reinforcing the importance of employer attention and engagement with employee health.

These figures are a clear indicator of the benefit for businesses tackling the issue of presenteeism through a range of measures, including workplace design. An employee’s perception of how valued and supported they are by their employer can be a key determinant of well-being at work. This perception is accounted for in many validated psychological tools that seek to measure well-being in the workplace, and it represents a possible inherent benefit of biophilic design, a design method that incorporates natural elements into workplace design. The act of providing a purpose-designed environment for employees can boost those perceptions of value and support and in turn, impact well-being (Browning, 2012).

Safety

Historically, workplace safety has functioned as a primary area of concern for employers. Since 1970, U.S. workplace fatalities declined by more than 65 percent, and injury and illness rates dropped by 67 percent (U.S. Department of Labor, 2014). Important and highly successful though these patterns and efforts have been, consideration for worker health has infrequently matched interest in ensuring worksite safety, long mandated by law. Thus, a “culture of safety” became an expected norm at most workplaces, where a “culture of health” perhaps languished (Loeppke et al., 2015).

The introduction of employer involvement with employee health insurance during World War II as an alternative benefit to workers amid government-imposed wage ceilings meant that businesses ostensibly became stakeholders in worker health in a broader sense. Yet, over decades, employer efforts aimed at supporting worker health have waxed and waned, with varieties of interventions and intensity. Understandable concern for health insurance cost containment for employers and workers alike remained a chief emphasis for many business decision makers.

The proliferation of health maintenance organizations (HMOs) in the 1980s, notably escalating healthcare costs, and emerging societal interest in healthy lifestyles, combined to shape a nascent focus on more holistic health among employers. Still, the embrace of any sustained, deep commitment to the total health of workers remained sporadic and inconsistent

throughout the business community. Research points to the synergy that can arise from blending typically separate “health protection” (safety) and “health promotion” (wellness) initiatives into a more integrated health and safety focus.

Recent studies suggest that an integrated approach to workforce wellness that encompasses both health and safety domains provides the essential foundation needed for addressing broad health issues in society (Loeppke et al., 2015). In fact, useful frameworks for development and monitoring such approaches have appeared that hold promise for many parties, from the individual to the firm, and to society at large (Hymel et al., 2011).

The National Institute for Occupational Safety and Health (NIOSH) has advanced the Total Worker Health initiative, described as “a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance well-being.” Other frameworks for integrated safety and health approaches include the following:

- *Live Well/Work Well* program at Dartmouth/Hitchcock;
- *WorkStrong* at the University of California at Los Angeles;
- *SafeWell* from Harvard University;
- *The Whole Worker* from the Commission on Health and Safety and Workers’ Compensation;
- *The Healthy Workplace Participatory Program* from the Center for Promotion and Health in the New England Workplace;
- *Let’s Get Started* from Total Worker Health at NIOSH;
- *Healthy Workplaces* from the World Health Organization; and
- *Managing Stress* from the European Union Agency for Safety and Health.

Safety, therefore, stands as a prime target for integration with wellness initiatives, as it is nonexpert-driven and ties to an individual’s responsibility for his or her own health. Businesses have an opportunity to coalesce safety with value-based health approaches for cost savings and improvement of care, monitoring for the presence, emergence and worsening of risk factors, as well as with more individualistic and holistic self-directed wellness activity. Safety may be a harbinger and example within the workplace of an element of health culture that “celebrates employee perks and communicates striving, physically energetic individualism as a necessary part of being a good worker” (Kirkland, 2014).

Cost Savings

As the regional economy continues to expand at a rapid pace and employment levels remain strong, there is heightened pressure on employers to deal with worker turnover and subsequent training and retraining costs. The Nashville region will likely incur annual losses to economic growth between \$500 million and \$700 million by 2021 due to the inability to generate needed workforce supply for anticipated demand.

Losses of one-quarter to one-third of expected annual Gross Regional Product are fully possible in an environment where worker shortages are already endemic in many industries and occupational clusters. In this cost-conscious environment, many research studies point to

strong results in medical and productivity cost savings accruing from health promotion efforts.

Table 3: Medical Care Return on Investment

Description	N	Average ROI
Studies reporting costs and savings	15	\$3.37
Studies with randomized or matched control group	9	\$3.36
Studies with non-randomized or matched control group	6	\$2.38
All studies examining medical care savings	22	\$3.27

Source: Goetzel, 2016

Additional savings for worker absenteeism is supported by a wide body of research. The research frequently identifies between \$1.50 and \$3.50 in employer savings associated with health promotion spending in those organizations.

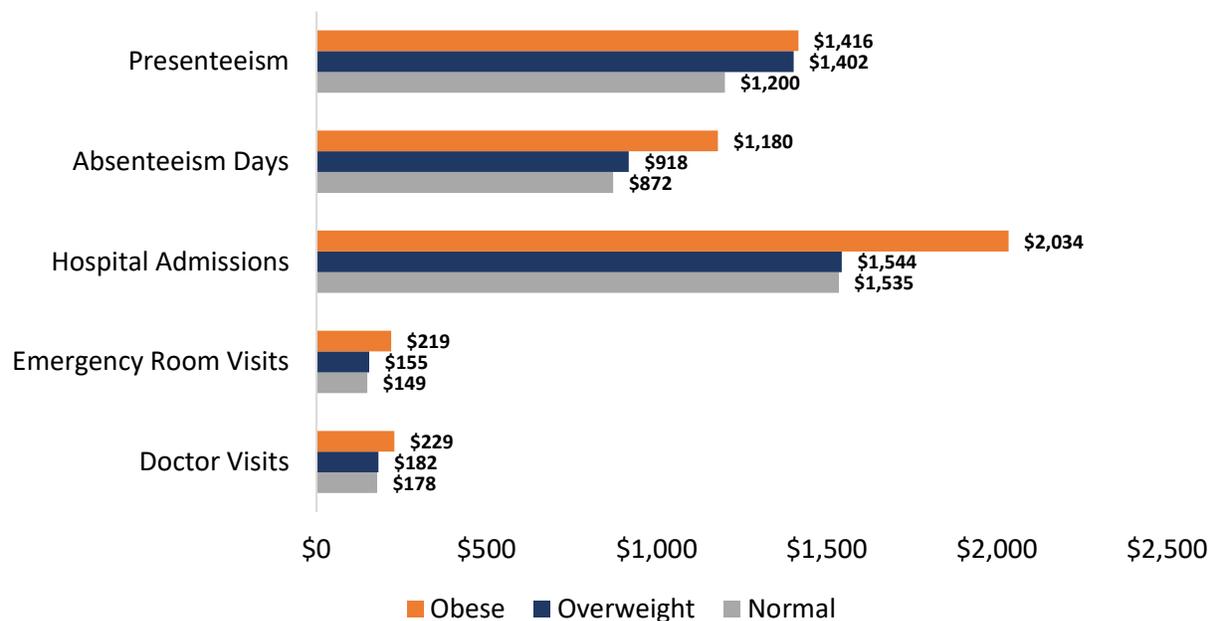
Table 4: Absenteeism Savings

Description	N	Average ROI
Studies reporting costs and savings	12	\$3.27
All studies examining absenteeism savings	22	\$2.73

Source: Goetzel, 2016

Using BMI as the variable, research calculations have derived monetary results for health services utilization, absenteeism and presenteeism. Data show increased costs for several broad categories of health service needs, and adverse work outcomes relating to persons who are overweight or obese.

