Building Employee Trust and Confidence around Sensitive Health Related Data in Corporate Health Risk Assessment & Prevention Programmes

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ABSTRACT

Globally, across industries, employee wellness, health risk assessment and prevention initiatives have gained popularity. The first step in designing wellness programmes is, usually, to offer a Health Risk Assessment (HRA) that provides a common operating picture of health status (Cecchine, 2009). Given the positive impact of investments in workplace health on productivity and employee retention, HRAs are likely to become a fairly commonplace phenomenon (Witherspoon, 2010). With HRAs is associated the serious issue of privacy and confidentiality of sensitive employee health related data. The privacy issue is not restricted to the individual alone. For the employer too it is an extended form of legal and ethical liability, more so when the data reposes with a third party service provider (Simms, 1994). Needless to say, for the external health assessment organizations the confidentiality of this data has both business as well as ethical implications. This paper seeks to explore the subject of building trust and confidence around HRAs and the confidentiality of sensitive employee-health related information, in a context where there are multiple stakeholders involved. This paper is anchored in a business case observed by the author over a two year period.

Keywords: Corporate Social Responsibility; Health in Organization; Organizational Confidentiality and Trust; Stakeholders.

1. INTRODUCTION

1.1 Health Risk Assessment Issues in Organizations

Globally, across industries, employee wellness, health risk assessment and prevention initiatives have gained popularity. The first step in designing wellness programmes is,

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usually, to offer a Health Risk Assessment (HRA) that provides a "common operating picture of health status" (Cecchine, 2009:49). In countries like USA, one of the primary drivers of implementation of HRAs is employer's need to control costs (American Institute for Preventive Medecine, 2011). In France, HRA is yet to gain ground. Given the positive impact of investments in workplace health on productivity and employee retention, HRAs are likely to become a fairly commonplace phenomenon (Witherspoon, 2010). With HRAs is associated the serious issue of privacy and confidentiality of sensitive employee health related data. The privacy issue is not restricted to the individual alone. For the employer too it is an extended form of legal and ethical liability, more so when the data reposes with a third party service provider (Simms, 1994). Needless to say, for the external health assessment organizations the confidentiality of this data has both business as well as ethical implications.

This paper seeks to explore the subject of building trust and confidence around HRAs and the confidentiality of sensitive employee-health related information, in a context where there are three stakeholders – employees, employers and the health risk assessment organisation and their health management consulting partner. It anchors itself in a business case in France that has been observed by the author over a two year period. Bearing in mind the inter-linkages among these stakeholders, and their constraints toward this project implementation, and their respective motivations, the paper explores what can be done to build trust and confidence of employees, to ensure greater participation in HRAs. After exploring the meanings and implications of the concepts of privacy, trust and confidence, and researching some of the global best practices, some recommendations emerge from the case that could allay some of the concerns of the parties involved and help facilitate the course of HRAs in France.

1.2 The Program « Taking Care of my Health »

The Program « Taking Care of my Health » is a comprehensive health promotion programme in organizations that helps individuals and groups achieve healthy living habits, through a variety of solutions and interventions. Its unique approach helps employees achieve personal balance. Going beyond awareness, the programme provides confidential, personalised and ongoing support to participants as they work towards their health goals. The programme is implemented in collaboration with the client's human resources department, management team and the union or the employees' representatives (Acti-Menu, 2011). The program follows a three-phased

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process, where an average project lasts up to 18 months. It starts with a two to four month "implantation and mobilisation"- period during which meetings with the various stakeholders (top management, line managers and employee representatives) are held to introduce the concept and to identify the necessary adjustments required to customise the program for the organization. This is followed by a two to four week period of conferences and meetings to inform the employees about the program and the desired impacts. Questionnaires are distributed to assess the current needs of employees for the health promotion programme and their opinions. The conferences are meant to inform and seek employee buy-in. Employees' direct contact with the service provider enhances the process. The service provider then analyses the data gathered through the questionnaire to propose a road map to a healthier lifestyle for the organisation, along with specific recommendations for a six-month period.

