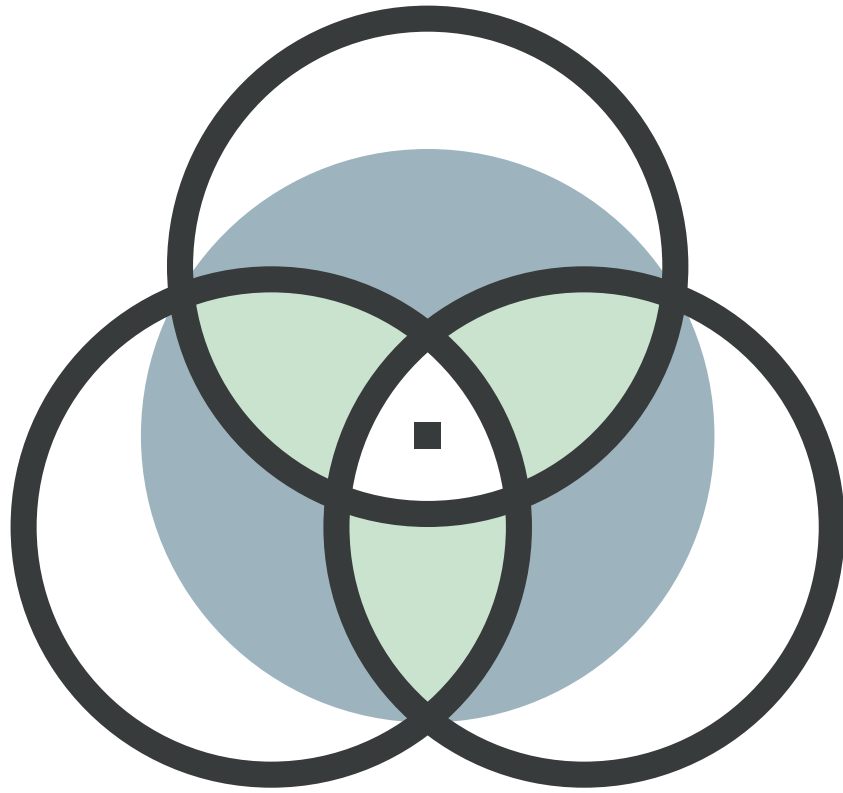


CREATING HIGH-PERFORMING
WELLNESS
TEAMS



AN EXPERT INTERVIEW WITH DR. JOEL BENNETT

WELCOA★
WELLNESS WORKS HERE

CREATING HIGH-PERFORMING WELLNESS TEAMS

with

DR. JOEL BENNETT

ABOUT DR. JOEL BENNETT



Joel Bennett, PhD, is President of Organizational Wellness & Learning Systems (OWLS), a consulting firm that specializes in evidence-based wellness and e-learning technologies to promote organizational health and employee well-being. Dr. Bennett first delivered stress management programming in 1985 and OWLS programs have since reached over 60,000 workers across the United States and abroad. Dr. Bennett has authored over 20 peer-reviewed scientific articles on workplace prevention. His books include “Well-Being Champions: A Competency-Based Guidebook;” “Raw Coping Power: From Stress to Thriving;” and “Heart-Centered Leadership: Live Well, Lead Well” (with Susan Steinbrecher). OWLS programs are recognized in the National Registry of Evidence-Based Programs and Practices.

ABOUT RYAN PICARELLA, MS, SPHR



As President of WELCOA, Ryan works with communities and organizations around the country to ignite social movements that will improve the lives of all working people in America and around the world. With a deep interest in culture and sociology, Ryan approaches initiatives from a holistic perspective that recognizes the many paths to well-being that must be in alignment for long-term healthy lifestyle behavior change. Ryan brings immense knowledge and insight to WELCOA from his background in psychology and a career that spans human resources, organizational development and wellness program and product design. Prior to joining WELCOA, Ryan managed the award winning BlueCross BlueShield of Tennessee (BCBST) Well@Work employee wellness program, a 2012 C. Everett Koop honorable mention awardee. Since relocating to Nebraska, Ryan has enjoyed an active role in the community, currently serving on the Board for the Gretchen Swanson Center for Nutrition in Omaha. Ryan has a Master of Science in Industrial and Organizational Psychology from the University of Tennessee at Chattanooga and a Bachelor of Science in Psychology from Northern Arizona University.

According to Dr. Joel Bennett, “If you look at many of the best practice articles on effective wellness programs that have come out over the past 10, 20 years, those programs that tend to be more effective have a champion. They have a person who not only coordinates and administers the program, but also has a passion, vision and their own healthy leadership capacity. So, we took the hint and have developed various programs for training well-being champions.” Read the full interview to learn more about how the right kind of wellness teams can maximize your success as you assess, design, deliver and evaluate your wellness program. Find out how you can take a competency-based wellness champions training as a WELCOA Member.