Figure 3: Estimated Annual Costs of Healthcare Utilization, Absenteeism and Presenteeism by BMI Category



Source: Goetzel, 2008

Research Methods

Research conducted for this paper has been constructed along the lines of an environmental scan of employer health and wellness initiatives in the Nashville region. This process consisted of a literature review in areas of employer-based health and wellness programs, outcomes and engagement practices; interviews with 15 leading organizations in provider, payor and related stakeholder categories; and directed in-person group conversation with eight business leaders representing a diverse set of firms by industry type and size.

Additionally, an electronic survey was administered to area business leaders using an instrument adapted from the 2015 CDC Worksite Survey. A total of 92 area businesses and organizations responded to the survey, comprising a variety of perspectives by industry, size and leadership role. All data was elicited for facilities located in the Nashville area. It is useful to note that respondents likely represent organizations that are predisposed to an interest in health and wellness as a business topic.

The composition of survey respondent organizations reflected a cross-section by size and industry. Slightly more than half may be characterized as “small businesses” with 50 or fewer employees. About one in ten respondents may be considered large organizations with greater than 500 employees. Conservatively, these 92 organizations combined employ between 11,000 and 18,000 workers in the Nashville region.

Table 5: Number of Employees Represented by Survey Respondents

	%
0-10 Employees	22.50%
11-50 Employees	32.50%
51-100 Employees	16.25%
101-500 Employees	17.50%
501-1,000 Employees	2.50%
Greater than 1,000 Employees	8.75%
Total	100%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

The diversity of types of organizations by industry sector was generally representative of the mix found in the region. Approximately one in six workers from these organizations may be termed those whose occupations primarily involve significant physical labor or manual skills. Another third represents workers with jobs requiring high levels of education and training. These, again, highlight the importance of applying models from workplace social epidemiology, such as the demand-control and effort-reward models, to appropriately and holistically shape employer goals and programs in health promotion.

Table 6: Industry Types Represented by Survey Respondents

	%
Agriculture, Forestry, Fishing and Hunting	1.30%
Utilities	2.60%
Construction	6.49%
Manufacturing	6.49%
Wholesale Trade	2.60%
Retail Trade	2.60%
Transportation and Warehousing	1.30%
Information	2.60%
Finance and Insurance	6.49%
Real Estate and Rental and Leasing	6.49%
Professional, Scientific, and Technical Services	14.29%
Educational Services	9.09%
Health Care and Social Assistance	11.69%
Arts, Entertainment, and Recreation	6.49%
Accommodation and Food Services	2.60%
Other Services (except Public Administration)	16.88%
Total	100%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Findings

Lack of an assessment of employee needs and interests leads to many weaknesses for an organization in either conducting or contemplating program activity.

Many key themes emerged from the research on the landscape of business health programs in the Nashville region. These findings are broadly categorized as relating to adoption, implementation and evaluation of health and wellness programs in firms.

Worksite health activities comprise a set of components, all of which combine for a more

effective result. A key step in the implementation of a health and wellness promotion program is the administration of an assessment of employee needs and interests. Lack of an assessment of employee needs and interests leads to many weaknesses for an organization either conducting or contemplating program activity, including insufficient understanding of needs, potential gaps in employee support for implemented programs, unwise choices in resource allocation and other unhelpful outcomes.

The Nashville area is not lacking in examples of employers that are on the forefront of health and wellness promotions. Organizations such as Barge, Waggoner, Sumner and Cannon; Metro Nashville Public Schools; Metro Nashville Airport Authority; Cummins Engines; Vanderbilt University Medical Center; Bridgestone Americas; Ingram Barge Company; Nissan; Dell; Gaylord Opryland Resort & Convention Center; and many others illustrate leadership and

innovation that has resulted in real and lasting health outcomes for employees, accompanied by realized financial and other gains to the organizations.

An early stage of any health promotion program will include an assessment of interest in such an effort by the workforce. Among survey responses, about one-third of firms indicated that such an exploration of interest had occurred recently. This result highlights an opportunity for those that have not yet pursued an inventory of employee interests to do so, as well as a need to educate Nashville area organizations about the importance of health culture as an economic and workforce issue.

Table 7: Nashville Area Firms with Employee Needs and Interests Assessment for Planning Health Promotion Activities

	%
Did conduct an assessment	33.70%
Did not conduct an assessment	66.30%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Adoption

Role of Firm Leadership in Health Culture

Research indicates that organizational leadership at all levels must be strongly engaged, active and supportive of health and wellness promotion for these programs to be successful. This includes the principals and most senior leadership of organizations, often referred to as “c-suite leadership.” The buy-in and continued involvement of this leadership cannot be overstated. Survey response indicated that approximately 60 percent of organizations experienced this type of leadership commitment during the past year.

Research indicates that organizational leadership at all levels must be strongly engaged, active and supportive of health and wellness promotion for these programs to be successful.

Table 8: Nashville Area Firms with Demonstrated Organizational Commitment and Support of Worksite Health Promotion at All Levels of Management

	%
Did demonstrate commitment and support at all levels	59.78%
Did not demonstrate commitment and support at all levels	40.22%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

A recurring point of discussion in employer interviews was curiosity regarding what qualities and characteristics exist in firms where health culture flourishes and health promotion activity is prominent and successful. In firms with these characteristics, leadership and support from the organization’s CEO and senior leadership is highly visible. Those firms that lacked robust health promotion activity often recognized and praised examples where strong health culture is more pervasive. At the same time, understanding the critical sequence in organizations remains more elusive. Appreciation for senior leadership’s role in stimulating

There is an equally important role for organizational “champions,” both of health culture generally and health promotion activities specifically.

business decisions to focus on health matters is evident from this research and supported by a wide body of literature. Studies concur that leadership commitment is essential and is evidenced by many tangible processes in an organization, including CEO-driven activity, leadership in health activity by example, and strong middle management support.

Research also points out that budget and business planning reflecting management commitment is a key measurable and confirming factor.

While senior leadership is essential to sustained success, there is an equally important role for organizational “champions,” both of health culture generally and health promotion activities specifically. Widespread and visibly empowered workers and, where present, labor unions that share in the organization’s health promotion programs and goals provide critical support for the success of health and wellness initiatives within organizations (Goetzel et al., 2014a). Only about a third of respondents indicated the presence of such an advocate or champion.

Table 9: Nashville Area Firms with a Champion as Strong Advocate for Health Promotion Program

	%
Did have a champion as advocate	32.94%
Did not have a champion as advocate	67.06%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Motivations for Firm Involvement with Health Culture

This research, while examining the landscape of employer health programs in the region, in many ways commenced with interviews and group discussions about motivations for organizations’ involvement in health promotion. No single motivation or even group of motivations consistently explains decisions by firms to adopt a substantive role in health culture. However, a few observations stand out for their recurrence and prominence in discussion.

Some of the most engaged organizations in health promotion appear to rely on the following:

- An understanding of value-based health promotion and services;
- An appreciation for health and wellness as intrinsically important to the organization’s values;
- A desire by senior leadership to sustain health culture activity; and
- A recognition of ROI that aligns with other motivations for health promotion, rather than drives it.

For some firms, assessment of ROI in health promotion programs is the singular metric leading to interest or lack thereof in these programs. The understanding of ROI, while debated in the literature, is not without solid, abundant empirical evidence. Still, the body of research remains heavily reliant on studies supported by vendors, brokers or insurers (Larwin, 2013).

Health culture as an organizational priority may arise from multifaceted motivations, including cost control and savings, employee retention and recruitment, worker productivity and employee morale, to name a few. While some area organizations expressed interest in health promotion, they also emphasized a need for more evidence-based practices to draw from. Some organizations already active in health culture activity emphasized changing expectations of workplace health by younger generations and recognition of the importance of a “health home” for individuals.

