

Employee Well-Being

Renowned business leader and employee well-being advocate **Arianna Huffington** shares her perspective on expanding benefits offerings.

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IN THIS ISSUE



State of Wellness
Three of health care's heavy lifters discuss the value of employee well-being and the future of the health care industry. **P12**



Engaging Employees
Do your employees understand their benefits? Learn why you should keep them in the loop with these three essentials. **P14**

READ MORE ON FUTUREOFBUSINESSANDTECH.COM

Measuring Wellness
New tech is allowing companies to more accurately gauge employees' health and off-setting pitfalls of self-reporting

Open Enrollment Is the Time for Open Communication

There's no reason why the frenzy of benefits brought on by open enrollment needs to be a stressful time for you or your employer. There is a better way, and it starts with better communications.

Open enrollment season presents exceptional opportunities to educate employees about the value of the employer-sponsored rewards that comprise a significant aspect of their jobs and employees' overall experience. Benefits changes impact employees in profound ways, so effective and engaging communications are critical.

Key conversation

Organizations need to educate and communicate to their workforce what is most important to employees and their families, helping them navigate the complex world of employee benefits. At the same time,

companies need to demonstrate their investment in employees by helping to create the right buzz around open enrollment—not that it's an annual chore, but rather the chance to promote the company's commitment and dedication to employees' total well-being.

We know, on average, individuals spend 30 minutes or less reviewing their benefits. The annual open enrollment period is the one time of year when organizations truly have a captive audience, providing an opportunity for them to showcase their commitment to employees. It is critical for companies to engage employees and their families in the process by creating a great user experience.

Open channels

While many companies continue



Leonard "Lenny" Sanicola
Senior Practice Leader,
WorldatWork

to use traditional methods such as print, video and e-mail to communicate key messages and enrollment deadlines, others are now leveraging various technology platforms to further engage employees.

Technology and social media platforms have enabled companies to add to their information and communication using a mix of tools that are user-friendly, interactive, adaptable, educational and fun! And since dependents often make family benefits decisions, having mechanisms in place to reach out to these decision makers is essential, whether it's through invitations to onsite meetings, access to web-based portals, newsletters, communications mailed to the home or discussion boards for questions. All of these tools can be helpful for everyone involved in the process.

Consistency is king

Finally, remember the value of year-round benefits communications. As great organizations, you should communicate throughout the year, employing strategies that allow employees to absorb information in pieces that are easy to understand. Where appropriate, integrate social media tools to communicate year-round through optimized blogs, embedded videos and podcasts, mobile apps and other delivery channels.

Open enrollment affords an opportunity to highlight your overall total rewards package. It offers an opportunity to not only address upcoming benefits changes, but to promote, highlight and remind employees of the organization's investment in them. ■

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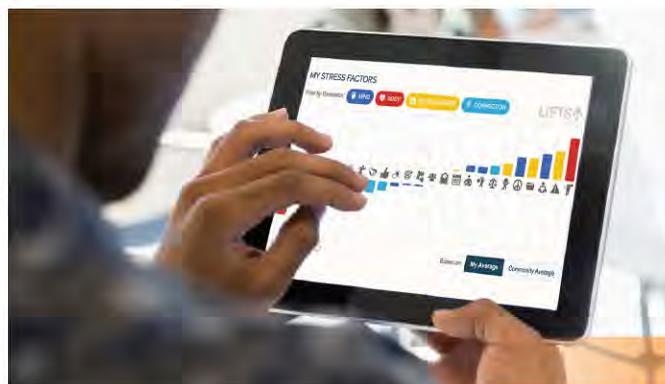


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Attention Employees: What to Expect During Open Enrollment

Afternoon trips to the gym and leafy greens will only get you so far. When it comes to company benefits, it is critically important that employees read the fine print.

Open enrollment season, the time when millions of employees choose which benefits they want from their employer for next year, is rapidly approaching. There is a lot at stake, both financially and emotionally, for employees and their families.

Forecasting this season

So what can employees expect for 2016? Based on a survey of large employers by the National Business Group on Health (most respondents had 10,000 employees or more), this year's open enrollment should bring less change to employee health plan choices and more tools and resources to help them make decisions.

Here is what employees can expect during open enrollment:

Consistent plan offerings:

Last year, many employees saw changes in their health plan offerings as more companies implemented Consumer-Directed Health Plans (CDHPs), which are high deductible plans usually tied to a health savings account. Employees can expect less disruption to the health plan choices for 2016 as the move to CDHPs has leveled off. Most large employers now offer CDHPs (83 percent in 2016, up from 81 percent this year). One in three employers (33 percent) will only offer CDHPs to their employees, which is about the same as this year.



