

Transcript Ep. 22: Where are We With Wellbeing?

Introduction:

You are listening to the UnDeniably Well podcast hosted by the university of Delaware's Employee Health and Wellbeing team. Keep listening to discover ways to be your best self each and every day.

Ryan Shuler:

Welcome to UnDeniably Well. Today I have the pleasure of being joined by two incredible women in the health space. Beth Finkle is the Director of the Employee Health and Wellbeing program at UD. And is my boss. We are also joined by her boss, Kathy Matt, Dean of the College of Health Sciences at the University of Delaware. Today's discussion will really center around three parts. We will look back at where we have come from in Employee Health and Wellbeing; discuss what is ahead of us; and then really talk about legacy and purpose as Dean Matt retires from her role and transitions out of the College of Health Science.

This episode will be handled a little bit differently. I'm going to hand this off to Beth and sort of let her drive this conversation. So with that, welcome to you both, and Beth, I'll turn it to you.

Beth Finkle:

Thank you, Ryan. I really appreciate the introduction. It, I feel empowered to have this discussion already and thank you, Dean Matt for being with us today. It's her inaugural podcast discussion and we're so excited to hear from you. So I guess my first question, if we can go back into the archives and really think about wellbeing, and we're predating COVID, we're predating a lot of this building that we're in, right, STAR Health. We're predating the Tower. When we thought about wellbeing and the concept, it was really focused on physical health: sleep, exercise and nutrition. So our department transferred from the Office of Human Resources into the College of Health Sciences, and this even predates my employment here at the University of Delaware. Can you tell us a little bit about what went into that decision and why the University thought that was a good move?

Kathy Matt:

Yes. So thank you very much. And thanks to both of you, Ryan and Beth for inviting me to do a podcast today. And so it has been a very interesting journey in terms of, and an exciting one, I think that that really fits in many ways, the larger purpose of the College of Health Sciences, which is really to link education, and very importantly research, to changing outcomes. And when I say outcomes, I really mean health outcomes for individuals right now, and that is what I usually call translation.

So it's really taking what we learn as we develop more and more scientific knowledge that's in the area of health outcomes and really being able to translate that and have an impact on the people around us. And we usually think about the broader community and the health professions, which is what the College of Health Sciences is about, but we should be also having an impact on the immediate community around us, which is the employees: the staff, the faculty, and all of those. So when people from HR came to us and said, would you be interested in having Employee Health? I think it was just Employee Health, at that time, as a piece of HR, would you be interested in having them come to the College? The answer was absolutely, yes. And again, it fit very well with the piece where we have clinics,

Physical Therapy, a Speech Language Hearing Clinic, as well as a Nurse Managed Primary Care Center, all of those being within the College and available to employees to access for those services.

So it really meant that they were moving this function to the College, which included all the people that were the content experts. I think over the years, and again, under the guidance of Beth and very important guidance by Ryan, as well as the whole team that you've developed over this time, again, it is reflective of the changing in thinking, which is that we need to look at this as very holistically. And so wellbeing is an extremely important part of that. And so then the name became Employee Health and Wellbeing. And very much very centered in the College taking advantage of the clinics, but also all of the expertise, Beth, as you mentioned as well, in areas that we don't typically necessarily think of as being a part of your health specifically.

So access to nutritionist and exercise physiologist and fitness experts, as well as health coaching as an opportunity to integrate all of those pieces together. And it's always been very much in my thinking that if you have primary care, you should have prevention and wellness as a very strong part of delivering primary care, because whenever possible, you in fact, want to be able to prevent diseases from developing or at least slow their development when possible. And so why wouldn't we incorporate that as we talk about comprehensive care, then it really should include disease prevention and health promotion and wellbeing is a central piece.

Ryan Shuler:

I just, I would like to add to that sort of having lived through the transition. I think when we were in HR, it was a very traditional health and wellness program. It was, you know, we're working to decrease workers comp claims, you know, we'll give you a smaller budget to do your basic programs, which was what they had capacity for at the time. And that's not a knock on HR. That's just what the capacity was at that time. But really moving this program under the College of Health Sciences really activated a lot of what we do. And I think Kathy, you know, I think you played a huge role in that, into saying that this is an opportunity for that translation. We want bigger, we want better. We want more. So we were looked at as a more integral part of healthcare, as opposed to just, you know, this shiny benefit that lived on the side.

So I think having lived through it, I can really sort of attest to the fact that the College of Health Sciences really gave this program sort of a leg to stand on to say that we are a huge component of your healthcare, that we are step one, that the goal is, if you do this wellbeing really well, you won't need all of this, you know, diagnosis and medical, and we can really weave it all together. So I think that it was, you know, really a wonderful thing that we were moved into that space.

