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JUST HOW
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Kick the Cubicle
to the Curb
P.14

Beyond the Paycheck:
When Does a Financial Wellness
Program Make Sense?
P.82

Advancements in Europe:
CHWA Launches Chapter
in Romania
P.40



Mayo's Growth in Wellness to Expand as it Keeps its Focus "People-Centric"

By Les C. Meyer, MBA

Rather than pursue mergers and acquisitions as the recipe for growth, the famed Mayo Clinic in Rochester, Minn. is relying on its reputable standard of meaningful face-to-face interaction and building its own growth strategy by scaling its knowledge and expertise to execute team-based, patient-centered care to serve 200 million people worldwide in the next five years.

In an ever-growing digital world, the Mayo Clinic remains people-centric—and that also applies to its 60,000 staffers at its many sites. By practicing what it preaches on wellness, the Clinic's employees can better serve patients and elevate an already towering industry presence as a worldwide leader in health care delivery. In total, 1,000 new patients visit the Mayo Clinic daily. Its ultimate goal? Become the worldwide wellness haven for staffers, patients and consumers.



Wellness efforts for staffers are working. Research published in the *Journal of Occupational and Environmental Medicine* shows significant weight loss and health care costs savings among employees who regularly participated in wellness activities at Mayo Clinic's groundbreaking Dan Abraham Health Living Center for three years. Nearly 3,200 employees were studied.

Leading the charge is John H. Noseworthy, M.D., president and CEO of Mayo Clinic since 2009, whose mission is to provide a meaningful wellness offering or personally-relevant wellness collaborative unlike any other in the world.

A CEO's Perspective on Healthy Living Innovation

I spoke with Dr. Noseworthy about his global vision to advance healthy living innovation at work, home and in the community. Their innovative, multi-faceted approach to wellness is rooted in science. When practically applied and seamlessly executed, it drives individual-directed engagement, optimizes outcomes and offers enterprise-wide human capital value-on-investment results.

Our conversation revealed that Mayo Clinic's healthy living programs uniquely combine the best of conventional medicine—including integrative therapies and mind-body connection interventions for a whole person approach that is knowledge-based and skill-building. These efforts empower people, individuals and families in the community to adopt life-altering habits and take healthy living innovation achievement to a whole new level.

Why should CEOs care about employee health and total wellbeing and what role can they play in helping devise strategies that raise the bar on program value and outcomes?

John H. Noseworthy – I care because our employees are our greatest asset. They help us to do our work better. It's also a good business strategy because if we can keep our employees



healthy, they will be much more productive. We'll reduce absenteeism and turnover. When a leader steps up and says, "We're concerned about the wellness of our staff," things fall into place to help our staff. I think leaders lead by their own personal example, and by helping their leadership team prioritize what happens in terms of policy and investments.

How is Mayo expanding its wellness footprint in a way that transcends the medical tourism or destination-wellness concept, with an eye toward achieving a more meaningful worldwide, community-based collaborative?

John H. Noseworthy – There are different audiences involved. One is our employees. They're very important and you can learn a lot by listening to them and working with them. The second is our patients. We put the needs of our patients first and that dictates this whole strategy. By using that model, we can create products and services not just for our employees and our patients but for consumers in general.

The distinguishing features of how we work, not surprisingly, are that we want to use evidence-based research to determine what works and learn from that. Many of the products we put in place are developed and tested by Mayo Clinic and used internally. But equally important in that is how do you tailor it for the individual? We do that through our Mayo Clinic Healthy Living Program, and, to a degree, with our online programs and services so we understand what the consumers' needs are and what it is they hope

to accomplish. As you know, it's hard to sustain behavior change. That's one of the big barriers in wellness.

We have a number of domains of wellness in which we have expertise: weight management and nutrition, physical activity, stress management and resiliency, sleep, tobacco-free living, and prevention services. For each of those, we try to create individualized and sustainable solutions. Within each of these six domains, we have a staff of experts who help create those programs. And, as you'd expect, those experts are physicians, physiotherapists, nutritionists, resiliency experts, coaches, executive chefs, and so on. Each works together in this team to create these programs to advance the well-being of the patient or consumer, whether it's physical or mental, emotional or spiritual.