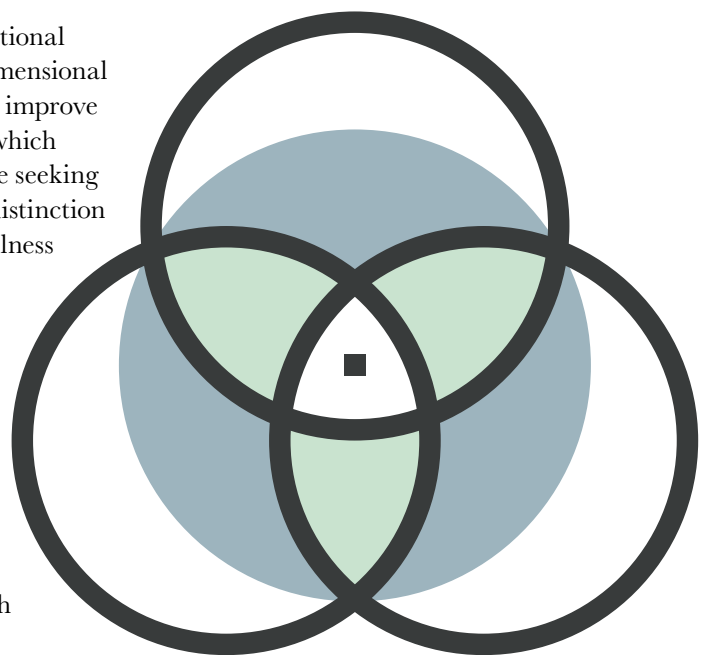
★ **RYAN PICARELLA** Tell me a little bit about, philosophically, what is your definition of organizational wellness and what are you trying to accomplish with OWLS?

DR. JOEL BENNETT Well, we first used the phrase organizational wellness in 1990. When the Internet came on and we put it up there, I would search for organizational wellness and nothing showed up. Now it is so interesting to see that people are throwing this term around, and it’s really not clear what they mean by it. So, it’s probably good to talk about what we mean by it right? I will use organizational wellness interchangeably with organizational well-being.

On the wellness side, we always give equal footing to physical health, emotional health, mental health, spiritual health, occupational health. That multidimensional piece is critical, and it’s not just words. Our programs have been shown to improve mental health outcomes; we have evidence-based programs in that area, which means that we’ve done clinical trials and can show that we increase people seeking help for mental health and physical health problems. We don’t make the distinction at all between different dimensions. We see health and well-being and wellness all as one whole holistic synthesis and synergy. Human beings are not just physical humans. We’re also mental humans, spiritual humans.

On the organizational side, well, organizations are multilevel. Wellness and well-being are multidimensional, and organizations are multilevel. There are individuals, individuals work in relationship to coworkers as a team. They’re part of a crew or department or a unit or a location, and they’re part of an organization. Because both individual wellness and organizational wellness are multidimensional, it doesn’t make sense to create a “wellness program” that only addresses physical health through coaching, health risk assessments, et cetera.

“Human beings are not just physical humans. We’re also mental humans, spiritual humans.”



★ **RP** We talk about that a lot here at WELCOA. While our jobs are always going to involve improving physical health, the reality is if employees work in a toxic work environment or they work for a bad boss, no matter how much broccoli we're successful in cramming down their throats or how much incentive we give them to jump through whatever hoops we create, they're still operating in that environment that is toxic. And it's going to be harmful to their health. I think a lot of wellness programs haven't quite made that connection between organizational factors and what we're trying to do on an individual level. What are your thoughts on how we get there?

DR. JOEL BENNETT Ryan, first, I agree with you. Wellness professionals need to be trained on organizational factors; something OWLS has been doing for 20 years. At the same time, we have to be careful about dualistic "either-or" thinking that sets up sides. For example, organizational versus individual; or incentives versus intrinsic motivation. We need to stop spending our time, as an industry, engaging in ineffective and sometimes dysfunctional conversations, pitting different sides against each other, and we need to spend all of our time focusing on the solution. Those are the conversations that I want to be part of. Let's stop criticizing, and let's move to the solutions because we have them. Does that make sense?