The array of survey respondents by area of responsibility suggests that a variety of roles and viewpoints were included and assessed. To obtain the most relevant responses, recipients were asked to send the survey to the most appropriate person their organizations. About one-quarter of the responses derived from human resources (HR) personnel. In many organizations, this may be a primary locus for health culture responsibility. The health promotion efforts led by HR in an organization may or may not be highly supported or integrated with top leadership and other units’ activities. Another quarter of responses were taken broadly from those with operational responsibilities. This group may include those whose interests in health are closely tied to matters involving employee health insurance and associated costs, making cost containment a frequent priority in health culture. Operational units, however, can also represent senior leadership and give evidence of deeper commitment to health promotion as an organizational priority. Accounting or finance responses may reflect those organizations where the key responsibility for health is viewed largely or solely as a financial cost issue. Interestingly, production and supply chain management responses were not present in the sample, reflecting either that those units do not have responsibilities in health culture of the organization or are not thought of as highly relevant to the topic, reinforcing the idea that the relationship between productivity and health may be overlooked in many organizations.

Table 10: Nashville Area Firms by Functional Area of Organizational Survey Responses

	%
Human Resources	25.32%
Operations	24.05%
Marketing	7.59%
Accounting or Finance	5.06%
Production or Supply Chain Management	0.00%
Customer Service or Account Management	2.53%
Other	35.44%
Total	100%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Research literature has examined the issue of employer motivations to engage in health promotion. The most recent National Worksite Health Promotion Survey showed that only 6.9 percent of employers provided all five elements considered key to a comprehensive health promotion program: 1) health education, 2) links to related employee services, 3) supportive physical and social environments for health improvement, 4) integration of health promotion in to the organization’s culture and 5) employee screenings with adequate treatment and follow up (Goetzel & Ozminkowski, 2008). This lack of business engagement reflects underlying

motivations for employers to engage in robust efforts. Some employers, in fact, cut spending and existing programs even in the face of strong, compelling research indicating the importance of health promotion. Employers may have a variety of reasons for their reticence:

- Some employers resist health promotion programs on philosophical grounds as overreaching into workers' lives;
- Some employers find it difficult to demonstrate to senior leadership the advantages of health programs;
- Some employers are reluctant to support initiatives with longer delays in ROI;
- Some employers believe there are too few relevant, evidence-based best practices; and
- Some employers, often smaller firms, contend that they lack the resources, infrastructure and scalability found in larger organizations (Goetzel & Ozminkowski, 2008).

The introduction and implementation of the Affordable Care Act (ACA) in the United States has played a new role in health promotion activity among employers. Several major goals of ACA – cost containment, health improvement and reduction of discrimination in healthcare markets – all play a part in workplace wellness programs. ACA encourages employers to use health-contingent wellness programs that reward workers who alter health-related behaviors or improve their health outcomes, while relying on controls to prohibit employer discrimination of workers with poorer health. Critiques of such efforts point to challenges in balancing cost savings objectives without shifting cost burdens to unhealthy workers (Horwitz, Kelly, & DiNardo, 2012). New ACA requirements related to an organization's health promotion environment may instill further hesitation among already ambivalent employers.

Consistency and Continuity of Approach to Health Culture

An important feature of successful health promotion programs [is] consistency and continuity of activity.

An important feature of successful health promotion programs noted in the literature involves organizational commitment to consistency and continuity of activity. The implications of this characteristic, when present or absent, are substantial in research evaluation as well as in informal organizational assessment. Interviews and group

discussion highlighted that weaker interest and commitment to health promotion often occurred in settings where implementation had been sporadic, unfocused or otherwise poorly sustained across time.

Table 11: Nashville Area Firms with Annual Budget or Dedicated Funding for Health Promotion Programs

	%
Did have annual budget or dedicated funding	30.59%
Did not have annual budget or dedicated funding	69.41%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

In line with findings from external analyses, consistency across time with health promotion activity is suggested from this research. Nearly half of individuals responding on behalf of their organizations held their role for more than ten years.

Table 12: Longevity of Survey Respondents in Organization

	%
Less than 1 year	10.00%
1 to 3 years	17.50%
3 to 10 years	25.00%
More than 10 years	47.50%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

A key question in launching new health initiatives in an organization involves determining the most auspicious sequence for ultimate success. The literature points to some examples:

- Set specific goals and expectations;
- Think big, start small and act fast – but take one step at a time;
- Set short- and long-term objectives;
- Remain realistic about what can be achieved in 1, 3, 5, and 10+ years;
- Hold leaders and employees accountable for doing their part to support a culture of health (Aldana, 2012).

Implementation

Integration of Health Culture into Firm Policies

For some time, the U.S. public health sphere has focused efforts across the nation through a “health in all policies” approach, understanding that social determinants such as education, housing, transportation and safety also influence the health status of a population. A “health in all policies” approach identifies ways in which decisions in multiple sectors affect health and how better health can support the goals of these sectors. It engages diverse partners and stakeholders to work together to promote health, equity and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and improved educational attainment (American Public Health Association, 2013).

In many respects, a successful health culture in any organization can and should function with a “health in all policies” mindset, using a collaborative approach to improve health by incorporating health considerations into decision-making across sectors and policy areas. Only 22 percent of survey respondents noted references to improving or maintaining employee health in their business objectives or mission statement.

Table 13: Nashville Area Firms that Include References to Improving or Maintaining Employee Health in Business Objectives or Organizational Mission Statement

	%
Did include references in business objectives or mission statement	22.35%
Did not include references in business objectives or mission statement	77.65%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Table 14: Nashville Area Firms that Conduct Employee Health Risk Appraisals/Assessments through Vendors, On-site Staff, or Health Plans, and Provide Individual Feedback plus Health Education

	%
Did conduct appraisals/ assessments	33.70%
Did not conduct appraisals/ assessment	66.30%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

One aspect of integrating health culture into the workplace is modification and adaptation of work schedules to encourage employees' work-life balance, to provide stress-reducing options for travel to work, and to consider an array of health factors particular to individuals' schedules. Three-quarters of survey respondents reported a flexible work schedule. Unknown qualities include the extent and nature of the flexible scheduling policies and their relevance to employees' health needs.

Table 15: Nashville Area Firms that Provide Flexible Work Scheduling Policies

	%
Did provide flexible scheduling policies	75.29%
Did not provide flexible scheduling policies	24.71%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

About half of responding organizations noted that their health initiatives extended into the community in ways that supported employee participation and volunteering. This aspect of reinforcing the holistic nature of health for individuals as part of family, community and other interests, is identified as a key strength of successful health promotion efforts.

Table 16: Nashville Area Firms that Engage in Health Initiatives Throughout the Community and Support Employee Participation and Volunteer Efforts

	%
Did engage in community initiatives and support employee efforts	51.76%
Did not engage in community initiatives and support employee efforts	48.24%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Organizations can benefit from partnerships with community organizations to offer health-related programs and services to employees when the employer does not have the capacity or expertise to do so. Community linkages can also provide support for healthy lifestyles to employees when not at the workplace. With this approach, any number of specific health risks (e.g., physical inactivity, poor nutrition, tobacco use and stress), conditions (e.g.,

obesity, musculoskeletal disorders and mental health) and diseases (e.g., heart disease and stroke, diabetes, cancer and arthritis) can be addressed.

Comprehensive health efforts experience the most lasting and powerful impacts on health outcomes. Healthy People (www.healthypeople.gov), an initiative of the U.S. Department of Health and Human Services, provides science-based, 10-year national objectives for improving health. Comprehensive workplace health programs as defined by Healthy People contain the following five elements:

- Health education, which focuses on skill development and lifestyle behavior change along with information dissemination and awareness building, preferably tailored to employees' interests and needs;
- Supportive social and physical environments that include an organization's expectations regarding healthy behaviors and policies that promote health and reduce risk of disease;
- Integrating a worksite program into an organization's structure;
- Linkage to related resources such as employee assistance programs (EAPs) and programs to help employees balance work and family; and
- Worksite screening programs ideally linked to medical care to ensure follow-up and appropriate treatment as necessary (Centers for Disease Control, 2016b).