Small increases in premium contributions and deductibles:

Employers expect health care to increase 5 percent in 2016. Consequently, employees should expect similar increases to their premiums. Some companies will also make small increases to the percentage of premiums employ-

ees pay for individual and family coverage (one in three respondents). About 1 in 4 companies will also make small increases to deductibles.

More spousal surcharges:

More than one in three employers (34 percent) will implement surcharges for spouses who can

obtain coverage through their own employer, an increase from 29 percent this year.

Employers contribute more to Health Savings Accounts:

The vast majority of employers will continue to make contributions to Health Savings Accounts (HSAs) to assist employees enrolled in

CDHPs. The median employer contribution to HSAs in 2016 will be \$750, up from \$600 this year.

Sharp increase in telehealth:

Nearly 3 in 4 respondents (74 percent) plan to offer telehealth to employees, a sharp increase from 48 percent this year.

Bang for buck

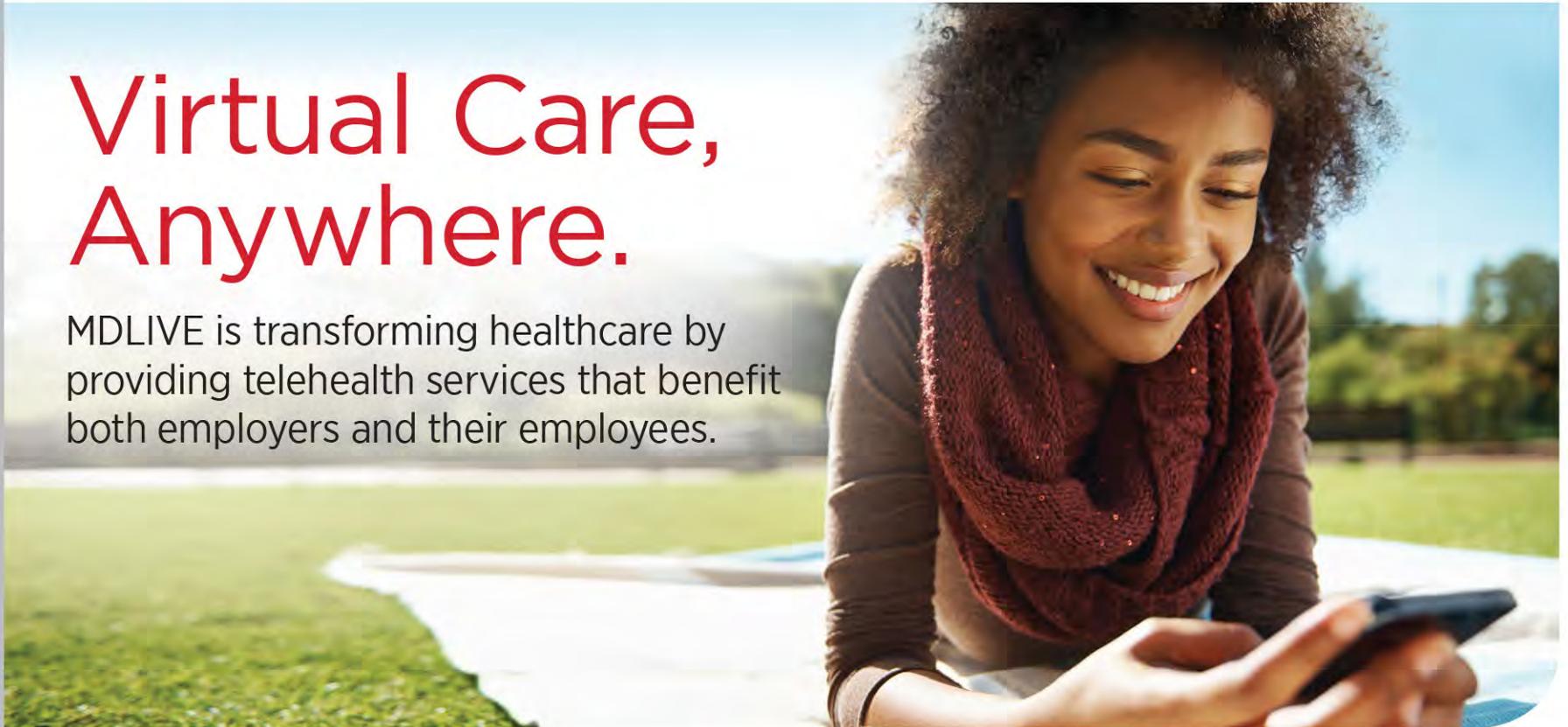
While employees will not see big changes to their health benefits in 2016, there is plenty for employees to pay attention to during open enrollment to maximize their benefits. The majority of employers continue to invest in consumer decision support tools and resources to help employees navigate the health care system and understand their treatment options, price and where to go for care. Open enrollment is also the time employees have an opportunity to contribute their own money to HSAs or Flexible Spending Accounts on a tax favorable basis.