Throughout this process, there is a strong involvement of management - it must be a role model for this initiative. Also a programme champion is identified who drives the initiative at the employee level. (Mathieu Gagnon, 2011)

2. TRUST AND CONFIDENCE AROUND EMPLOYEE HEALTH RELATED DATA

2.1 Confidence, Trust and Privacy–Meanings and Ramifications

Although in popular usage the terms trust and confidence are often used interchangeably, in this context, it is important to explore their individual meanings and possible implications. A confidence judgment is a discrete reason-based judgement related to the probability of a specific event occurring that lies outside the domain of risk to the person making the judgment (Mayer et al., 1995). A trust judgment, on the other hand, uses a variety of information beyond the merely cognitive, occurs only when something is at stake, and can require extrapolation beyond the information that is immediately available for use in a broader set of inferences (Lewicki &Tomlinson, 2003). At a broader level, then, a trust decision typically involves the formation of an impression about another person rather than merely making an estimate with respect to a discrete and specific task. (Adams, 2005)

For the purpose of this paper, trust is something the employee does while confidence is something the employer and the external agencies build. Also, using the above, we seek to arrive at the conclusion that employees can demonstrate confidence in HRAs

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when there is a proven track record of employer's commitment to health and wellness in the organisation.

According to Deutsch (1958) an individual's decision to trust is based on "the stakes involved (expected benefits must outweigh the potential losses) and the extent of information they have about the other party's co-operative intent". It is therefore important that employees be informed of the benefits they can enjoy by participating in HRAs.

For an employee, such a proof of intent could include the commitment that all data use will be strictly governed by the privacy agreement entered into by all parties. According to Simms (1994:316) privacy is defined as "the claim of individuals or groups or institutions to determine for themselves when, how and to what extent information about themselves is communicated."

Burgoon (1982) identifies five factors which determine if an individual perceives a threat to his privacy:

i. Degree of control the individual exerts over the release and subsequent use of information
ii. Amount of information in the hands of others
iii. Number of people with access
iv. Content of the information
v. Nature of the relationship with those possessing the information

So to build confidence and trust among stakeholders concerned, it is imperative to take these into account in the decision making process.

Another proof of intent for building confidence and trust as stated by Deutsch would be ethical decision making. Nilsen (1974) points out 5 aspects of ethical decision-making:

i. Choice-making that is voluntary, free from mental or physical coercion
ii. Choice based on the best information available for decision-making
iii. Knowledge of alternatives and their short-and-long-term consequences
iv. Awareness of the motivations of those in an influential position
v. Awareness of one's own motivations

All of the above criteria need to be taken into consideration while developing an approach towards building trust and confidence. For instance, a candid dialogue on

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the risks involved (with respect to data sharing) could be a key aspect. These aspects will be investigated in more detail in the next session while examining how other companies have engaged in building confidence and trust on a best practice basis.

2.2 Building Trust and Confidence around HRAs - Global Best Practices

A reference of practical applications of the above can be found in the. Health Privacy Project report on the service of personal health records (PHR) offered by employers in the USA. The California HealthCare Foundation and IBM developed a set of ten Best Practices that are "intended to serve as aspirational guidelines for employers, not a one-size-fits-all solution, as companies develop and implement their own PHR-related policies and practices" (California Healthcare Foundation, 2007). The objective was to allay employee concerns about privacy safeguards and regulatory uncertainties. Employers' Working Group on PHRs included representatives from Center for Democracy and Technology and companies like Dell, Google, Hewitt Associates, IBM, Markle Foundation, Pfizer, Revolution Health and Wal-Mart. The Employers' Working Group on PHRs included representatives from Center for Democracy and Technology and companies like Dell, Google, Hewitt Associates, IBM, Markle Foundation, Pfizer, Revolution Health and Wal-Mart.

The best practices include steps towards transparency of intentions, educating the workforce in terms of what they can expect and what is in it for them and enabling them to determine, annotate and edit the contents of the PHR. There is emphasis on a participative decision making on who can access the information and extent of access, ensuring a high level of data security and putting in place a chain of trust agreements that require business partners to adhere to the employer's policies and practices. And importantly, they recommend establishing oversight and accountability mechanisms and making available resources to employees for legal recourse in the event of any inappropriate use (California Healthcare Foundation, 2007).

Additionally, there are many authors whose works point out best practices for building trust and confidence in HRAs. O'Donnell (2001) identified best practices like the enlargement of the HRA product portfolio and programme accessibility. Goetzel & Ozminkowski (2008) stressed on incentive and reward programmes for reaching higher participation rates in health promotion programmes. He also recommends constant evaluation of the programmes for their sustainability. To get the buy-in and trust there is merit in identifying a role model in the organisation, ideally the senior management. The National Leadership Committee on Consumerism and

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Engagement (2010) refers to it as "Senior Management Needs to *Talk the Talk* and *Walk the Walk*".