Kathy Matt:

Well, I think another thing that sort of added to this, because it was happening about the same time. And so thank you for bringing that perspective in because it reminded me that this was also a time where we were switching from an individual's health to population health. And then as soon as you shift to population health, you start to talk about the social determinants of health, which is much, much broader, right. And says that in fact, your health, your medical care is one piece of that. But there is so much more to that. And you're exactly right. So I think all of those things were happening at about the same time. And then we were really able to incorporate a lot of the expertise of our faculty across the

College, and then actually utilize students as well and gave them wonderful experiences. And then also gave us an opportunity to really invite and expand our ability to do research on individuals and, and have individuals involved in part of the research mission of the College, which of course brings us all closer together.

Beth Finkle:

I really appreciate those comments about the population health piece. And a lot of times you'll also hear it akin to organizational health or organizational wellbeing, and really getting at the root cause of what we're trying to solve for. I remember very early on engaging with, and one comment I kind of want to get your thoughts around or just approaching things from a collaborative lens. And I remember very early on bringing in our facilities group for hearing testing where prior to that they were outsourcing it for lots and lots of money, and not only were we making their roles more efficient. We were also giving our students experience, and we were also building a sense of belonging because in what workplace can you go and have these OSHA type tests done? And I think we don't slow enough down to really think about the benefit that we have in an academic institution. So two questions, you know, what are your thoughts around the collaborative approach? Because I feel like that's the name of the game for the college and also in that sense of belonging piece, I feel like that was another really great impact factor coming into the College as well.

Kathy Matt:

So, Beth, thank you for both of those comments, because I think those are great ones. It reminds me about a couple things. So you call it collaboration, which it is. I also call it partnership, and I think it's all about partnerships. And one of the things that you said about facilities reminded me of, as we were doing the buildings on the STAR Campus, you know, we brought in people from the outside who were a part of the construction company, so Bancroft Construction, but then the architects and the engineers and everything. And one of the things that we used to do, again, sort of to have us all be on the same team, we used to do luncheons where we would bring pizza for all of the workers who were doing the building, and I wanted them to understand what they were helping to create and what would happen in those spaces. And so I involved the faculty. So Stuart Binder-Macleod, who was then the head of physical therapy, came in and talked about the Physical Therapy Clinic that they were building and what was going to happen in that clinical space. That people would come in and get physical therapy, and it could be the first time that they walked after they had a stroke. And so it made everybody a part of that same mission and opportunity, and they all are a part of the team and they're all a part of achieving that greatness. When all these things are finished, we all have a part together.

And so it also reminds me, again, to me, it's very important that the employees are interacting with the students that are being educated here. They can act as mentors, they can help them. And then we're all on the same team together. And to your point, they become more aware of what it is that happens in these spaces that they are helping to staff or helping to create, or when there's a flood or when there's the temperature that's not right, since you brought up facilities, they appreciate and understand why it is so important to help us. And that their work is very much appreciated because none of us could do the work that we do at UD if we didn't all work together to get that accomplished in the end. And I think to your point, it really makes everybody a part of that family and whatever we accomplish, we accomplish together as that family,

Beth Finkle:

I love those sentiments. And I think you articulated the move from traditional wellness to wellbeing perfectly in those examples, because at the end of the day, you're underscoring professional fulfillment, purpose. And you're creating those mechanisms, which really get at connectivity, engagement, motivation of job. And so that all goes into a culture of health. And what makes an organizational thrive. Ryan, did you have any thoughts around before we move into sort of post-COVID world. Any other thoughts to close us out in how we started with the transition?

Ryan Shuler:

Well I will have to say jokingly about the hearing test. My husband used to work in facilities at the time, and I always used to joke that you just, you don't listen to me. And when he did the hearing test, it turns out that he actually cannot hear the tone of a woman's voice. So then he had tangible proof that he wasn't ignoring me. He couldn't hear me. So he always thanks the clinic for that one.

Kathy Matt:

That's great. So I do, I do want to add one other point before we leave this topic because I think the other piece that has always been very important to me is I think that any job that you do, you want to really feel like you have made a difference. And so the jobs that you have are more than a paycheck and the satisfaction that you get from a job is more than this. And again, important satisfaction, bringing those checks home and being able to pay for the things that you need to, not underestimating the importance of that. But I think it goes so further than that. It really is that you're able to see that you are making a difference and then everybody works together to really do that. And the other comment that I wanted to make, Beth, to you directly is that, and again, Ryan, because you have seen this whole process change and you've been a part of facilitating that change, but I think, Beth, by being able to bring you in from business and from having been in a world outside of academics, you came in with a totally different mindset, totally different experience, and that gave us an opportunity to have somebody to lead this charge because you brought credibility to a lot of this. This is what businesses are already doing. I mean, we're just catching up, right, in many different ways. I really do appreciate that because I think you brought your culture from business and from what you've seen other places because quite frankly, business learned a long time ago of your employees are in a healthy space and good in terms of wellbeing and everything, they're going to be productive. You are going to have less days where they're sick, and it is going to be more beneficial to everybody and it changes the culture.