Employees may also be able to take advantage of financial incentives employers offer to participate and engage in wellness programs. Choosing benefits doesn't have to be complicated, but it does require time and careful consideration. ■

By Brian Marcotte, President & CEO, National Business Group on Health; Karen Marlo, VP, National Business Group on Health

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INSIGHT

“ HEALTH CARE

The Line Between Employees and Employers

What's a sound strategy for savvy employers looking to ensure their employees have a full grasp of what's available to them in their benefits programs? We sat down with Jeff A. Burnberg, the executive vice president of Evolution1, for some inside perspective.

How can employers give their employees greater control over their health care expenses, and greater responsibility for their choices?

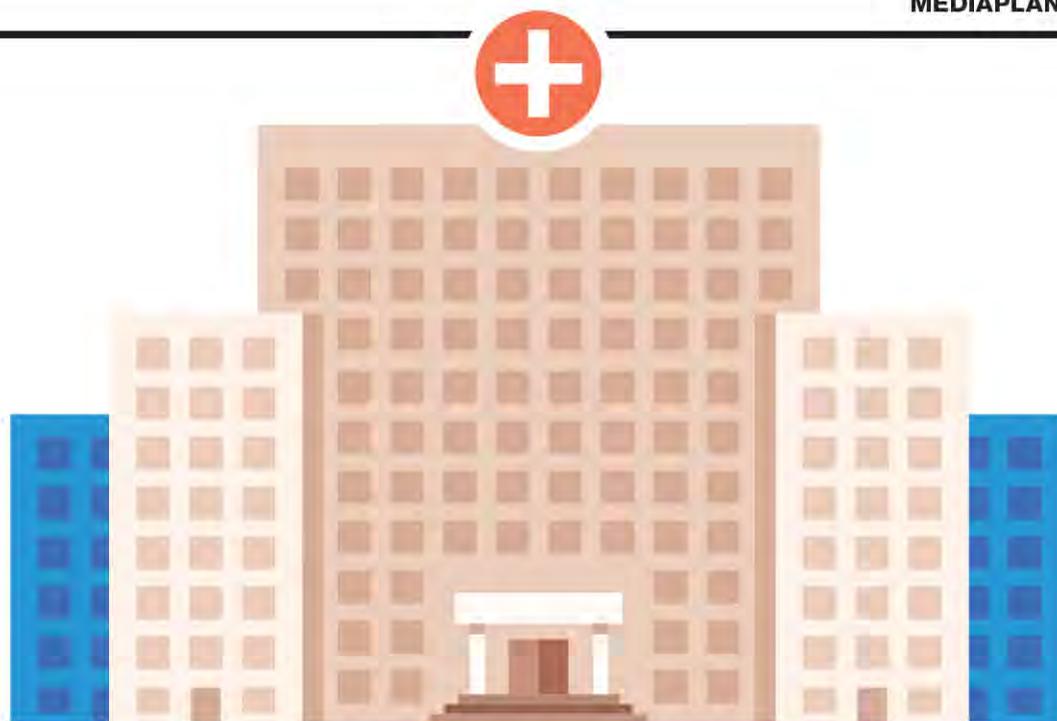
The underlying premise driving consumer-directed health care today is that when you give consumers greater control over their health care expenses and greater responsibility for their health care choices, they will make better and more informed use of their resources. That can result in reduced costs for employers and increased employee satisfaction. But for this to be true, employers and consumers alike need a solution that removes much of the burden of administrative activities and empowers them with insight and the ability to be proactive. Consider solutions that can provide a single end-to-end user experience for administering reimbursement accounts, and generally streamline health care management for consumers.

What is consumer driven health care, and how can it benefit our readers?

Consumer-driven health care (CDHC) is a system of health care in which routine claims are paid using a consumer-controlled account versus a fixed health insurance benefit. That gives patients (consumers) greater control over their own health budgets. According to economist John C. Goodman, “In the consumer-driven model, consumers occupy the primary decision-making role regarding the health care they receive.” Additionally, a McKinsey study found that CDHC patients were twice as likely as patients in traditional plans to ask about cost, and 3 times as likely to choose a less expensive treatment option. And chronic patients were 20 percent more likely to follow treatment regimens carefully.

By Jeff A. Brunsberg, Executive Vice President, Healthcare Market Officer Evolution1, Inc., a WEX Company

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The Perks of Private Exchanges

When inflation is low, companies can't raise prices, but they must still manage rising health benefit costs.

According to the Bureau of Labor Statistics, inflation in the United States was 0.2 percent for the 12 months ended July 31, 2015—pretty close to a historical low. According to a recent survey, however, these costs should grow by 4 percent in 2015.