The importance of employee access to health care and health programs is multifaceted, with policies and interventions addressing numerous risk factors and health conditions. Organizational strategies may influence multiple areas, including individual employee behavior change, organizational culture and the worksite environment. It is important for the overall workplace health program to contain a combination of individual- and organizational-level strategies to influence health. Strategies and interventions available to employees fall into four major categories:

- Health-related programs at the workplace or through outside organizations that encourage employees to begin, change or maintain health behaviors;
- Health-related policies designed to promote employee health and affect large groups of employees simultaneously;
- Health benefits as part of an overall compensation package, including health insurance coverage and other health services or discounts; and
- Environmental supports at and near the workplace that enhance employee health (Centers for Disease Control, 2016b).

Successful health promotion programs derive their gains from a sustained, comprehensive approach that is rigorously monitored and evaluated.

Successful health promotion programs derive their gains from a sustained, comprehensive approach that is rigorously monitored and evaluated. As a key example, program activity at Vanderbilt University saw improvement over time on numerous employee health risk factors, with most consistent change occurring in physical activity. The proportion of employees exercising one or more days per week increased from 72.7 to 83.4 percent from

2003 to 2009, and positive annual changes were also seen in percentages of nonsmokers and seat belt usage (Byrne et al., 2011).

Organizations that are strongly committed to health culture find opportunities to make healthy choices the “default” for their employees. Company cafeterias represent one important example where healthy food is abundant, affordable, clearly labeled, tastefully prepared and situated at eye level at the checkout counter. Additionally, pricing these healthy foods affordably and lower than less healthy items serves as a tactic that reinforces the default behavior. Healthy and appealing food served at meetings and through vending machines all demonstrate tangible examples of “health in all policies” (Goetzel et al., 2014a) advocated by the American Public Health Association.

There are many ways that health culture can permeate a firm’s policies and practices to illustrate that the firm intends the efforts to be more than simply a wellness program. Some employers describe their focus on health as “a way of life,” not just a wellness program. In this way, health culture may be ingrained in every part of the organization, functioning integrally with the organization’s mission, its facilities, its programs and policies, and the ways in which it evaluates itself.

Employee Access to Care

The success of health promotion programs is contingent on all health needs of employees being properly addressed. Value-based approaches to health care represent a means of delivering on this objective while remaining attentive to long-term cost effectiveness. The value-based concept derives from research demonstrating that other longstanding approaches falter in a variety of ways, both in health outcomes and cost savings. Two principles of value-based health care include 1) the economic inefficiency of deterring patients from using high-value care through cost sharing and 2) the importance of clearly communicating value differentials to patients (Thomson, Schang, & Chernew, 2013). Discussions with Nashville area organizations frequently pointed to examples of healthcare access that are viewed as contributing to superior outcomes and results. Among these are:

- On-site care facilities, including clinical and pharmaceutical;
- Wellness facilities for exercise, good nutrition, and quiet and relaxation spaces;
- Access to wellness coaches, dieticians and other ‘concierge’ style offerings; and
- Helpful amenities that mesh with wellness efforts such as teaching kitchens and gardens; facility design with showers, bike and exercise accommodation.

Meaningful and easy access to health services, particularly primary and preventive care, serves as an anchor to value-based care. Interviews with Nashville-area organizations illustrated a range of understanding and awareness about different approaches to healthcare access and services. Many firms, particularly among senior leadership, acknowledged a limited grasp of the complexities of health services available to employees. Respondents also displayed little awareness of new approaches to health access, the relevant short-and long-term cost implications for the employer or workers, or current research behind these.

Adapting access opportunities to the cultural needs of employees can contribute significantly to their success. Multiple firms in the region reported that their employee base is comprised of foreign-born persons, many with limited English proficiency. Currently, approximately 12 percent of the workforce in the Nashville MSA is foreign-born, highlighting the need to adapt health promotion programming with language accommodation. Additionally, many in the workforce bring limited abilities in literacy or education that illustrate the importance of thoughtfully structuring health promotion programs to gain the highest levels of interest and participation from all employees. Addressing health needs of employees, thus, should target multiple groups with diverse levels of education, literacy or readiness to make changes in behavior. Survey responses indicated that only about a quarter of organizations tailor their health promotion efforts to diverse workforce segments with varying backgrounds and readiness.

Table 17: Nashville Area Firms that Tailor some Health Promotion Programs and Education Materials to the Language, Literacy Levels, Culture, or Readiness to Change of Various Workforce Segments

	%
Did tailor some programs and materials	26.09%
Did not tailor some programs and materials	73.91%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Behavioral change is more likely to occur when organizations make the healthy choice the easy choice for employees. Better health behaviors are encouraged by adding convenience wherever possible and being attentive to formal and informal barriers to healthy choices. Change theory practices are identified in research as useful tools for development of employer health promotion programs. Change theory applications can inform structure, evaluation and relevance to specific needs of an organization and its workforce. Regardless of the methods relating to cultural backgrounds, research consistently identifies approaches that demonstrate success in health promotion, including the need for two-way dialogue using a variety of channels and the prominence of wellness champions.

Role of Third Parties in Health Culture

There are vast arrays of roles played by organizations in the continuum of health care. Health service providers of many types, insurance carriers, and others form the traditional foundation of the system. Over time, many third-party brokers and vendors have entered the continuum, offering a host of programs, tools and processes that complement or supplement offerings that employers may use with their workers. Use of third-party vendors, brokers and technologies can serve as useful supplements and tools, but are less effective when serving as drivers or determinants of adoption or effectiveness in health culture.

Research cautions employers to carefully consider total costs of health and wellness programs before taking on a vendor and its offerings (Caloyeras, Liu, Exum, Broderick, & Mattke, 2014). The most recent innovations and trends in addressing health and wellness program opportunities may not be sufficiently evidence-based to merit adoption by employers.

Numerous area organizations expressed uncertainty or lack of knowledge about how to proceed in a complex environment with many third-party vendors and brokers advocating for their own health products and offerings. Firms that are more inclined to look to short-term cost savings may be most susceptible to frequent changes in program direction and vendor relationships.

Nashville-area firms shared a variety of experiences regarding their involvement with third-party vendors and brokers. Some were enthusiastic about their involvement with vendors and brokers that provide programs to meet their employees' needs. Others expressed indifference or apprehension at the proliferation of vendors and brokers whose interests did not seem to align with their firm or employees' objectives. Turnover in vendor relationships was noted as one factor harming some firms' ability to provide consistency in the long run, and numerous firms pointed to a need for more meaningful, evidence-based wellness programs and tools.

Roles and Responsibilities in Implementation

In a fully functional and successful health promotion program, designated staff roles and responsibilities will be clear and consistent in organizations and in each worksite. Survey responses indicated that many firms are lagging in this important component. Only one-quarter of responding organizations reported an active health promotion committee, and only slightly more than one in eight employers (12.9%) had a paid health promotion coordinator.

Table 18: Nashville Area Firms with an Active Health Promotion Committee

	%
Had an active committee	25.00%
Did not have an active committee	75.00%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

The need to execute a successful health promotion program is realized best with staffing that is dedicated to the task and formalized in its role. In this area, only about 13 percent of organizations state that they have a paid staff person whose role includes health promotion coordination. This indicates that nearly nine out of 10 programs in the region are maintained by volunteer and informal efforts.