Beth Finkle:

Thank you for saying that. And I guess my question would be for those, you know, we've been through a lot in this past two plus years, and people have been asked to do more with less, and we're more productive than ever, especially, you know, when you think about what we've had to learn to be efficient in our roles. Work has changed. For someone that is out there, if those people still are, who do not believe in the business or moral case of wellbeing, what would you share to our leaders to just get them to lean into this a bit more?

Kathy Matt:

So I have to pause because I would think we'd be hard pressed to find anybody that does not understand and appreciate the importance of wellbeing after having gone through COVID and even what we're going through right now, as we're trying to bring people back into the workplace. I think there may have been doubts before about how important mental health is, and how much wellbeing is important to your health. But I think that many of us have seen as things have played out from COVID that it has been much more than an effect on your pulmonary system or the illness or the physical sickness that you feel. It has been that isolation. It has been that inability to be in the same room, and close by people that are your close friends or to be part of your work family or not to be able to do those activities or go to those places. I think the biggest thing is isolation, and that's taught a lot. I think to me, it's just really highlighted it even more. And even as we try to help people make the transition, some back to work, some doing combinations of hybrid, everybody is coming from a slightly different place depending upon what their experience was during COVID. But I don't think there is anybody who won't have been changed by the last two years.

Ryan Shuler:

I think that's a great point. And I would just add to that one thing that I have learned personally, in dealing with a lot of departments, department heads around campus is it's really all in the language that we're using when we talk about this message. So some people who have zero health background, when you say health and wellbeing, they still... I always use this term. There was a man in facilities who said, I don't have time for yoga and salads. And that's really what they think of in the health and wellbeing space. And they're not understanding that the mental health, the organizational wellbeing, the communication methods, all of that goes into how well your employees are. So I think one thing that I have learned for myself and with my team, you really have to sort of get to know your customer and you have to get to know the employees to understand the way in which you need to sort of present this case.

Someone, Kathy, like you who's in the health space, that understands it. We can talk about it in much more health and wellbeing traditional language. And you will understand the implications of that. But if I'm talking to someone over in, you know, the Business College or in Accounting, this may not make sense to them. But if I talk about it in terms of how it's affecting people's, you know, work efficiencies, that things are slipping through the cracks, that people are not showing up, all of these other things that go into it, then it starts to make sense. So I agree with you. I do think that most people are very on board with this. We just have to be very thoughtful in how we sort of curate this message to the employees in a way that it makes sense for everybody.

Kathy Matt:

Well, and probably as you say, employees, I mean, I always think because it's also about managers. So you have staff and as part of that staff, you have managers as well. And so thinking at all of the levels, to your point, about how to communicate this, and you're right, that I think everybody uses terms differently, and we many times are not even in the same conversation, right, because somebody is talking, and we have translated into the way that we think about it when in fact that may not have been the way that they were describing it.

So your point, well taken that you really do have to be careful to add those other details. Because somebody, I was just in a conversation today, and they were saying how much sleep is now coming to the forefront and looking at sleep and how that can affect. And again, to me, that that follows right, dramatic, you know, it just is directly linked to all of these pieces. But maybe not so much for other people. Right?

Beth Finkle:

So a data point that we can actually pull on it and would love to hear your insights on data because that's another big key piece that I think the College was instrumental in helping us is really collecting the data to create the business case around the moves that we've been able to make here at UD, but one particular data set is, the net promoter score. So this is our trust index. And so on our recent annual satisfaction survey to our employees, we asked the question, "In 2022, if you were to recommend UD as a great place to work, how much would the benefits of Employee Health and Wellbeing influence that recommendation?"

So in 2021, we were at a net promoter score of 17 versus 2022, which we are now at a 61. So anything, scale wise, anything above zero is considered good. So even the fact that we went from in just one year, the importance of wellbeing in a workplace almost tripled in size. And so I think, thank you. And thank you for your collaboration, Kathy, because I think if you didn't push us to collect that data and just the side note, Dr. Jen Horny and her MPH students helped us to analyze that data. So another translation in action factor, we would not be able to tell and validate that story. So wanted to throw that, that data point in there. Not because, you know, I'm super proud of that, but again, just to really underscore why its so important, and then, you know, we have recently really been tasked sort of what's next with wellbeing. And I think we have pushed the boundaries, and I love your description of me. I was recently called a good troublemaker, and I love that. I love that, that term because in a way, our unit set up to be a troublemaker for the greater good here. Yes. And we're able because we are looked at as advocates, we're oftentimes one of the first people to know about anything, if there's any adversary things happening on our campus, we're the first to know about it.