This challenge is compounded for companies with multiple regional or national locations, which must implement health care strategies that work for employees no matter where they live.

Fragmented needs

If one health insurance company had the best provider networks and pricing in every location, the problem would be solved. But there is analysis indicating that no single carrier has the best network in more than half of the regions across the U.S.

This puts the onus on employers to select and manage carriers

and provider networks in many geographically dispersed markets. A costly and time-consuming endeavor, it's also fraught with compliance and administrative complexities.

Keeping health key

Health benefits are integral to the employee value proposition, so companies must navigate changes to preserve this prized benefit. Some of the nation's most recognized names, including Starwood Hotels and Resorts and Time Inc., have adopted private exchanges to deliver health benefits.

Companies interested in these innovators' moves should understand four things about the value of an exchange:

1. Private exchanges can provide access to high-performance networks in every market.

2. Private exchanges can increase employee engagement.

3. Private exchanges can help employers add new benefits quickly and efficiently.

4. Private exchanges can reduce compliance and administrative burdens.

Economists do not predict a significant increase in inflation through 2020. So as benefit costs increase, employers seeking ways to maintain a competitive advantage in the war for talent without breaking the bank could turn to private exchanges in greater numbers. ■

By Jim Foreman, Managing Director, Exchange Solutions, Towers Watson

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INSIGHT

How Does Population Health Management Help?

Every year, self-insured employers face a 4–8 percent increase in health care costs. For many, a population health company is the perfect solution.

By Liane Bonin Starr

Population health management proposes a surprising (and surprisingly affordable) solution to rising health care costs—personalized and value-based care solutions that cost less, not more, than existing care options. Initially, the idea of offering more care for less money wasn't an obvious solution to self-insured employers, government agencies and other organizations. "Companies like ours had to take some risks and say, 'We think by providing more services we can lower costs and improve outcomes,'" says Jason Dinger, CEO of MissionPoint Health Partners. "We're disrupting health care in a good way."

Reaching those in need

A close analysis of how care (and dollars) are distributed has given population health management companies important insight into how to best serve a diverse client base in many communities across the U.S., which also include underserved and vulnerable populations. Given that typically just 5 percent of plan members drive 65 percent of a company's health costs, population health management companies are able to use metrics to identify patients who will benefit most from specialized care.

Making sure patients have all their needs met following a new diagnosis, emergency room visit or other health crisis results in not just better care, but better

results. "If you are a population health manager, you're trying to help people manage their care and improve their health so they don't have a future bad event," Dinger says. "You're making sure you visit the patient while they're in the hospital and you're making sure they have what they need when they make the transition home, whether that's a wheelchair ramp or an elevated toilet seat or maybe just making sure throw rugs are removed to prevent a future fall."

Population health management also focuses on clinical and social support beyond traditional healthcare, such as stress management and nutritional guidance. "What's needed is unique to every person, so we're there for all types of solutions," Dinger says.

Surprising toll

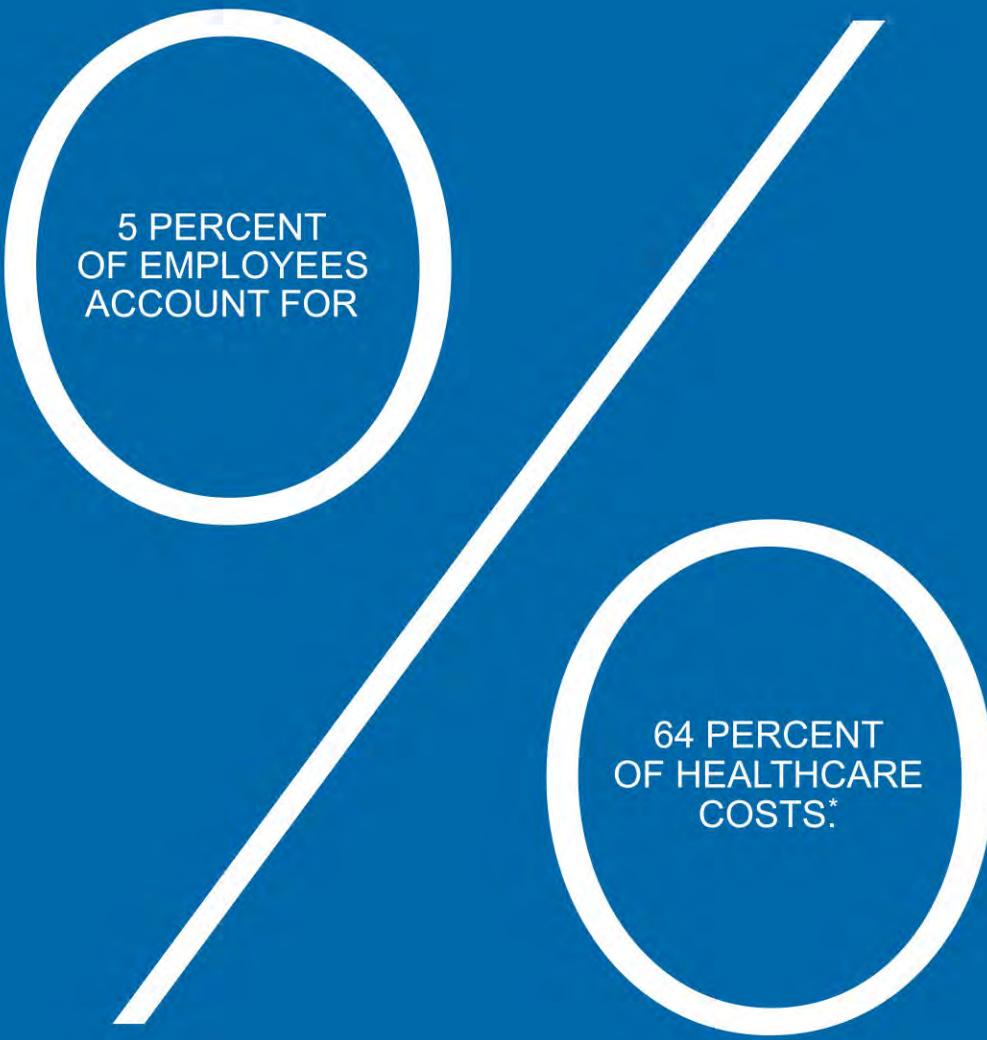
While some may assume such individualized care would be expensive, it pales in comparison to the costs that come with an