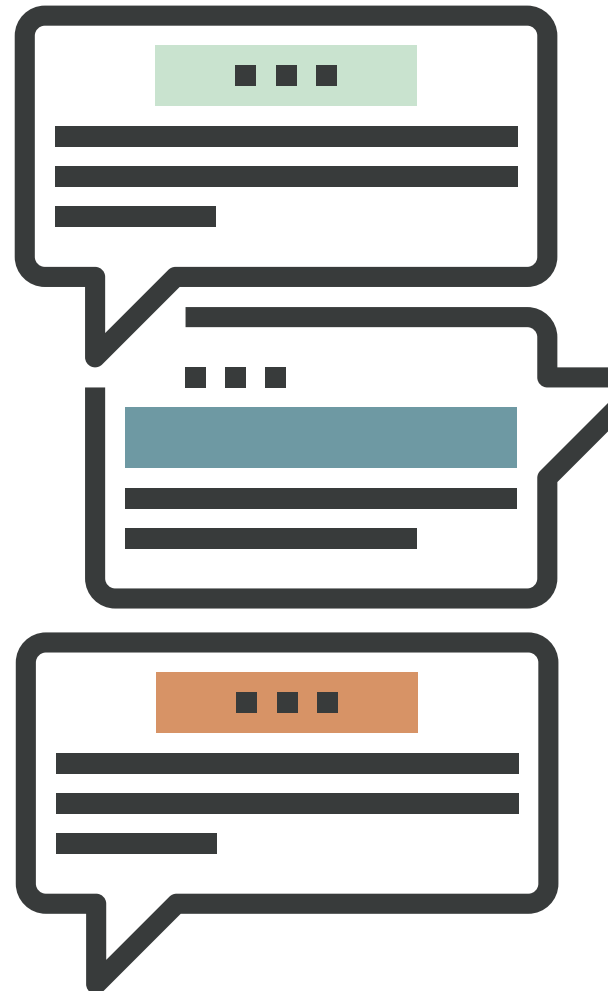
★ **RP** I think now more than ever it's time for us to come together and have constructive conversations. Let's get to it.

DR. JOEL BENNETT So where do we begin then? We move to exploring what we know does work. We make it clear to ourselves as a field and to our clients and customers that we have standards that we believe in and we are clear about what works. That's a whole conversation that needs to be front and center, because people will purchase a wellness product, engage with a wellness vendor, and they will assume that product or service is going to "work". That's a very major assumption. They not only assume that it'll work; they assume that is all they need.

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Very often they have a simple check the box mentality because they see it as an obligatory piece of their benefit configuration. This overwhelming commoditization and productization of wellness has made it a point-of-sale thing rather than a desire to learn and understand what works and find solutions for businesses.

"We need to stop spending our time, as an industry, engaging in ineffective and sometimes dysfunctional conversations, pitting different sides against each other, and we need to spend all of our time focusing on the solution."



★ **RP** I want to hear more about what you think is the value story for wellness. In your research, what are you evaluating? What are you looking for? What do you think are the metrics that matter?

DR. JOEL BENNETT We use a whole variety of metrics, and we are very open-minded about the metrics that we use, especially if they have some psychometric validity and reliability and/or they are looked at by decision-makers as important points for determining effectiveness. So the metric conversation is an in-depth conversation. For purposes here, the four metric buckets that we have tended to look at are improved climate, improved help and care, and then coping and resilience and finally actual outcome behaviors. Because of our interest in addictive systems, the outcomes we look at are employee substance misuse and related productivity loss. We also look at the research that shows that these categories do correlate with productivity and financial outcomes.

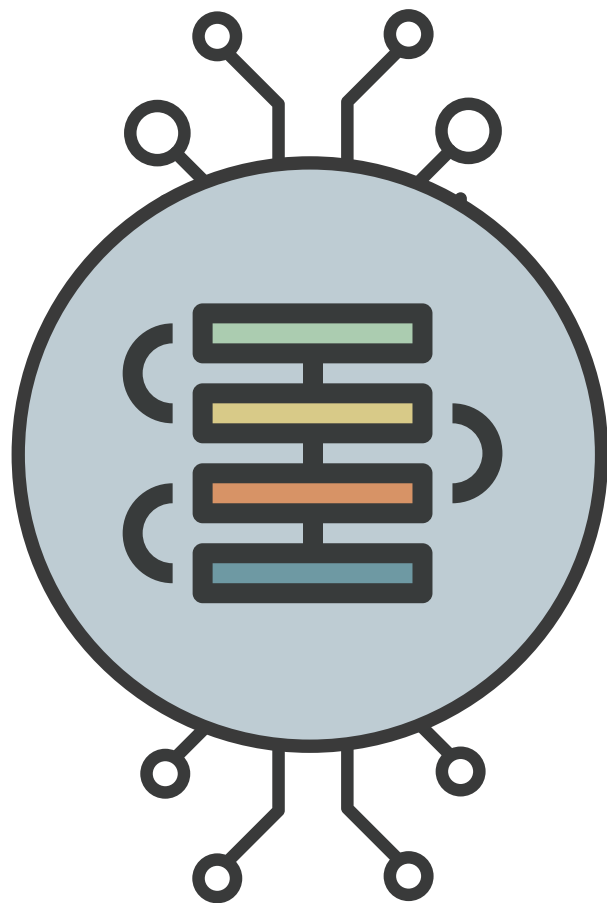
“If you keep trying to fix the problem at the level that it occurs, you’re never going to get anywhere.”

