



## Episode 3: Well, well, well – Factoring I&D into your employee wellbeing strategy

CHRIS MORELAND: There are so many factors associated with a person's wellbeing that have more to do with their ethnicity, their socioeconomic condition, and even in some cases, the work that they do.

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JOHN JONES: Podcasting from New York City, this is Eye on I&D, a continuing podcast series brought to you from the Human Capital Experts at Willis Towers Watson. This series is designed with one goal in mind, to help you, our colleagues in HR, and those passionate about inclusion and diversity, explore the hardest and perhaps, uncomfortable topics in I&D.

We want to help your employees and colleagues bring their best and whole selves to work every day. I'm John Jones, leader of Willis Towers Watson's talent business in North America, and your podcast host. I'm delighted to be joined today by three impressive panelists as we take on the topic of factoring inclusion and diversity into an employee wellbeing strategy. Essentially, while there are no perfect solutions in I&D, there are things organizations can do to improve the employee experience.

Let me introduce our panelists -- and note -- full bios of our panelists can be found on [willistowerswatson.com/inclusion](http://willistowerswatson.com/inclusion). First, we have Kim Azzarelli, co-founder of Seneca Women, a strategy firm based on advancing women and girls. And co-author of the book, *Fast Forward*, how women can achieve power and purpose. She also hosts the *Fast Forward* podcast.

KIM AZARELLI: Thanks, John. Glad to be here.

JOHN JONES: Next up, Chris Moreland, chief inclusion and diversity advocate at Vizient, a Dallas based health care performance improvement organization. Good to have you here, Chris.

CHRIS MORELAND: Thanks John, good to be here.

JOHN JONES: And last, but not least, we have Rachel McCann, senior director of health and benefits at Willis Towers Watson. And Rachel, this is a topic you've talked about quite a bit recently. I mean, I know you've been touring most of the Midwest. Are you exhausted from all of these conversations at this point?

RACHEL MCCANN: Well, first, thank you for having me. Great panel to be a part of. No, not exhausted at all. They are some of the most exciting discussions I've been a part of. I've been in benefit consulting for the past 20 years and wellness was such a great focus for so long. And the transition to wellbeing, looking at the whole person, looking at the financial, the emotional, social, and physical aspects of a person has been really exciting to move forward with.

JOHN JONES: So how does the I&D lens change the perspective of that wellness evolution?

RACHEL MCCANN: Great question. For many years, employers have put in singular programs. So as we think about employers looking at wellbeing programs-- with an I&D lens-- it's thinking about the diverse nature of the workforce. So we think often about women. Where are we supporting women, whether it be forming families, whether it be saving for the future. And where are we becoming progressive? And employers really being progressive with an I&D lens in terms of equity, and supporting men and women equally.

I use the example of maternity and paternal leave. But I think the most probably common advertised would be pay equity. So it's those employers who are really looking at all these aspects of integrated wellbeing, and recognizing what they need for one employee might be different for another. So that's exciting just to see the aha.

JOHN JONES: Yeah. Kim, I know in our earlier podcast, you had raised policy questions. Right? You know, the start times not being aligned with school schedules, and like this history of work being built around a typical family structure. Are you seeing that too, kind of in the fuller benefit space, maybe what women aren't getting from their organizations as it relates to specific gender needs?

KIM AZARELLI: When we look at wellbeing more holistically, and when employers take a look at that, I think this idea of what vantage point are you designing from-- which is, I think, what we talked about a little bit earlier-- unpacks really interesting things. Because I think what's happened is, we've been designing things from one perspective for so long that our benefits, our overall structure, what wellbeing looks like in the workplace, not by design in the sense that there's-- I don't think there's a lot of intentional, right now, issues.

But I think what there is a lot of right now is relics from the past. When you look at benefits and you look at sort of this, the whole person, and what the whole person needs, if you can take these lenses off. Or maybe put lenses on to really be more conscious of what people actually need, you'll see things like changes in fertility benefits. Right? I mean, that's a real thing happening right now. When women have children, how women have children, parental leave-- as Rachel mentioned-- so critically important.

I would say financial advice, super important. When do people, you know, ebb and flow in their career, and the straight-line retirement, which really is no longer. What does that mean for your employees?

So this idea that we have this chance to kind of rethink and recalibrate how we do business, how we think about our employees, how we think about employee engagement, how we think about employee wellbeing, what does it mean to be at work? And what does it mean to contribute to work? And then, in part, what do we want our employees to have? I think it's very, very exciting, because it's a moment

and we have the chance to do it right, or we can just kind of keeping iterative. In which case, we're always trying to course correct, and that probably won't work

JOHN JONES: I worked with a client a few years ago around financial wellbeing. And we had done a number of executive interviews. And the CFO actually came back and said a financially savvy workforce benefits us as an organization. Interestingly, though, a lot of organizations apply a peanut butter approach to financial education. And there is a level of assumptions made around what everybody knows.