emergency room visit or a major health crisis that might have been avoided with some simple adjustments. It seems population health care is getting results in both positive healthcare outcomes and in lower bills. MissionPoint clients have saved over \$20 million since 2012.

More importantly, what's good for individuals is good for the community's health, both financially and physically. Population health care can help a wide range

of patients, including Medicare clients and the underserved, work with healthcare providers toward the goal of creating and supporting high-quality, lower-cost healthcare networks, and that's to everyone's lasting benefit. "I think we really do see that people do better when they have a health partner," Dinger says. "We feel great about the outcomes we've achieved, and we look forward to delivering even more services to the people who need them." ■





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Why Savvy Employers Invest in Wellness

Workplace wellness programs have a significant opportunity to impact population health, which is why they are becoming more prevalent among employers—as well as why they are evolving.

No longer is the focus strictly on getting employees to “know their numbers” or manage specific health conditions or risks. Employers are increasingly focused on a broader definition of well-being for employees. Wellness programs may now address physical health, but also mental, emotional, social, spiritual, intellectual, vocational, environmental and financial factors—all of which work together to contribute to an individual’s overall quality of life.

Investing in people

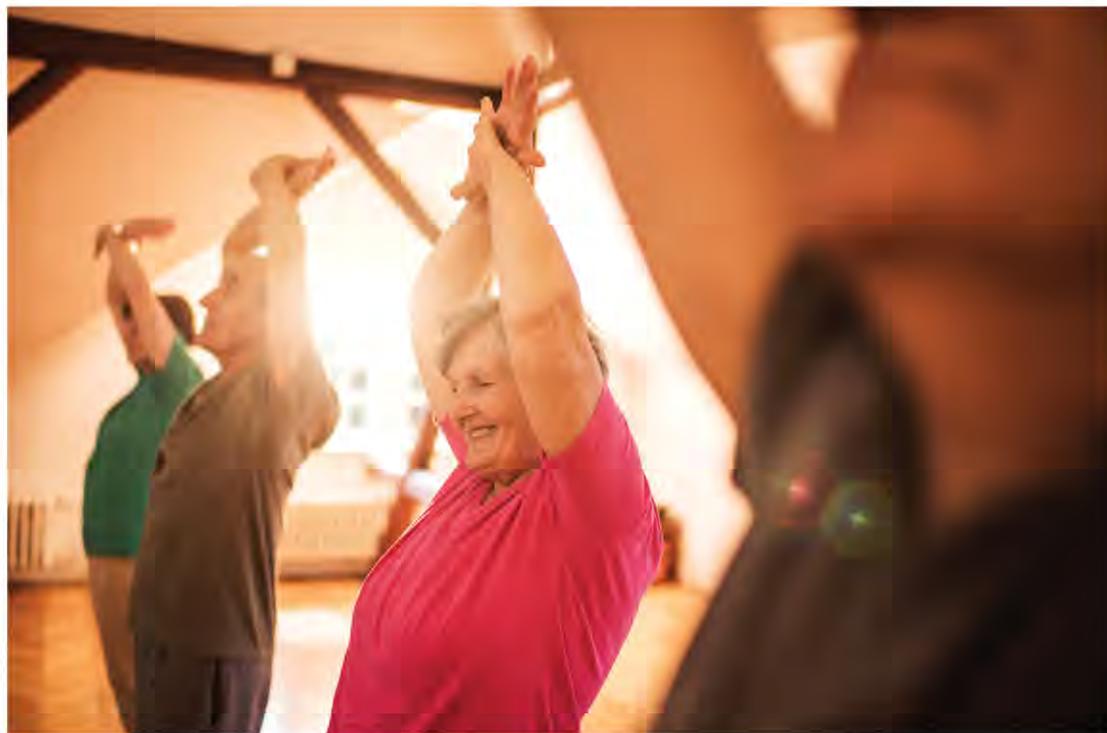
The changing shape of wellness programs is being driven by a shift in how corporate leaders view their investment in employee health. Whereas, employers have historically said they invest in wellness programs as a cost-control measure; a growing number of executives now say they invest in employee health because of what these programs contribute to workforce capability, culture, engagement and ultimately business performance.