To summarise, the following factors appear to be fundamental to building trust and confidence, and consequently, higher participation:

a. Transparency about "employer intentions" behind instituting HRA
b. Employee education about the benefits
c. Control of access (who, what, when) to the information to repose with employee
d. Power to ask for the information to be deleted from records
e. Assurance about robust security measures relating to the data
f. Chain of trust agreements that bind employer's business partners/external agencies to its policies and practices
g. Assurance from employer of legal assistance in the event of a breach
h. Regular evaluation of the programmes and their relevance to the specific organisation
i. Incentive for participation
j. Senior management's commitment - to employee health and prevention programmes

3. ISSUES FOR STAKEHOLDERS INVOLVED IN TRUST AND CONFIDENCE CONSIDERATION

3.1 Employer

Employers, the buyers of the health prevention programmes like *Taking Care of my Health,* have several compelling reasons for investing in such initiatives. These include reduction of healthcare spending (O'Donnell, 2001), reduction of employees' absenteeism, reduction of employees' presenteeism (Tower Watson, 2010) and employee turnover (Sanders & Thiagarajan, 2001).

In spite of the obvious benefits, employers hold back from making the necessary investments for reasons which include the implications of "interference in employees' private life", distraction from employee's duties leading to reduced productivity and objections from labour unions (Goetzel & Ozminkowski, 2008). These imply that aside from winning employee confidence, the employer needs to have confidence in

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the third party, the service provider, contracted to manage the program.

Employer concerns relate to their choice of (competence levels) and engagement with third party service providers, the latters' access to confidential employee-information and the responsibility it imputes on the employer, and thereby the potential liability and damage in the event of any misuse of the information. Therefore, it appears as that employers would like to be assured of the data security measures that the service providers employ and their legal liabilities in the event of a misuse.

3.2 Employee

The employee, the beneficiary of workplace health prevention programmes is the centre piece of the stakeholder network. The employee stands to gain in many ways, such as, an insight into their state of health, professional support to make change in lifestyle, self-management skills, learning to cope with stress, acquiring more self-esteem (National Center for Chronic Disease Prevention and Health Promotion, 2011). In monetary terms alone, these investments add up to a significant personal expenditure for an individual. At an organisational level, they are likely to pay off given their obvious impact on the bottom-line. However, given the obvious interests of the employers and the insurance companies in this matter, the employee has a number of concerns that come in the way of active participation in HRAs. These are discussed in the next section.

Employee concerns are primarily linked to the information gathered by such programmes, who can gain access to it and to what extent. HRAs manage to capture aspects of employees' lifestyle and habits, information that is regarded as sensitive with potential to make one "vulnerable" to both employers and third parties like insurance companies. (Bloustein, 1984) Also, there are concerns about the extent to which HRAs can capture the impact of work-related stress on employee health and how accurately they are represented to the management. However, this report focuses on the former.

3.3 Government & Insurance funds

French health care is financed by government funds. Registered individuals have to contribute a premium which is deducted from salaries and deposited into an insurance fund. In the event of an illness the individual is reimbursement by the insurance fund up to a certain maximum percentage of the total. While 99% of the French population

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is covered by public health insurance, 92% also have an additional private health insurance (Tanner, 2008). Therefore, both the government and the insurance funds stand to benefit from wider acceptance of employee health promotion programmes if they can enhance the overall health of the working population.

4. RESEARCH FIELD

4.1 The Stakeholders

The stakeholders involved in the research field observed through research action over two years are the following:

• The health and wellness specialist company based in North America;
• Their French partner, the consulting firm specialized in the design of mobilisation tools in organizations;
• The clients - employer (on whose discretion lies the choice of the programme and the service provider);
• Health insurers and the government;
• The employee of the organizational clients whose personal, health related information is at the heart of this debate;
• The unions or the employees' representative.

This multitude of stakeholders involved adds a certain complexity to the buy-in step of implementing such a program in organization. However, the capacity to do so by the health and prevention firms is a key success factor of the program.

The section below explains the role of each party, their linkages, motivations and concerns.