Our Dan Abraham Healthy Living Center opened as an amenity for Mayo Clinic staff in 1995, followed by a second facility in 1998 and entire building in 2007. This center has been recognized as a national leader among corporate wellness facilities. Dan Abraham is a visionary entrepreneur and philanthropist who founded Slim-Fast and credits the Mayo Clinic with saving his life many times and then helping improve his health and performance. He said, "I want you to have the healthiest staff so you can have healthy patients." When you join the Dan Abraham Healthy Living Center as an employee, you pay just \$31 a month; if you go five times a month, it's \$5 off; ten times a month is \$10 off. So the more you use it, the less you pay.



We recently added four new floors to the Dan Abraham Healthy Living Center to extend our reach beyond our own employees and dependents to patients, consumers and companies. We now have one, two and four-day programs that people can travel to Rochester to participate in. The one-day is an executive wellness experience to optimize performance for the busy executive both at work and home. We also have a two-day Mayo Clinic diet experience and a four-day signature experience, which is highly individualized and very comprehensive to address all the components of wellness - physical, mental, emotional and spiritual. We're also seeing executives making use of our facility and services for leadership retreats, which is promising because a culture of health has to start at the top.

In terms of broadening the footprint, our model continues to be developing and refining our approach here, then utilizing today's digital capabilities to expand our reach globally.

What technologies, business models and trends do you believe will drive the biggest changes in your industry over the next two years?

John H. Noseworthy – Health care in this country is moving pretty rapidly to risk-based and bundled payments, especially for patients with primary care needs, population health care management and the ACOs of the Affordable Care Act. And so increasingly, health care institutions are going to be responsible for managing the health care of large populations; there will be financial payments based on that. That model is moving quickly. It's in a transition right now, so wellness and keeping people healthy, and recognizing they're on the path to getting ill will be important to intervene early to keep people well.

At the same time, consumers are increasingly empowered to do more for themselves and make their own decisions. Everyone wants to control their future. We want to empower the consumer to understand their health and risks so they make good decisions before they get ill. We're moving as quickly as we can to enable that. One way is

through wearable devices. Another is through patient education. When the patients invest their own effort into it, presumably their commitment will be greater.

Do you think financial incentives for workplace wellness programs actually work contrary to concerns about creating an entitlement mentality and failing to achieve lasting behavior modification? And, if not, then what do you think is the answer?

John H. Noseworthy – Everyone is looking for a Holy Grail on helping people change their behaviors and live healthier. And no one has found it. There are lots of programs that work for a while, but people tend to return to their prior behavior. Mayo studies this and we recently published a study suggesting that the more employees participate, the greater the yield in terms of their health as measured by their health care expenditures. We looked at almost 4,000 people who visited the Dan Abraham Healthy Living Center most frequently as opposed to those who occasionally go. They had a 40percent reduced health care expenditure. Is that an answer? I don't know. But it does suggest that if you really buy into it and believe in it, you'll have more success. We've also found that among those who participate more, not only are there financial benefits, but their job satisfaction and their engagement and productivity in the workplace increases and their absenteeism is less.

How do you think employers should develop the right metrics or benchmarks to achieve credible results in terms of measuring workplace wellness ROI?

John H. Noseworthy – It depends on the organization and what you're trying to achieve and where your gaps are. There are metrics for each of those areas that I mentioned: productivity, absenteeism, health care costs, staff turnover, staff engagement, staff satisfaction. Our evidence suggests that each of those may be favorably impacted by an enthusiastic leadership supported program to keep your employees healthy. I think whatever the company is doing it needs to create the program that they believe in and commit to making it better. That's the job of leadership—to point the organization in the right direction and let your really

engaged, bright, creative, innovative folks work on it and just get out of their way, support them and then measure their success.

When do you think it makes the most sense for employers to use their own, independently operated, on-site medical clinics and fitness facilities, as opposed to sending employees to outside centers of excellence or gyms for a more strategic approach?