There appear to be sound reasons for this change, as proof of the connection between employee health and well-being programs, and organizational performance continues to accumulate.

Consider the 2015 study of the American College of Occupational and Environmental Medicine’s Corporate Health Achievement Award winners, which showed companies that have been recognized for having exemplary integrated health and safety programs outperformed the S&P 500 average. Meanwhile, an earlier study by Towers Watson demonstrated that employers with highly effective health and productivity programs generate 20 percent more revenue per employee, realize a 16.1 percent higher market value and deliver 57 percent higher shareholder return.

Tracking impact

How can employers leverage their investment in workforce health and well-being to drive business performance? Employers who lead in workplace health start by developing a comprehensive strategy that is based on best practices. Employee health orga-



Dr. Paul Terry,
President and CEO,
Health Enhancement Research
Organization (HERO)



LaVaughn Palma-Davis,
Chair, Board of Directors, HERO;
Senior Director, Health and
Well-Being Services, University
of Michigan

nizations and benefits consulting firms have developed a number of “wellness scorecards” (such as the HERO Employee Health Management Best Practices Scorecard in Collaboration with Mercer) that align with best practices research and help employers evaluate their workplace wellness efforts. Completing a scorecard can be a good first step to assessing how to design an exemplary program.

But, even more important than the specific program design is the mindset of business leaders and the recognition that the following are important when planning employee health and well-being programs:

1. Including employee health and well-being in business objectives .

2. Engaging leaders at all levels to participate and commit to employee health and well-being as a key business value, incorporating such content into leadership development programs.

3. Cultivating engaged and satisfied employees

through surveys to determine their interests and needs, effective communications, opportunities for learning and development, opportunities for recognition and reward and fostering a sense of purpose.

4. Providing supportive policies, procedures and physical environments.

5. Developing supportive cultures that are based on respectful relationships, peer support and positive workplace norms.

This approach to workplace health and well-being is a win-win for individuals and businesses, because when business leaders invest in employee health and well-being in a strategic, comprehensive, sustainable way that includes programs, resources, supportive work cultures and environments, employees feel valued. This is important because employee satisfaction, development and engagement contribute to both individual and organizational performance. ■



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Health Care's Heavy Lifters

We polled three experts on the state of the health care industry, and how they are handling the challenges we face as employees managing our own well-being inside and outside the office.

Why should employers encourage employees to take a more active role in their well-being?

What do you feel to be one of the biggest problems facing the health care industry today?

What is one industry trend that is helping to combat the challenge you just mentioned?



Cathy Kenworthy
President and CEO,
Interactive Health

Setting and meeting health goals successfully is empowering for both employees and employers, and is consistent with a workplace environment. Time spent at work and outside of work are vital parts of the health picture for each of us as individuals.

The rise in chronic conditions, particularly at younger ages, creates tremendous difficulties for the well-being of a staggering, and growing, number of individuals, creating lifelong health complications. The good news is there are programs that can get to the bottom of these difficult issues. Engaging individuals on a personal level works.

Wellness really is personal, so the trend that combats rising chronic conditions is personalizing wellness programs for each individual. Successful programs are flexible and tailored to each employee's needs in the context of that company's culture. Well-designed programs are hands-on, with experts who help each individual achieve personal health improvements.



Jim Prendergast
CEO, HealthiestYou

Employees should take more control over their health because health care is transferring more risk and cost to the employee. If the financial shift doesn't motivate employees to make better, more informed decisions about their care, then the increase in costs will limit the growth of the company and the employee.

Uncertainty. It's caused by a shift toward higher deductibles and out-of-pocket expenses for employees without the tools and education to empower employees to make better decisions. Innovations such as telehealth, price transparency tools and wearable devices put employees in the center of their health care and empower them to drive health care costs down.