RACHEL MCCANN: It is so much of the conversation I have with companies. So that defining a family, maybe a spouse that their job is to run the household, you know, and support the family unit. Single parents, there is also the concept, particularly, when you think from a multicultural lens around the definition of family and responsibility for aunts, and uncles, grandparents,

KIM AZARELLI: Parents--

RACHEL MCCANN: Parents. And what has been top of so many of my conversations with different companies is around financial wellbeing, and linking it across everything from health savings, to retirement, student loan repayments, any tax favored vehicle. And then, thinking about the gender component. And it was more thinking about the years in the workforce-- for those women who have had children, that they were in the workforce for a shorter period of time, maybe even at a reduced schedule. So their retirement earnings were less.

In terms of saving for child care, oftentimes, that is the woman. So, when you think about that savings component, one of the figures that we often raise is when you account for women living longer. That time that I just described out of the workforce, women-- to have the same type of retirement income-- need to save 216% more than a man. And when we have those conversations with employers it causes a pause, because it's not about intellect and financial savvy. It is truly about savings leading up to that retirement.

KIM AZARELLI: All these things sort of multiply each other. And so, I think being attentional and having this lens is so critical. I mean, financial wellbeing-- from my perspective-- as it relates to women in particular, it happens at every level. And at every step of the game, there's opportunity for progress, or there's opportunity for stagnation. And it's at every level, at the entry level, it's the student loan level, it's happens the whole time. And there's this incredible gap by the time you get to sort of mid-career in terms of what women have in terms of wealth-- not just pay, but in terms of wealth-- versus what men have in terms of wealth.

And, again, I would say that these are not necessarily intentional issues that are happening, but they are relics, or I would say design flaws that are the result of a time when we had a different type of system, we had a different type of life with life expectancy, et cetera.

But I think that employers who don't focus on this are losing out, really, because having that sense of financial security is the difference between being able to perform and really be engaged in your work, and not. Right? And so, if you want productivity, if you want all the things that we know make for a good work environment, you're going to want to solve for this. So I think that the time is now. And I think the fact that employers are looking at this larger package is so critical.

And I think what you guys are doing is really important. I know in my work at Seneca Women, this idea, let's just take a gender lens on things. And let's see what we can do, because there's a lot of opportunity. It's not all cost, actually. So it's often a trade where you save money in the end. So this idea that we just took that lens, we would have less turnover, we would have better retention, we would have better productivity, all the things that we want, we can have.

CHRIS MORELAND: Just one point I wanted to pivot on this you talked about, Kim, relative to wellbeing and wealth management. As you guys probably know, recent survey shows that by the year 2020, in this country, the number one disease state will actually be depression and anxiety. Depression and anxiety number one cause is not having solid financial abilities.

KIM AZARELLI: Financial instability.

CHRIS MORELAND: Exactly. Financial instability is the number one cause for not only anxiety and depression, but also the number one cause for divorce in this country. And so, having a very intentional focus around this touches the broader conversation of wellness, as far as productivity, and just being able to show up on a regular basis at work.

KIM AZARELLI: And engage.

CHRIS MORELAND: And engage. Anxiety and depression lead to types of disease states associated with influenza, cancer, all types of disease states.

KIM AZARELLI: I would say brain health.

CHRIS MORELAND: Brain health, as well. They're all correlated. We are constantly modifying, and tweaking, and slowly evolving to things. But it almost argues that we should blow up some of the things that we have, and start from scratch. And I know that -- Rachel you're looking at me like agape, but maybe --

RACHEL MCCANN: No, no.

CHRIS MORELAND: Maybe you would agree.

KIM AZARELLI: Some of them are blowing up, by the way.

CHRIS MORELAND: They're blowing up on their own, sort of intentionally.

RACHEL MCCANN: No, I am smirking because I feel like you've been in the room while I've been talking. And it leads to probably the number one low hanging fruit. I tell employers every time, when is the last time you've evaluated all the programs you have. Why were they put in place? Are they relics? Are they peanut butter approach? What is the cost, the utilization? Are they accessible to employees? Are they relevant to employees? And truly, are they driving the purpose that were intended now? And is there an opportunity to redirect money? Is there an opportunity to package them in a way where you can get so much more left?