Table 19: Nashville Area Firms with Paid Health Promotion Coordinator Whose Job (Part-time or Full-time) is to Implement a Worksite Health Promotion Program

	%
Did have a paid coordinator	12.94%
Did not have a paid coordinator	87.06%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Engagement of Employees

Research points to the imperative of strong employee engagement for health promotion programs to realize successful outcomes. Comments from local firms confirmed an understanding of this factor, even in cases where employee engagement was not robustly in place. Insurers offer varied programs for employee health engagement, as do a wide range of intermediary firms offering technological interactivity (web- and social media-based) to engage employees in health awareness, maintenance and activity. Successful employee engagement efforts include a variety of tactics that such as wellness committees, employee feedback surveys and participatory program design.

Survey responses indicated that half of firms actively promoted and marketed health and wellness programs to their employees in the past year. In some cases, firms cited high levels of engagement that included employees' dependents and family. Additional engagement of the wider community into the firm's health culture illustrates the broadest level of engagement where employees are viewed in a holistic environment of health influences and opportunities.

Table 20: Nashville Area Firm that Promote and Market Health Promotion Programs to Employees

	%
Did promote and market health promotion programs	50.00%
Did not promote and market health promotion programs	50.00%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Survey responses demonstrated a diminished level of engagement that reached family members of employees, with only slightly more than one-third of businesses making health promotion programs available to this group. Research highlights the value of programs that include family members as part of overall health promotion.

Table 21: Nashville Area Firms that Offer Health Promotion Programs to Family Members

	%
Did make any health promotion programs available	37.65%
Did not make any health promotion programs available	62.35%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

Area organizations indicated modest levels of use of employee examples and "success stories" relating to positive health outcomes. Less than a quarter of survey respondents indicated that they actively pursued this strategy to market their health promotion efforts.

Table 22: Nashville Area Firms that Use Employee Role Models to Exemplify Appropriate Health Behaviors or that Use Employee Health-related "Success Stories" in Marketing Materials

	%
Did use examples of employees as role models and success stories in marketing	23.91%
Did not use examples of employees as role models and success stories in marketing	76.09%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

An important feature of engaging employees is to instill a culture of health throughout the organization. Research defines a culture of health “as one in which individuals and their organizations are able to make healthy life choices within a larger social environment that values, provides and promotes options that are capable of producing health and well-being for everyone regardless of background or environment” (Goetzel et al., 2014a; Robert Wood Johnson Foundation, 2014). Employers can do this by supporting individuals’ efforts at changing lifelong health habits and by engaging them with intentional organizational policies, programs, benefits and environments that motivate and sustain good health and health improvement (Centers for Disease Control, 2012). In this setting, employers with successful programs will go beyond “simply convincing people to take better care of themselves” (Goetzel et al., 2014a). With employees spending a large part of their waking hours at the workplace, meaningful engagement around health issues is a critical factor in program success.

Behavioral Influence Strategies

The prevalence of adverse health conditions that are at least partly caused by modifiable behaviors, including engagement in health risk factors and poor lifestyle habits, continues to increase and add costs to healthcare services. Rapid rises in obesity levels, contributing to diabetes and other conditions, are highly correlated with a variety of personal habits in diet and exercise (Goetzel & Ozminkowski, 2008).

Innovative approaches to health behavior modifications offer many compelling options for not only enhancing quality of life, but significantly impacting costs of health services in our society. Some of these may be as simple as reliance on better default options that consistently favor healthy alternatives, whether economic, activity-related, for food choices, or in the built environment.

One way that employers can be instrumental in influencing health behaviors is through incentives directed at their employees. Incentives can occur in a variety of forms including:

- *Tailored alternative paths* that motivate, reward, and help employees achieve their goals;
- *Tiered incentive programs* based on types of health factors;
- *Non-monetary incentives* in the way of ‘perks’;
- *Various ‘carrots, not sticks’ approaches* that induce employee interest in programs;
- *Voluntary incentives* with reasonable dollar amounts; and
- *Long-term view incentives* that relate to employee retirement (Wiecsner, 2013).

Much research points to the efficacy of incentives as an instrument for health behavior modification. However, some research remains skeptical of workers altering behavior over the long term based on financial incentives (Horwitz, Kelly, & DiNardo, 2012). Ideally for firms to realize cost savings, and in alignment with regulation in the Affordable Care Act, incentives should be directed to those with identifiable health risk factors, and incentives should be able to induce meaningful health behavior changes. Survey responses indicated that approximately half of organizations use incentives with other strategies to encourage workers to actively

participate in health promotion programs. Another study by Aon Hewitt found that 83 percent of businesses surveyed offer incentives for employees to participate in wellness activities, but 58 percent reported that they planned to add penalties in the next few years for employees who “did not take appropriate actions” to improve their health (Mihelich, 2013).

Table 23: Nashville Area Firms that Use and Combine Incentives with Other Strategies to Increase Participation in Health Promotion Programs

	%
Did use and combine incentive with other strategies	48.91%
Did not use and combine incentives with other strategies	51.09%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

There are varied forms for incentivizing and encouraging employees to be active in employer-sponsored programs. A focus on competition among workers and work units is one frequent method of prompting involvement. A little less than a third of organizations responding indicated that they relied on competitions as a means of achieving this goal.

Table 24: Nashville Area Firms that Use Competitions Combined with Additional Interventions to Support Employees Making Behavior Changes

	%
Did use competitions	29.35%
Did not use competitions	70.65%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

The ACA includes a variety of statutes regarding incentives for employer health promotion programs. Effective in 2014, ACA rules increased the size of the financial reward or penalty employers can use to help motivate employees to improve their health, a likely tool for employers to use in managing rising healthcare costs. Employers may implement programs with health screening combined with lifestyle intervention and disease management. Often, incentives are tied to the screening component. Research has shown a small effect of incentives in promoting health screening completion (about a 4 percent increase for every \$25 invested), but effects of incentives are considerably greater if accompanied by strong culture and communications (Mattke et al., 2012; Seaverson, Grossmeier, Miller, & Anderson, 2009).

ACA rules give employers the opportunity to vary healthcare premiums and deductibles by up to 30 percent for achieving a given health factor such as lower BMI or reduced blood pressure, and up to 50 percent for tobacco use. For employees who do not achieve the standards in this “health-contingent” incentives program option, the employer must offer a “reasonable alternative standard” which will typically mean the employee can earn the incentive via participation in qualifying health and wellness program activities. Research shows that employers were not near the 30 percent differential at the outset of the final ACA rules, but around 9 percent (Arena et al., 2014; Vojta, Koehler, Longjohn, Lever, & Caputo, 2013).

[Targeting] employees with health risks is one means of engaging and incentivizing likely participants and achieving more lasting and substantial gains in health improvement.

The ability to target employees with health risks is one means of engaging and incentivizing likely participants and achieving more lasting and substantial gains in health improvement or successful disease management. An example from Vanderbilt University illustrates how modification of health risk factors can predict disease incidence, in this case

diabetes, in an employee population. Results demonstrate how weight reduction observed over a long period can result in clinically-important reductions in diabetes incidence. This example highlights how workplace health promotion programs may prevent diabetes among workers by encouraging weight loss and adoption of healthy lifestyle habits (Rolando et al., 2013).

Above all, communication with employees about health promotion is essential for a successful program. At the same time, these communications should reflect a consistent, strategic approach. Messaging about program activity should be constant, engaging, targeted and reliant on a variety of channels.

Communication with employees about health promotion is essential for a successful program.