4.2 Two firms as supplier of the electronic questionnaire and mobilisation design

The mobilisation design consulting firm is a Lyon-based management consulting company with a special focus on creative change management at workplace. It has identified employee's health and work-life balance as an increasing area of concern in society and delivers health prevention programme such as *Taking Care of my Health* in France, in collaboration with the North American Electronic questionnaire supplier. While the program *Taking Care of my Health* has been successfully implemented in

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Canada, the French consulting firm, exclusive French partner of the North American company, pointed towards four key areas of concern (Mathieu Gagnon, 2011):

1. How far can an employer go to support workplace promotion and prevention programs that give employees tools and guidance to help them take care of their physical and mental health?
2. How to build employee confidence about the personal information that the service provider gathers, analyses and stores at the behest of the employer?
3. How far can an employer go (through a company like the French consulting firm) to help a person in case of psychological emergency identified through the questionnaire (even if the person does not give his approval)? Call the person (included in *Taking Care of my Health)*? Inform the company doctor?
4. How far does an employer have to go (for the same questions) in this same case? Respect the "freedom" of individuals? Or "save" a person in danger?

4.3. The Issue at Hand

As health risk assessment programmes gained ground, thanks to both social and corporate awareness of health and wellness, so have concerns about data confidentiality, "employer interference", "paternalism" and questions of ethical limits.

Considering that a Database Manager at the French consulting firm can access the data, it is all the more important for the firm to assure clients of their ethical standards and their data security measures.

For the North American partner, as the principal implementation partner, aside from building trust and confidence about the effectiveness of its programme *Taking Care of my Health*, it is critical convince clients and eventually their employees of its privacy and its data security measures.

This paper seeks to identify ways in which a relationship of trust and confidence can be developed between employees on one side and the rest of the stakeholders on the other, with respect to the collection and use of sensitive employee-health related information. A measure of success in building trust and confidence will be greater employee participation in HRAs.

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5. RESULTS – TRUST AND CONFIDENCE IN "TAKING CARE OF MY HEALTH"

Our conclusions are based on the premises that if employers have a prior commitment to employee health and wellness, they may find it relatively easier to implement HRAs, as an obvious next-step towards achieving better results.

In the absence of such prior initiatives, however, if employers were to introduce HRAs as the first step in an organisational health and wellness programme, the entire process would need to be more participative and transparent. Also, while the French and North American consulting firms' engagement may be time-limited, the employer's involvement will need to continue. Bearing this in mind and the points listed in the preceding section, the following phases need to be under scrunity:

5.1. Prior to Implementation

5.1.1. Important Considerations

- Implementation of HRAs is not an isolated incident but either a part of an on-going health initiative or the introduction of one
- Gauge whether the employees are "ready" for HRAs and whether the organisation has the necessary competencies to run it (do they have the right people to support the initiative internally, though a large part may be "outsourced")
- If implemented, will it achieve the minimum threshold of success (in terms of response percentage)?
- Achieve an organisational consensus on sharing the results with employees. This phase is likely to run over a 4 to 6-month period where employers and employees can jointly address the concerns that are likely to be voiced.

5.1.2. Action Points

Organise all-hands meetings to launch the conversation around HRAs during an event called *The Health Day*. This event serves the purpose to present:

i. The programme and its objectives
ii. How the employees stand to benefit
iii. How employers gain from it
iv. The overall organisational gains

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v. The parties involved, their roles, competences, and track record
vi. Testimonials of employees of other user organisations *in Europe*, invite role models to share their experiences
vii. The questions that are likely to be asked and the mechanism for answering

In this meeting the organisational communication plan is declared, which will be the backbone of this initiative. It should consist of:

- Break-out sessions and focus groups across departments
- The launch of an internal blog that employees can easily access from their desktops

The guiding principles of this stage are transparency about "employer intentions" in instituting HRAs, employee education about the benefits and a participative approach – employer and employee. To do so the following items need to take place:

1. Launch an internal related newsletter or a special column on the initiative in existing newsletter/communication;
2. An internal cell consisting of medical, legal and Human Resource staff, representatives of the consulting firms to answer employee questions;
3. A participative process: Encourage dialog and debate; invite ideas and recommendations that can shape not only the HRA policy, but also the organisation's overall health and wellness initiatives

The Management and representatives of the consulting firms should also share with employees:

a. The questions that are likely to be asked in an HRA
b. How they are administered: the extent of anonymity and ratio of mandatory versus non-mandatory questions
c. How responses will be evaluated, the technology involved, security certifications
d. In what form the aggregated results will be shared with employers
e. Post HRA activities: the mechanism of medical assistance and the kind of health-related advice employees to expect
f. Whether or not employees will have access to the aggregated results too

At this stage it is important to reiterate the extent of employer's commitment to sustaining the initiative. Simultaneously, put in place a mechanism to gauge the *nature and quality* of the debate. Anonymous surveys conducted after 8 weeks of the

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launch of the concept can provide valuable pointers on employee perception and the issues that need to be addressed.