Digital tools that empower employees to make informed decisions are a great start, such as helping find "in network options", access to telehealth doctors via phone, or use of geo location technology to remind you of options when you walk into a pharmacy or urgent care are all readily available.



Danna Korn
Co-Founder and CEO
(Chief Energizing Officer),
Sonic Boom Wellness

People often shirk the responsibility of their well-being to others: "Doctor, give me a pill ... Employer, pay my bill ... Mom, why'd you pass me those fat genes?" People are empowered when they realize they can (and should) take control of their own well-being. We teach our kids to dress themselves, don't we?

The "blame game." Since there are so many, I'll stick with the "accountability" theme from Question #1. With people expecting everyone except themselves to be responsible for their health and well-being, we end up with fingers pointed every direction when things don't work out. I expect this'll be exacerbated with millennials.

Worksite wellness, with an emphasis on programs that actually work, as opposed to stale, ineffective one-time events like rewarding people to take health assessments. Most employers today see wellness as a business imperative, encouraging employees (and spouses in many cases) to take an active role in improving daily health habits.



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Assessing the Value in Your Benefits Program

Warren Buffet wasn't considering health care benefits when he said, "Price is what you pay. Value is what you get." But employers would be advised to consider this adage, as many health care purchasers put too much focus on costs and not enough on value.

Health care costs continue to rise and are the greatest expense for most employers outside of payroll—and employees and their dependents are no healthier from the effort. This is where value-based benefit design comes into play, and when done correctly save employers money and result in a healthier, more productive workforce.

Tailored care

While there is no "one-size-fits-all"

approach for employers to count on, there is however value-based benefit design. This involves employee incentives that together encourage:

1 Participation of the appropriate use of high value services such as compliance with prescription drugs and preventive services to preempt or manage chronic conditions.

2 Use of doctors and providers that follow evidence-based treatment guidelines.

3 Adoption of healthy lifestyles, such as increasing physical activity or stopping smoking.

To be successful, these efforts must extend beyond an employer's insurance program and offer incentive-based programming such as wellness services.

Building a repertoire

Once an employer has programs underway, they then need to avail themselves of tools that will allow them to assess the true value they are getting from their

health plan and wellness vendors offering these programs.

Evaluation and measurement are important steps to assessing value that many benefits professionals often skip, given time and resource constraints. In doing so, they are doing a disservice to both their management and employees, as you can't improve what you don't measure.

Value-based benefit design strategies can have a positive and profound effect on improving the quality and efficiency of health care services. As more

employers recognize the importance of assessment, negotiating with their vendors, offering incentives for their employees and taking advantage of their collective buying power, they can have a significant effect on not only employee populations, but the overall health care market—and ultimately the health of the nation. ■

By Charles Smithers
Interim CEO, National
Business Coalition on Health

3 Keys to Engaging Employees in Their Well-Being

The elements required to support the B2C shift in health care can also be leveraged by employers to support employee well-being.

To help employees realize their well-being goals, employers must engage employees by being consistent, coordinated and relevant with all interactions and communications. These three elements create the necessary positive experiences to engage employees with tools and information so they may make intelligent decisions regarding their well-being.

1. Consistent

One of the biggest problems facing health care today is that it is incon-

sistent. One of the recurring failures is how employers, payers and providers interact with employees. If we can do something properly once, we need to consistently repeat it. Then we need to have employers, payers and providers work together to deliver a unified, consistent approach to employee well-being and act as one. Employees don't want to piece the health care puzzle together.

2. Relevant

Health is personal, so your interactions and communications need to be relevant or those communications will be ignored. In order to provide a personal connection, an understanding of the employee of how they think and connect with others is needed. This under-



Robert Yurkovic
Author; Founder,
Studio IQ

standing drives personalization on a one-to-one level.

To facilitate this understanding, we need to segment employee data into profile data planes such as technographic, demographic, psychographic, sociographic, technographic and ethnographic. With these, employers know much more about the employee to interact on a personal level. Adding irrelevant information to a communication will render the communication as unnecessary and will be ignored.

3. Coordinated

Creating positive experiences and understanding employees is essential, but we also need to coordinate interactions and communications from employers, payers and providers to the employee. This

is Channel Unity. To realize Channel Unity, you must coordinate all communications from a hub so the employee experiences and sees the same thing no matter what channel delivers it. It has to look the same and feel the same.

A communications platform with multi-channel capability is the hub for all communications sent to employees. An application platform facilitating people, process flows and content connects to the communications hub so the employee sees a single stream.

Employers need to understand what makes each of us tick, collaborate with health partners (payers and providers) and coordinate communications in order to engage employees and deliver convenient, integrated health services. ■



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INSPIRATION

Arianna Huffington: Pushing Office-Burnout to the Margins

The Huffington Post boss doesn't just have high demands as an advocate for employee benefits programs—she is leading by example.