Full implementation of all components identified as critical to success in health promotion programs involves a sequencing that moves from intake (screenings) to ultimate organizational objectives, regardless of what those may entail. This interaction and communication with employees with identified health risks represents an essential early stage in health promotion. The American Heart Association reports “there is consensus that conducting health screenings in the workplace is a promising strategy for early detection of established risk factors with the hopes of preventing the development of noncommunicable diseases, or, if an individual has already been diagnosed with a noncommunicable disease, managing this condition and preventing subsequent events. Screenings may be even more effective at identifying risk factors and providing better return on investment if they are targeted toward higher risk individuals” (Arena et al., 2013; Soler et al., 2010). Further, health screenings are noted as a “catalyst to further clinical health assessments for those not aware of their risk factors as well as a first step in a workplace health and wellness promotion where awareness of personal health risks can lead to participation in lifestyle change or tailoring of disease management programs (e.g., structured exercise, dietary or psychosocial interventions)” (Goetzl, Guindon, Turshen, & Ozminkowski, 2001; Strecher & Kreuter, 1999; Seaverson, Grossmeier, Miller, & Anderson, 2009).

Evaluation

A fundamental question in workplace wellness and health promotion programs centers on whether they are 1) effective and 2) justifiable in economic terms. Businesses are understandably concerned that investment in health promotion of employees can function as a legitimate business activity from many standpoints. Consternation about health costs to business and an often-limited understanding of or experience with health promotion combine

to keep many business organizations and leaders puzzled over which path, if any, to choose in pursuit of health and wellness programming. In fact, as research and these findings suggest, successful entry into support for employee health is likely to entail more than simply “programming” and involve a more holistic organizational understanding and commitment to health as a core focus.

Support for employee health is likely to...involve a more holistic organizational understanding and commitment to health as a core focus.

A key aspect of successful health promotion evaluation is adherence to objectives that are established at the program outset. Only slightly over a quarter of survey respondents indicated defined objectives for health promotion in their firm.

Table 25: Nashville Area Firms that Set Annual Organizational Objectives for Health Promotion

	%
Did set annual objectives	27.06%
Did not set annual objectives	72.94%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

As a wide body of research documents, workplace wellness and health promotion initiatives do work and excel when they are “well designed, consistent with evidence-based practices, effectively executed and properly evaluated” (Goetzel & Ozminkowski, 2008). Similarly, this research, corroborated through this scan of Nashville-area employers, confirms that initiatives that languish or fail are those that are “poorly designed, executed in a haphazard fashion, do not follow evidence-based best practices, are not evidence-based, are inadequately resourced, (and) are not culturally supported” (Goetzel et al., 2014a).

Regarding evaluation of programs, this aspect of initiative is only meaningful if outcomes were clearly established at a program’s planning and inception. Less than one-fifth of survey respondents stated that their firm conducts ongoing evaluations of health promotion programming using multiple data sources.

Table 26: Nashville Area Firms that Conduct Ongoing Evaluations of Health Promotion Programming Using Multiple Data Sources

	%
Did conduct ongoing evaluations	18.82%
Did not conduct ongoing evaluations	81.18%

Source: Wellness Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

If workplace wellness programs merely adhere to a sense of “any road leading to the result” where even the results are vaguely stated or known, then the evaluation processes and metrics are likely to yield fuzzy results as well. Different views and expectations themselves may exist within an organization, leading to shaky, erroneous or unwelcome reception of results. Certainly, the range of outcomes in health promotion may be many and varied. Businesses may express interest in results of health promotion that fall into the following categories:

- Economic, leading to impact on health or safety claims costs, worker productivity and attendance, or medical cost reduction;
- Workplace culture, involving worker value, ethic, ownership, understanding and involvement;
- Talent development, focusing on workforce attraction and retention, quality and turnover issues; or
- Program involvement, focusing on participation levels as key outcomes.

In short, there are many directions, potentially overlapping and mutually enhancing, that health promotion in business can take, and therein lies a challenge for organizational decision-making. The added views of some businesses, identified through these findings, that their experiences in this arena have been unsatisfying, further complicate an ability to discern whether health and wellness promotion programs “work.”

As a business decision, health promotion differs in some key ways. There may not be a rapid or clear return on investment of dollars or efforts. ROI in business settings typically translates to a positive return on those dollars or efforts. This, in fact, is a higher standard than is applied to most employer-provided benefits and one that can too readily forestall a more deliberate understanding of these types of programs.

Whether a firm can experience a rapid financial gain or “profit” from health promotion may be at least a partially wrong question to ask and from which to construct metrics. Just as firm viability is a long-term proposition for most businesses, a range of investments and interests comprise the portfolio of leadership focus. Many investments, whether in facilities, acquisitions, research and development, product and service development, or even community

Just as community involvement...may yield results in reputation, innovation or other attributes, so enhanced health culture can [distinguish] a firm...in ways supportive to other objectives, both short- and long-term.

involvement, include a variety of calculations, not all of which are short-term or entirely economically focused. Some business gains are indirect or long-term in nature, with astute firms using this insight to good effect. Just as community outreach and involvement or research and development may yield results in reputation, innovation or other attributes, so enhanced health culture can place a firm on a path that distinguishes it in ways supportive to other objectives, both short- and long-term.

Evaluation of health promotion programs may be developed in three categories: program structure, delivery process and expected clinical, healthcare utilization and cost, and productivity outcomes (Goetzel, Pei, Tabrizi, Henke, Kowlessar, Nelson, & Metz, 2012). ROI remains a leading component of any discussion about health promotion programs in organizations. The body of research in many ways has its origins in a 1998 article in the *Journal of Occupational and Environmental Medicine* that addressed the economic impacts of 10 modifiable health risk factors commonly found in the workforce. The research was supported by employers and health promotion advocates through the Health Enhancement Research Organization (HERO). Since that time, this seminal work has been termed the HERO study and serves as the foundation for much research that has followed (Goetzel, Pei, Tabrizi, Henke,

Kowlessar, Nelson, & Metz, 2012; Goetzel, Anderson, Whitmer, Ozminkowski, Dunn, & Wasserman, 1998).

Research on ROI to date largely stems from evaluations of employer-sponsored health programs (Goetzel & Ozminkowski, 2008). Most leading examples for major organizations have yielded positive financial results for those firms. Among leading examples in the literature are studies based on programs at Johnson & Johnson, Citibank, DuPont, Bank of America, Procter & Gamble, Chevron and others. Often, the Johnson & Johnson example leads a list of research based on health promotion programs administered from 1979 to the present. In recent study, average annual savings per employee were realized at \$565 (2009 dollars) with an ROI ranging from \$1.88 to \$3.92 for every dollar spent on health promotion (Henke, Goetzel, McHugh, & Isaac, 2011).

There is solid empirical evidence for favorable financial return from health promotion programs; recent study...has reconfirmed the potential of a three-to-one ROI from medical and absenteeism savings over a three-year span.

While research designs vary and may be subject to sponsor bias, nonetheless there is solid empirical evidence for favorable financial return from health promotion programs in a variety of settings. Recent study by Harvard economists, drawing on decades of research, has reconfirmed the potential of a three-to-one ROI from medical and absenteeism savings over a three-year span (Baicker, Cutler, & Song, 2010).

Discussion

It is clear from research and from examples in the Nashville area that organizations with successful health cultures do not create initiatives “just because it is ‘the right thing to do,’ but because they believe that crucial business metrics such as revenue, profit, stock price, company valuation and reputation are enhanced when health and well-being are ingrained in the firm’s norms, values and beliefs” (Goetzel et al., 2014a). Leadership from such firms is often quick to note numerous benefits that stem from a vibrant health culture, referencing stable health care costs, reduced accident rates, low turnover and high morale. Research continues to grow that supports these anecdotes, highlighting companies with a culture of health that also yield value and financial return in a variety of ways (Fabius, Thayer, & Konicki, 2013). While survey data reveal gaps in this culture of health in the Nashville business community, there are local examples and those drawn from national research that highlight opportunities for continued education and communication on this topic.