I was with a bank last week, and it was fascinating, because from an inclusion and diversity perspective, they feel like they're behind. And they don't have money to throw at it. They aren't able to blow it up right now-- although, I think, you know, some employers certainly would like to-- but when we talked about just the packaging, the accessibility, where can it be done for a low cost versus high tech?

And just being really thoughtful around those programs. So I think some will blow them up. And they will have the bravery to do it, and it'll include a lot of change management, and the culture has to be supportive. But I think others are going to truly take advantage of what they have, and make sure that it's resonating with the workforce.

JOHN JONES: The cost is always the first thing an organization comes back and says, we can't afford that. We can't afford that. That's too much to ask. But that's not really what we're talking about here. If we blow it up and we know we've got a particular budget, you can optimize those total rewards in a completely different way, where you're getting better traction, better engagement with those programs at the same or maybe less cost, depending.

KIM AZARELLI: My feeling about all this is that we can do so much better with what we have. Even understanding what we have, and how we communicate it, and how we encourage people to take advantage of certain things, and how we sort of repackage what we're doing and talk to people. I think someone earlier said, meet people where they're at. At least me and in my work, working with a lot of these companies, the whole idea is you may have great programs. And there may be programs that you might need to tweak here and there, and you may be able to do things that are an iterative way. But if you don't put the employee at the center of everything, it doesn't matter. They just sit on a shelf like everything else.

JOHN JONES: When we talk about wellbeing, I think, once we dig into it, it's a little easier to look at differences in gender and how the gender differences exist. What about other diversity elements? Are we missing the boat from a demographic, from ethnicity? What are we not seeing, or what should we be looking for, as organizations look to maybe blow things up and do some redesign?

CHRIS MORELAND: One of the things that we've noticed in health care that is becoming more and more of a measurable issue is associated with what we call health equity. Now, health equity is not necessarily a very common word that people use around the dinner table. But basically, what it talks about is actually developing and designing treatments that are specific for that individual. Health care used to pride itself with saying that we deliver health equality, which means that we treat all patients the same. We give them all the same care and everything is equal.

And what we've found out is that health equity is actually more appropriate for the population that exists today, because there are so many factors associated with a person's wellbeing that have more to do with their ethnicity, their socioeconomic condition, and even, in some cases, the work that they do. And what we're trying to do now, relative to health care, is design and develop care associated with other factors outside of the normal ways that we would treat and look after patients. And I think that translates into the workforce, in that wellness for every individual is not the same. Some people come into a work environment, and because of their home situation, there is so much stress associated with, what we were talking about before, the finances associated with that home situation. That needs to be addressed first, and there needs to be a very specific plan put in place for that individual.

As much as physical wellbeing may be a priority for their doctor, it's not their priority for them, and probably won't be until some of these other things get straightened out. And we can say all day long, boy, you'd feel better if you just walk 30 minutes a day or get your 10,000 step in. But the truth of the matter is, people need to take care of the problems that are on their plate. So organizations probably need to look at ways of doing that.

RACHEL MCCANN: There are a couple things I'd love to add. I think companies, for so long, are just fatigued from ACA. Where am I compliant? Do I have to worry about the excise or the Cadillac tax? And let me focus on everything else. Because that was so taxing.

So where I think some companies-- I would call it-- I don't want to say baby steps-- focusing on health has been certainly thinking about on-site. So where are we supporting health on-site, whether it be cafeterias, healthy foods, farmer's markets, and thinking about also that from a socioeconomic. So where does a segment of the workforce maybe not have access to healthy food and they're low paid as well. So where are employers looking at that? Fitness centers.

We talked about technology. Where do apps come in to engage in a way that's different, whether it's learning--

KIM AZARELLI: Seneca Connect.

RACHEL MCCANN: Yeah, Seneca Connect. And then where I think some of the more evolved companies have been going is thinking about the social determinants of health. So how does my community-- how does the geographic location in which I reside influence health?

KIM AZARELLI: One thing that just really struck me between what both of you just said was about caregiving and the health burden and the disparity. And I think I look at it, again, from a gender lens in terms of health. I'm very taken by a project at UCSF led by Dr. Fanny Elahi, who is a neuroscientist-- amazing, amazing woman-- focused on biomarkers around Alzheimer's and brain health generally. And this fact that 66% of Alzheimer's patients are women, and women are shouldering much of the burden for Alzheimer's at the same time. And sort of the aging process and brain health is sort of ignored, because we have this super-duper youth culture.

And so I think we need to change the way we think about health. And I think just what you were just saying, actually, about re-evaluating what we value. I mean, I think that's we're talking about. At the end of the day, we're talking about values. What do we value and how has the world changed?