John H. Noseworthy – Not every company can invest in their own on-site resource. I think leadership, commitment, integrity, enthusiasm, measuring outcomes, showing you care, co-developing it with your staff—my guess is all of those are essential. And then you have to look at the size of your company and whether it makes sense to do more than that. You can't pick up a magazine without seeing some really cool place to work if you're a young millennial and they all are riding their bikes to their offices, and they're all playing ping-pong at the break and eating kale. That's fine if you're one of those Fortune 50 companies. But if you're a mom-and-pop shop with fewer resources, you can't do that. But you could still show you care. You could say to the employees, "Gee, I wish we were a Google or Apple, but we're not. But how can we have our own culture here that shows that we care for each other? Because together, we can go far."

To what extent have you been measuring outcomes of your own employee health and getting your arms around the ROI?

John H. Noseworthy – We do have a research program underway, collecting data, publishing papers, talking about what works and what doesn't work, and its impact on not only the softer things, if you will, about satisfaction and engagement, but also the health care expenditures by our employees. Our public affairs team is pretty jazzed about interviewing staff, telling stories about their own wellness and health experience, both from patients, but also from our employees. Those stories often go a long way to encouraging more participation. We set up a lot of competitions around the organization, and it's amazing how competitive people get around something as interesting as this.

Do you find that being located in Minnesota is a bit of an impediment or a challenge to bring people to you as opposed to if you were located in another part of the country?

John H. Noseworthy – That's probably the case. Rochester isn't exactly a place you would expect to have a destination wellness site. On the other hand, having a wellness program—a healthy living program associated with a highly regarded brand in health care—does a pretty good job balancing that. So we're very well known for evidence-based, high quality care that's trusted. We also have 1,000 new patients a day coming through the clinic and the facility is large, but not so large that we can't

continue to grow and be successful. The Mayo strategy is meant to be different from the destination spas—an individualized approach to sustainable change in behavior for something very serious, which is disease prevention. I'm not too worried about the location. Each year we treat more than a million people from 150 countries and all 50 states. 

About the Author

Les C. Meyer is a principal of HPI Advisors, LLC, and chairs the Informed Opinion Leadership Action Group. He is a Member, Roundtable on Population Health Improvement, Institute of Medicine (IOM); Health Enhancement Research Organization (HERO) Employer-Community Collaboration Committee.

About Mayo Clinic

Mayo Clinic is a nonprofit organization committed to medical research and education and providing expert, whole-person care to everyone who needs healing.

About John H. Noseworthy, MD

Dr. John H. Noseworthy is President and Chief Executive Officer of Mayo Clinic. He is a professor in the Department of Neurology and has served as medical director of the Mayo Clinic Department of Development and as vice chair of the Mayo Clinic Rochester Executive Board. He recently led the "Mayo Clinic in the Year 2020" task force to help establish long-term institutional direction.

Born in Melrose, Massachusetts, Dr. Noseworthy received the M.D. degree from Dalhousie University in Halifax, Nova Scotia, Canada. He completed his neurology training at Dalhousie University and the University of Western Ontario, and a research fellowship at Harvard Medical School. In 1990 he joined Mayo Clinic and served as chair of the Department of Neurology from 1997 to 2006.

Dr. Noseworthy has specialized in multiple sclerosis (MS) treatment and research for more than two decades. His research focuses on the design and conduct of controlled clinical trials and has been funded by the Medical Research Council of Canada, the Multiple Sclerosis Society of Canada, the National Multiple Sclerosis Society (USA) and the National Institutes of Health. He played a pivotal role in founding the Sylvia Lawry Centre for Multiple Sclerosis Research in Munich, Germany, which advances research into effective therapies for MS.

He is the author of more than 150 research papers, chapters and editorials, and is the author or editor of several books including the three-volume textbook *Neurological Therapeutics: Principles and Practice*. From 2007 to 2009 he served as editor-in-chief for *Neurology*, the official journal of the American Academy of Neurology.

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