Employer Role in Health Improvement

Behavioral Factors

Research indicates that most chronic diseases can be prevented or better managed. The Centers for Disease Control and Prevention estimates that the following could be

prevented in the United States if persons were to adopt three behaviors – stop smoking, eat healthier and get in shape physically:

- 80% of heart disease and stroke;
- 80% of type 2 diabetes; and
- 40% of cancer.

Table 27: Frequency of Area Residents to Engage in Moderate to Vigorous Physical Activity in a Typical Week

	All respondents	Age				Race		Income			Education		
		18-34	35-44	45-64	65+	White	Non-white	<\$50,000	\$50,000-\$100,000	>\$100,000	HS or less	Some College	College Grad
More than once a week (NET)	70%	89%	72%	67%	62%	70%	72%	67%	70%	74%	64%	67%	76%
Daily	34%	44%	35%	33%	29%	34%	34%	37%	32%	31%	41%	31%	32%
Two to three times a week	36%	44%	37%	34%	33%	36%	38%	29%	38%	43%	23%	36%	44%
Once a week	14%	6%	17%	15%	15%	15%	13%	14%	14%	16%	14%	14%	14%
Less than once a week	14%	4%	10%	16%	20%	14%	13%	17%	16%	9%	19%	18%	10%
Not responded	1%	1%	0%	2%	3%	1%	2%	2%	0%	1%	3%	1%	0%

Source: Vital Signs Survey, The Research Center, Nashville Area Chamber of Commerce, 2017

In discussion with employers in the area, there is openness to learning more about the behavioral influences on health that can originate at the workplace. Numerous business leaders note their own experiences in firms that illustrate ways in which employees can be influenced and encouraged toward better health. Some of these practices are already present in these organizations, some remain aspirational, and some are drawn from examples that exist within the same organization elsewhere in the nation or the world. Others reflect on positive experiences of organizations in other markets that are committed to health and wellness promotion efforts.

Economic Factors

Health insurance deductibles have continued to climb for many years, prompting employers to shift more of the burden to workers. Meanwhile, firms have made frequent changes to their insurer networks in efforts to maintain comparable coverage, often through higher deductibles as a cost control. Average deductibles for a family in a Tennessee employer-sponsored plan increased 252 percent in 14 years, from \$1,039 in 2002 to \$3,662 in 2016 (Fletcher, 2017).

The ability of employer-based health promotion and wellness programs to result in positive financial outcomes is well-grounded in research. It is important, however, to distinguish between those programs that focus on disease management of employees with chronic conditions and those that are oriented toward lifestyle and wellness of the employee population overall. The former demonstrates strong evidence-based returns at one-and-a-half to more than three-and-a-half times the investment in firm outlays for programs. The latter approach yields a mixed set of results that remain a subject of debate in the literature. Even so, Nashville-area firms voice strongly their experiences with continuously tightening labor markets, turnover rates (described as a “blazing fire” by some) and an awareness that appeal to younger-age workers may be especially tied to amenities focused on wellness and lifestyle.

Facilities

The topic of facilities design recurred in discussions with area employers as one of interest. Biophilic design approaches illustrate the capability for facilities to be integrated with the overall health culture of an organization. Major surveys on the role of facility design have shown far-reaching consequences for sustaining workforce:

- A third (33%) of office workers say that the design of an office would affect their decision to work at a company;
- Only 42% report having live plants in the office, and 47% report having no natural light in their office;
- Almost a fifth (19%) report that there are no natural elements present in their office;
- Just under half (47%) agree that they have felt stressed in their workplace within the last three months, a finding highlighting the importance of identifying and enforcing practices that improve well-being at work;
- Two thirds (67%) report feeling happy when walking into bright office environments accented with green, yellow or blue colors;
- 24% say that their workplace does not provide them with a sense of light and space;
- 39% of workers felt most productive at their own desk in a private office; and
- 28% of respondents report that they do not have a quiet space to work in their office (Browning, 2012).

The opportunity for impacting health outcomes of area workforce involves a range of actions that employers can consider, not limited to traditional health promotion activity but extending to facilities design and other environmental factors that may be easily facilitated, low in cost, and useful as components for any current and future site planning.

Organizational Culture

Models of decision making in organizations vary widely, and the variability has profound implications for the level of emphasis that worker health and wellness receives in any given system. Effective implementation often reflects a program that is tailored to a company's culture, has integrated solutions, is flexible, and abounds with fresh ideas and fun for participants (McCleary et al., 2017). Research indicates that transparency and consistency remain challenges for employers in health promotion. Recent study found that nationally, employers reported offering wellness programs at almost twice the rate that employees reported these programs were available to them. Most employees felt that employers should play a role in improving worker health, and nearly three-fourths thought that lower insurance premiums should be offered for participation in wellness programs. Overall, fewer than half of employees feel their work environment allows them to maintain good health. In short, although "wellness programs are offered at the majority of workplaces in the United States, employees are unlikely to be aware of these efforts and would like employers to be forthcoming in providing programs promoting good health" (McCleary et al., 2017).

Built Environment and Advocacy

The integration of health and wellness culture into firms not only leads to positive outcomes for the individual businesses, but can also serve as a stimulus for businesses to engage more fully in issues of health in the city and region. Realizing gains from a commitment

The integration of health and wellness culture into firms...can also serve as a stimulus for businesses to engage more fully in issues of health in the city and region.

to health culture can transform businesses into advocates for wider public and private support for health promotion in the area.

In a similar way, businesses can become stronger advocates for health issues in the wider community when they are more aware of the nuances of adopting pro-active and holistic approaches to health of a given population. The issue of equity may

also emerge as businesses take on the role of elevating health awareness, health outcomes and health behaviors in the workplace.

An important outcome for employer engagement with health culture is the likelihood that they may also become involved as advocates for civic design and a built environment that supports health and wellness goals throughout the community and region. A wider awareness, understanding and involvement in health promotion among Nashville-area business can result in a powerful cadre of organizations that see opportunity to act on and voice opinion on a built environment that supports health and wellness more fully. Support for policy and infrastructure that enhances health can result in greater gains for employers through a healthier and more productive workforce, along with gains in the livability of the region through transit and mobility options, public space, focus on healthy lifestyles education, and a host of other areas.

Support for access to health care is widespread and strong in the region, as reflected in results from *Vital Signs* polling in 2017. This is true across all portions of the population of the region by age, race, income and education levels.

Table 28: Public Sentiment that Everyone Should Have the Right to Access Health Care

	All respondents	Age				Race		Income			Education		
		18-34	35-44	45-64	65+	White	Non-white	<\$50,000	\$50,000-\$100,000	>\$100,000	HS or less	Some College	College Grad
Agree everyone should have right to access health care (NET)	78%	83%	75%	78%	78%	77%	85%	85%	76%	77%	82%	81%	75%
Completely agree	56%	58%	50%	55%	61%	54%	67%	62%	55%	52%	60%	61%	50%
Mostly disagree	23%	25%	25%	24%	17%	23%	17%	23%	22%	25%	22%	20%	25%
Disagree everyone should have right to access health care (NET)	19%	15%	23%	19%	18%	21%	13%	14%	22%	20%	14%	17%	23%
Mostly disagree	10%	11%	16%	9%	8%	12%	4%	6%	14%	11%	6%	12%	11%
Completely disagree	9%	4%	8%	10%	10%	9%	8%	9%	8%	9%	8%	5%	12%
Not responded	3%	2%	2%	3%	3%	2%	3%	1%	2%	3%	4%	2%	2%

Source: *Vital Signs Survey, The Research Center, Nashville Area Chamber of Commerce, 2017*

There are many ways that a health-conscious business community, seeing tangible results in workforce availability, retention and productivity, can be inspired and empowered to

be a voice for “health in all policies,” not only those in their own organizations. Fundamental to this is “recognition that social policies involving basic aspects of life and wellbeing (e.g., education, taxation, transportation and housing) have important health consequences” (Schroeder, 2007). Combining these sentiments with business engagement in furthering health and wellness outcomes offers a unique and important opportunity in the Nashville region.