I think we were just so used to siloing things from work and home, and employee versus personal. That's what needs to be blown up. What you started with Rachel, which is total wellbeing and putting people and the reality of our lives at the center of all this.

CHRIS MORELAND: You know, Kim and Rachel, I would vehemently agree with what you're both saying. And with the way I think about the ultimate goal of wellness, I think about things like just recently, in our organization, we just had a huge outcry from women, where they wanted to start an interest group within the organization for women, either survivors of or current people who have been diagnosed with breast cancer. And I thought that was the most amazing thing that, one, they were so able to voice the need and the willingness to help one another through this journey. In my opinion, that

was a huge victory relative to culture, in that you feel like it's OK to address these things openly. Versus 20 years ago, it was a big hush, hush secret, and no one wanted to know or talk about it, or it would be labeled with it.

And today, having the opportunity to actually create an organization or a group, where you can not only share stories and share potentially resources, but openly talk about it so you don't have to cover and hide something that could potentially zap a lot of your potential energy. I think that one of the things that we're all kind of talking about is wellness is at the core of you being who you are.

KIM AZARELLI: Of your being.

JOHN JONES: Of your being. It is. That's the literal translation of it. When your being as well, then you're optimized. When it's not well, when it's not at ease, you are what the medical field calls in a disease state.

RACHEL MCCANN: So if it's possible, I'd actually like to link the two discussions. It's a little bit of a story. Seven years ago, I had breast cancer and very visibly had to go through what I had called puberty in front of all of my colleagues. And a year ago I was asked, would I be willing, on one of our internal national webcasts, to talk about it for Breast Cancer Awareness Month. And when we talk about purpose, part of the purpose was being open about it to help someone.

And over the years, I've always gotten calls and questions. And I always joke that when I got the last minute, can I talk, it's usually someone has cancer. So then you translate that leadership endorsement to be vulnerable in a safe place to then the group that you were talking about, Chris. And what I find, through those experiences, one, it gave me purpose. But more importantly, two, it raised a topic that was uncomfortable.

So I know another podcast topic was being comfortable being uncomfortable.

KIM AZARELLI: That's my mother's advice-- get comfortable being uncomfortable.

RACHEL MCCANN: A lifelong journey.

JOHN JONES: Good advice.

RACHEL MCCANN: But how it translates actually into an employer strategy and health care cost is the more that individuals are willing to be open and be resources, it's information sharing. So if you think about all the women-- and I'll just focus on this topic-- who are scared to have a mammogram, to ask for that MRI, because mammograms aren't providing a clear image. Having that empowerment and telling someone, it's OK-- here's the type of discussion they should try to have with your provider-- helps prevention. It helps empowerment, again, when women might not always feel like they're being taken seriously by their provider.

JOHN JONES: It's interesting. We've had, throughout the podcast series, series conversations about data, and issues, and what can organizations do, and what structures need to change, and all that. And it always breaks down to, organizations need to help facilitate discussion, help build safe places--

KIM AZARELLI: Trust.

JOHN JONES: --where people can talk. Trust-- foundational trust. And ultimately, that's really, I think, where I&D gets its strength, from organizations that build an environment where conversation is welcomed, is encouraged, and really benefits folks. Because, honestly, I&D is squarely in the space of wellbeing, and it needs to be almost viewed that way. Because I think it gets better traction if you think about it in those terms.

KIM AZARELLI: And culture, I would say-- wellbeing and culture. I&D is where those things meet. And I loved what Chris was saying, and also Rachel's story, because this whole idea of being able to connect to other people, that is a fundamental tenet of being human. And I think having the ability to share the great parts of life and also the pain of life, which we all face every day, no one is going to be exempt from that.

And so if we can create, to your point, trust and safe environments where we can share those things, we can all learn from each other. I learned from being here with you today. That is the human condition. And so we have to encourage that as opposed to dehumanize ourselves.

JOHN JONES: The whole idea that you just brought up around the human condition, I think it's fundamental to the work that we're doing around inclusion and diversity. Because the human condition is a natural way for us to connect with one another. And that's a perfect spot for us to wrap this up on. So Chris, thank you for your participation today.

CHRIS MORELAND: My pleasure. It was great being here.

JOHN JONES: Kim, thank you for being our panelist.

KIM AZARELLI: Thank you. I've loved being here.

JOHN JONES: And Rachel, thank you for your expertise and being vulnerable with us today, and sharing your story.

RACHEL MCCANN: Thank you for having me.

JOHN JONES: Our next podcast is about measuring your I&D progress. And we thank all of our listeners to the series, and we look forward to speaking with you soon.

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