



PANEL PRESENTATION ABSTRACT

EVIDENCE-BASED CULTURE OF HEALTH & LEADERSHIP: FOUR IMPLEMENTATIONS FOR CONNECTEDNESS

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Two themes repeatedly emerge across studies on culture of health (COH) initiatives: social connection and healthy leadership. Here, leadership is defined by those who work in the trenches (managers, project leaders, champions). Further, most COH initiatives are home-grown. They do not utilize evidence-based protocols (EBP) that could facilitate greater cross-industry sharing of insights. This practice-oriented panel features leaders from four diverse organizations – public (municipality), private (Fortune 500), a school district, and academic (research center). Each adapted an EBP that focused on social connection, healthy leadership, and mental well-being. Four leaders/panelists describe their journey through this adaptation process along with quantitative outcomes. Each used curriculum from multi-level EBPs ([Team Awareness & Resilience](#)). These were implemented through a rigorous methodology with focus groups, employee surveys, piloting, and train-the-trainer models.

A “culture of health” (COH) is integral for workplace wellness success. Various COH approaches exist, including practice models (e.g., Allen & Bellinghman, 1994; Rosen & Berger, 1992) and guidance from best-practice score-cards (Rosenbaum, et al., 2020). A recent systematic review revealed that most COH measures assessed learning, social connection, and leadership support (Flynn et al., 2018). Many COH initiatives emphasize leadership: management buy-in, leaders as healthy role models (e.g., Rudolph, Murphy, Zachery, 2020), leadership financial support, and wellness as a business strategy (Della, Dejoy, Goetzl, 2008). COH requires authentic leadership, ongoing learning, and social connectedness. Our organization has been able to enhance these three areas through proven, evidence-based methods.

This presentation highlights a complementary approach to COH models, with four key elements. First, we encourage a culture of resilience (COR), one where leaders, by virtue of character-based responsibility, actively support mental well-being and social norms of resilience. Second, we emphasize the relationship between social connection and these leaders. Leaders may be new in their role, in human resources, or wellness coordinators and are not necessarily at the very top of the organization. Their position is less important than their connection. Third, a COR utilizes evidence-informed training tools and a systematic process to: (1) promote the management-employee relationship; (2) empower employee voice; and (3) help leaders respond to that voice. Fourth, it is more “inside-out” than “top-down” in nature: a COR initiative is built gradually and iteratively based on employee-informed training designs, leadership insights, and employee responses. Social connectedness is the glue of a COR and training can facilitate connectedness (i.e., “We” in Wellness; Bennett & Tetrack, 2013).