As a writer, Arianna Huffington has paid her dues. The author and syndicated columnist is no stranger to the long hours, self-criticism and deadline-induced stress any writer would be familiar with.

Now, as the co-founder and editor-in-chief of The Huffington Post, she's in a unique position to implement benefits she would want as her own employee. In an exclusive interview with Mediaplanet, Huffington expands on her commitment to going above and beyond the bare minimum.

Can you recall a time in your life when you didn't receive the same level of benefits support from your employer that you are offering to your employees currently?

Until we launched The Huffington Post in 2005, I'd spent most of my career as a writer, writing books and columns. So I wasn't an employee of any company, I worked mostly from home, and as a result I didn't have benefits. The only well-being policies were my own, and let's just say they were not good.

During that time in my career, I subscribed to a very flawed definition of success, buying into our collective delusion that burnout is the necessary price we must pay for success. Then, in 2007, I had a painful wakeup call: I fainted from sleep-deprivation and exhaustion, hit my head on my desk, and broke my cheekbone. By that time, I was part of a growing company and in a position to share what I'd learned with our employees so that they might benefit from my experience instead of learning the hard way.





Following that injury, what was the first major change you made to your employee benefits program?

After my collapse, I became an all-out sleep evangelist. And sleep became a key part of HuffPost's DNA. We launched a dedicated sleep section in 2007. Today, of course, you can't open a major publication without reading about the benefits of sleep.

We also have two nap rooms in our newsroom, which are now full most of the time, even though they were met with skepticism and reluctance when we

installed them in the spring of 2011. Many were afraid their colleagues might think they were shirking their duties by taking a nap. We've made it very clear, however, that walking around drained and exhausted is what should be looked down on—not taking a break to rest and recharge. In our New York offices we host meditation, breathing and yoga classes throughout the week, while our new D.C. offices have dedicated meditation, yoga and nap rooms.

What recent industry trend had the biggest influence on the

types of benefits you currently offer your employees?

The trend is bigger than just our own industry. It's universal: an epidemic of stress, overwork, burnout and sleep deprivation that makes us less productive, less creative, less healthy and less happy. So all the benefits we offer—from the formal company benefits to the workplace culture—are designed to counteract that and leave our employees less stressed and more fulfilled.

Then there is the technology-enabled reality of our 24/7 work culture. As Tim Wu recently put

in *The New Yorker*: "The fact that employees are now always reachable eliminates what was once a natural barrier of sorts, the idea that work was something that happened during office hours or at the physical office. With no limits, work becomes like a football game where the whistle is never blown."

If you have to name just one, what would you say is the most innovative benefit you currently offer your employees—and why?

Definitely our email vacation tool. We've always made it very

clear that no one is expected to check work email and respond after hours, over the weekend or while they're on vacation. But how often do we see people (and I've been guilty of this myself) go on vacation and put up an out-of-office message, but still respond to incoming emails—often seconds after the sender receives an out-of-office message! Why? Because we are addicted, and because once we see an email, we feel obligated to answer it.

So, inspired by the German auto company Daimler, we decided to create a tech solution that would eliminate the temptation. With our



new vacation email tool, all emails sent to you during your time off will be automatically deleted (or archived, if you prefer). The sender gets an auto response asking them to resend their message when you're back or to contact someone you designate if it is urgent. During my own recent family vacation to Greece, I tested it out for the first time, with great success. I spent my vacation almost completely away from email, and when I returned to work, I felt truly refreshed and recharged.

As a leading advocate for family-friendly, work-life policies, would you say that there can also potentially be negative implications in certain cases where employees are encouraged to leave their desks at lunchtime, use all of their

vacation days, refrain from checking email after leaving the office, etc.?

Maybe if someone leaves their desk at lunchtime and never comes back! But really, there is no downside to these kinds of policies. In fact, there is a distinct upside to downtime. In the fall of 2014, I spoke at the Salesforce Dreamforce conference in San Francisco. Salesforce is known for its Salesforce1 cloud platform, which has, I was told, 99.9 percent uptime. That is, it operates 99.9 percent of the time. When it comes to machines, nonstop uptime is a good thing. For human beings, not so much. We're not machines; we need downtime—a lot of downtime. When we deny ourselves our need for it—and many of us do—

we eventually crash. For human beings, downtime is not a bug but a feature. That's why more and more companies are realizing that these kinds of policies are a win-win, for employees and employers alike.

If you could create one universal rule or policy to improve employee well-being that all employers would need to abide by, what would it be?

Every workplace would have nap rooms available for every employee, and this wouldn't be considered extraordinary or notable. Because there's a desperate need to change our workplace culture so that working till all hours and walking around like zombies become stigmatized instead of lauded. ■

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