So, we do make the case that if you improve the climate, if you improve help and care, if you improve coping and resilience and if you reduce substance use then there are clear tie-ins to reductions in medical costs and improvement in productivity. So, we have used presenteeism. We’ve used the HPQ and a number of other productivity measures over the years. So, within each of those four buckets, if you take them and line them up, you actually have a value chain. Not that it’s always linear, but as you described earlier, if you do a wellness program but the climate is toxic, then you’re going to have a limited impact. It’s the whole Einstein quote. If you keep trying to fix the problem at the level that it occurs, you’re never going to get anywhere. That’s why all of the [OWLS] interventions are upper-level. They’re always about the tribe, the team, the leadership and, of course, the champion. We try to change the system. That’s why it’s organization wellness and learning solutions.

★ **RP** You are launching a WELCOA Certification that is all about competency-based teams of wellness champions. Tell me about how this concept fits into organizational wellness.

DR. JOEL BENNETT Ideally, in any system you want to move that climate along. You want to train teams on how to talk about trust, privacy, authenticity and safety. You want to have healthy leadership training. We have our heart-centered leadership approach in our *Lead Well Live Well Program* to help managers who have a whole variety of stressors themselves also understand the important role that they play in influencing the climate. You also want to have ongoing assessment of the climate. The fourth piece—the one that we’re talking training WELCOA Members on—is the champion.

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If you look at many of the best practice articles on effective wellness programs that have come out over the past 10, 20 years, those programs that tend to be the more effective ones have a champion. They have a person who not only coordinates and administers the program, but also has a passion and vision and has their own healthy leadership capacity. In larger organizations, that lead coordinator has ambassadors or advocates or peer leaders who are also working very often as a volunteer army underneath them. So we have a program, actually several adapted programs, for training well-being champions. That program gives these coordinators the tools to assess the needs of the staff and the culture and, ideally, design programs that best suit those needs and help to deliver those programs and also evaluate the impact of those efforts. That's one way of looking at the well-being champion curriculum. This idea of assess, design, deliver and evaluate. The other slice through this is the competencies.

I'm a big believer in competency-based instruction and competency guided curriculum development. In my book *Well-Being Champions* I've described some of the core competencies that tend to be universal. The idea here is that the well-being champion is not just administering the program for the purpose, of course, engaging their internal customers, if you will. But they're also on their own path of growth. That's the key piece here. It's one thing to have a template of how you administer a series of lunch and learns or manage a biometric screening and health risk assessment strategy. It's a whole other thing to shift the paradigm to making this a passion-driven calling.

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The whole paradigm shift here is to start to build a set of competencies that involve the champion being able to make the commitment to their own personal growth and be a role model for others. I'm not talking about a physical health role model. I'm talking about mental health role model. I'm talking about a heart-centered leader. I'm talking about someone who knows how to work with and interact with others and inspire them and meet with them and deal with the issues that they're facing because they're in a toxic work environment for example. Or at least know how to refer those individuals to get help. I'm not fixed on what the competency list looks like; the basic idea is that champions need to learn that they are on a path of personal growth and part of that includes the things I mentioned: assess, design, deliver and evaluate. It is also about training them on the evidence, because they have to be able to say "This is better than that."



★ **RP** This is going to be an important certification for WELCOA because wellness teams are an area that our Members ask about a lot. In your experience and in your work, what is one thing that health practitioners that are reading this or listening to this could start doing today whether it's to help themselves or to help those that they serve, what would be your nugget of wisdom that you would share?

DR. JOEL BENNETT At the end of the day I think it comes back to one's set of values, their upbringing, their own resilience story. I think it is about digging in and really finding what is it that's driving you. What's you're calling, your cause, your passion, your legacy, and why did it come to be that way? What happened in your life? What was the adversity? What was the wake-up call that helped you configure your values whatever they are? How does that now continue to drive you? I think that when you are knowing that and coveting that and protecting that and nurturing that, a lot of other things will fall into place. 📌

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