If the debate points to a highly hostile reception of the idea of HRA initiative or of it clearly indicates an employee mandate towards an alternative solution – e.g., company doctors, health club and subsidized healthy meal options at cafeteria, the management need to pay attention, not merely on ethical grounds, but on grounds of feasibility of investment. HRA investments involve serious resource commitment; therefore, it is important to avoid a failure and its ramifications.

The guiding principles of this stage are to reiterate through effective internal communication the "degrees of freedom", to reassure employees about their legal rights, and to inform how the data will be used and accessed, by whom, and when.

5.2. At the Time of Administering the HRA Questionnaire

5.2.1. Important Considerations:

- A good participation rate could determine the future course of the initiative
- Use findings of the survey from the previous phase to address specific concerns before going live

5.2.2. Action Points

Prior to administering HRA, send out communication to all employees assuring them that:

i. They can choose to leave the questionnaire incomplete
ii. They may decide not to participate on the appointed date and time
iii. They may have the data deleted from records at a later date
iv. Their participation would be considered confidential information – with respect to employers, co-workers, and the consulting firms
v. They can decide who accesses the data and for what purpose, including decision of giving access to a family member

At this point it is also essential to share a comprehensive privacy policy, capturing the above, governing the employer and outside parties and the legal rights of the employees. A privacy statement that governs the actions of all parties (including employers and both consulting firms) will be the tangible "proof of intent".

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At this stage it may also be worthwhile to emphasise that the greater the degree of participation the more the anonymity. How this phase is managed will fundamentally decide how employees will perceive the entire initiative and their extent of participation in HRAs.

The guiding principles of this stage are to sustain the dialogue and develop a culture of "health and wellness" in the organization and to focus on the non-participants to understand the unresolved issues.

5.3. Post-First Round of HRA Implementation & Going Forward

5.3.1. Important Considerations

- Sustaining the momentum to ensure continued participation – avoid "post participation remorse"
- The employees who have reposed confidence in the process by participating in HRA need to feel that they have taken the right decision

5.3.2. Action Points

i. Continue the dialogue on health and HRA through newsletters, blogs and meetings
ii. Maintain employee health support initiatives with monthly workshops on how to quit smoking, adopting a practical exercise regime, controlling stress and anxiety, etc.
iii. Explore possibility of providing access to an online health resource
iv. Drive tangible value to the participants in the form of specialized health related advice
v. Consider incentives for staying fit: recognition within the company as one who has achieved better work-life balance, opportunities to participate in outdoor activities like hiking and river rafting
vi. Share results that show the difference in key health indices over time – both at macro and individual level
vii. Explore possibilities of creating an user's section in the blog where participants, while retaining their anonymity can give feedback
viii. Conduct a survey among participants about why they participated, their

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motivations, continuing anxieties and attitude towards future HRA surveys conduct a survey among non-respondents about why they avoided it, share the participation percentage and ask them what they think

ix. If they change their minds, how they can participate; in any case encourage them to join the conversation forums

x. Repeat the HRA after a certain amount of time to gauge improvements. Share the results with the employees to demonstrate the effectiveness of the programme.

This is important to ensure repeat participation.

Throughout this phase, building trust and confidence plays an important role in two ways. First, the quality of the health-improvement initiatives offered by the employer/service provider and their impact on employee-health will decide participation in subsequent follow-up HRAs. Secondly, the management of this phase will decide whether non-respondents will choose to participate in the next round of HRAs.

6. CONCLUSION

The process of building trust is an ongoing exercise and central to it are concepts of dialogue, openness, transparency, competence, track record and empowerment. To achieve greater acceptance of HRAs it is important for both consulting firms to help employers adopt a strategy where these values are integral. An inclusive and participative approach in which employees are aware of the benefits, the rights and control that they can exercise and importantly, the intentions of the employer is key to the success of HRA adoption. It is an investment that starts well before the actual administration of HRAs and continues into the future as a commitment of the organisation in its employee-health. For HRAs to gain ground, integrity and goodwill of employers and third party service providers is just as crucial.

At the same time, it may be worthwhile to invest in building awareness in the French society about employer's role in employee health – a role that goes beyond paying for health insurance.

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