Business engagement in furthering health and wellness outcomes offers a unique and important opportunity in the Nashville region.

Conclusions

The results of this assessment, combining new research on Nashville-area organizations and their health promotion programs with the body of existing research in this field, has provided findings that serve as further evidence of the importance of this topic to the region. The key combined findings include the following:

1. Successful health promotion in the workplace starts with intrinsic organizational commitment.
 - a. Health promotion should be aligned with firm objectives.
 - i. If the firm’s primary objective is cost control, organizations should focus on interventions for higher-risk employees, such as those with multiple risk factors or manifest chronic disease. If the objective is to improve workforce health, investment in evidence-based lifestyle management programs may be warranted (p. 10).
 - ii. Only 22 percent of survey respondents noted references to improving or maintaining employee health in their business objectives or mission statement (p. 21).
 - b. A culture of health must permeate a firm’s policies and practices.
 - i. Three-quarters of survey respondents reported a flexible work schedule (p. 22).
 - ii. Some employers describe their focus on health as “a way of life,” not just a wellness program. In this way, health culture may be ingrained in every part of the organization, functioning integrally with the organization’s mission, its facilities, its programs and policies, and the ways in which it evaluates itself (p. 24).
 - c. C-suite leadership buy-in and continued involvement is critical.
 - i. The buy-in and continued involvement of [c-suite] leadership cannot be overstated. Survey response indicated that approximately 60 percent of organizations experienced this type of leadership commitment during the past year (p. 70).
 - d. Designated staff roles and responsibilities for health culture improve the likelihood that programs will succeed.

- i. While senior leadership is essential to sustained success, there is an equally important role for organizational “champions,” both of health culture generally and health promotion activities specifically. Only about a third of respondents indicated the presence of such an advocate or champion (p. 18).
 - ii. In a fully functional and successful health promotion program, designated staff roles and responsibilities will be clear and consistent in organizations and in each worksite. Only one-quarter of responding organizations reported an active health promotion committee, and only slightly more than one in eight employers (12.9%) had a paid health promotion coordinator (p. 26).
 - iii. The need to execute a successful health promotion program is realized best with staffing that is dedicated to the task and formalized in its role. Only about 13 percent of organizations state that they have a paid staff person whose role includes health promotion coordination (p. 26).
2. Certain program design elements better position employers for successful outcomes.
 - a. Start with employee needs assessment.
 - i. An early stage of any health promotion program will include an assessment of interest in such an effort by the workforce. Among survey responses, about one-third of firms indicated that such an exploration of interest had occurred recently (p. 17).
 - b. Make regular, targeted communication to employees a priority.
 - i. Effects of incentives are considerably greater if accompanied by strong culture and communications (p. 29).
 - ii. Above all, communication with employees about health promotion is essential for a successful program. Messaging about program activity should be constant, engaging, targeted and reliant on a variety of channels (p. 30).
 - c. Ensure consistency and continuity of program activity.
 - i. Interviews and group discussion highlighted that weaker interest and commitment to health promotion often occurred in settings where implementation had been sporadic, unfocused or otherwise poorly sustained across time (p. 20).
 - d. Design program with an engaging, open approach involving dependents, family and the broader community.
 - i. About half of responding organizations noted that their health initiatives extended into the community in ways that supported employee participation and volunteering. This aspect of reinforcing the holistic nature of health for individuals as part of family, community and other interests, is identified as a key strength of successful health promotion efforts (p. 22).

- ii. Survey responses indicated that half of firms actively promoted and marketed health and wellness programs to their employees in the past year. In some cases, firms cited high levels of engagement that included employees' dependents and family (p. 27).
- e. Create innovative methods for behavior modifications, including default options that make the healthy choice the easy choice for employees.
 - i. Organizations that are strongly committed to health culture find opportunities to make healthy choices the "default" for their employees (p. 24).
 - ii. Innovative approaches to health behavior modifications offer many compelling options for not only enhancing quality of life, but significantly impacting costs of health services in our society. Some of these may be as simple as reliance on better default options that consistently favor healthy alternatives, whether economic, activity-related, for food choices, or in the built environment (p. 28).
- f. Take a holistic approach to health promotion, reflecting the "health in all policies" framework.
 - i. For some time, the U.S. public health sphere has focused efforts across the nation through a "health in all policies" approach, understanding that social determinants such as education, housing, transportation and safety also influence the health status of a population. A "health in all policies" approach engages diverse partners and stakeholders to work together to promote health, equity and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and improved educational attainment (p. 21).
 - ii. Successful entry into support for employee health is likely to entail more than simply "programming" and involve a more holistic organizational understanding and commitment to health as a core focus (p. 31).
- g. Provide meaningful and easy access to health services, particularly primary care.
 - i. Interviews with Nashville-area organizations illustrated a range of understanding and awareness about different approaches to healthcare access and services. Many firms, particularly among senior leadership, acknowledged a limited grasp of the complexities of health services available to employees (p. 24).
- h. Use third-party vendors, brokers and technologies as supplements, not drivers.
 - i. Use of third-party vendors, brokers and technologies can serve as useful supplements and tools, but are less effective when serving as drivers or determinants of adoption or effectiveness in health culture (p. 25).
 - ii. Turnover in vendor relationships was noted as one factor harming some firms' ability to provide consistency in the long run, and numerous firms pointed to a need for more meaningful, evidence-based wellness programs and tools (p. 26).

- b. Health-related public policies contribute to business climate and quality of life.
 - i. The integration of health and wellness culture into firms not only leads to positive outcomes for the individual businesses, but can also serve as a stimulus for businesses to engage more fully in issues of health in the city and region (p. 36).
 - ii. Support for policy and infrastructure that enhances health can result in greater gains for employers through a healthier and more productive workforce, along with gains in the livability of the region through transit and mobility options, public space, focus on healthy lifestyles education, and a host of other areas (p. 36).

Having completed this research, one final observation is evident: there is a clear need for continued education and increased awareness of health and wellness promotion among Nashville-area businesses. Further research of this issue in the Nashville area, building on existing literature in the field, will position the business community for enhanced involvement and significant gains in this area.

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About the Research Center Nashville Area Chamber of Commerce

The Nashville Area Chamber of Commerce is Middle Tennessee's largest business federation, representing more than 2,000 member companies. *Belong, engage, lead, prosper* embodies the Chamber's focus on creating economic prosperity by facilitating community leadership. Together with its affiliates, the Nashville Area Chamber works to strengthen the region's business climate and to enhance Nashville's position as a desirable place to live, work and visit. For more information, visit nashvillechamber.com.

The Research Center at the Nashville Area Chamber of Commerce generates original research, analysis, information and ideas that serve regional economic and business needs. Clients from many sectors rely on the Research Center for analysis driving critical opportunities, decisions and directions. The Research Center provides analysis for the Nashville Area Chamber and business community that gives a voice and authority on key initiatives. Economic modelling, impact analysis, demographic and social research, metrics construction and business development strategies comprise the portfolio of Research Center project focus.

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