So it really is our role to show up for our employees and get their feedback shared with leadership and what have you. So my question would really be sort of what's next in wellbeing, not just in the workplace. You've talked a lot about it in regards to social determinants of health, public policy. I know that you have a grasp on equity. I'd really love to hear your thoughts on, you know, creating thriving cultures. What's next for us?

Kathy Matt:

So, that is a tough question, I think in many ways, because you could go in a lot of different directions with it. I mean, I think you have pointed out some of the things that we've already done. You've already done with your team, just an incredible, and again, there's been a real shift to people being very flexible and agile and being able to deliver messages in a lot of different ways. I mean, I think about your exercise classes, right? That are, I don't know, on zoom or they're on the web or, you know, so many different... here, we're doing a podcast. These are all things that, you know, are very, probably not very new, but in some ways, new ways to deliver messages, and how we reach everybody continues to find new avenues of access to individuals, where at the same time we don't want individuals to over access technology. So I think it's really important how we package our messages.

And I think about that a lot when I am trying to connect with people and not over connect, but I think as we move forward, and I think we've talked a little bit about this before, thinking about today's podcast, it was something I was thinking about, in some ways it is. And I probably shouldn't use this term. So, a brave new world in terms of what does the workspace look like? Individuals want the opportunity to be able to work remotely, and not have to come into the office all of the time, but then at the same time, while we can do that. And we have the technology that we can do meetings in person and hybrid. So we can bring other people in via other mechanisms, whether it's zoom or Teams or something else. But I think we now need to really work together, staff as well as managers, to find how do we work and do this very efficiently, that meets everyone's needs so that we get the work accomplished.

And so that we are efficient. I think one of the possible outcomes of COVID, and I'd be interested to hear because you two are, you know, out in the community, the community at UD. And so you have a much better sense of this. I think people have been through a very tough time. And so it's very natural that they are a little bit inwardly focused. It's been tough. And so now you're figuring out as individuals, and there is inequity in terms of how people were affected by COVID, some barely at all, maybe. And others very dramatically affected. So I think people are a little bit inward about how they were affected and then what they want as they're coming out of this. But I think we also need to work to shift everyone to think a little bit more about how they interact with others, and how they begin to really tighten those relationships. So that that good work can still happen and it may have to happen in different ways. And that's a responsibility that has to come from both sides. People need to own this, and they need to work on it together and find that sweet spot where these things are going to work well for both.

Beth Finkle:

One thing. I just want to jump in that that is resonating deeply with me is the word empowerment. And, and I think you're absolutely right. And one of the tenants, so I have the privilege to co-chair the Campus Coalition for Wellbeing and Mental Health, and this was derived from actually combining two or three efforts that were longstanding and really getting at campus wellbeing and understanding that wellbeing can't be one thing for the campus if it's not speaking to both employees, graduate students, you know, undergrad students, we have to really come together on that. I'm really proud to announce that we have signed on to the Okanagan Charter. And essentially what that means is that we have executive level, President Assanis's commitment, to really embed health into aspects of our campus culture across the administration, which you just spoke about, looking at how does wellbeing show up in the way that we work in our academic mandates in our physical spaces, embedding health promotion in our physical space design, which I'd love to hear you talk a little bit about that piece and really to lead health promotion both locally, and collaborate locally and globally. And you do a lot of that work with the Partnership for Healthy Communities. So it really has been a tremendous year. And, and I know the question of where are we going? It is quite loaded, but I do think the first answer that you said is slowing down and pausing to understand where we've been. And then as we see the rise of the organization supporting employees, we also have to see that consistent rise of the individuals being empowered to do the things that they need to feel well.

Ryan Shuler:

I think Beth and I have worked a little too long together because she typically, but just paraphrase what I was going to say, but I was going to say, I think that it's sort of combining what you said earlier, Kathy, about that manager. I think that manager needs a lot of love right now that it's, it's really trying to help that manager understand what their role is in the human side of work. That yes, we have, you know, projects that we're managing. We want to make sure that our deliverables are met but also how are you managing your actual staff? Are you making sure that they are showing up healthy every day? Are you sort of creating this psychological safety on a team that's allowing them to speak up to say, Hey, I'm not my best today. I might need to leave an hour early. And I think that throughout COVID that gave people really that pause to really think about what they need and allow them to advocate for their own wellbeing. But now sort of, where do we go from here is we need to teach the managers and others on campus, how to make that happen.

So, yes, an employee has come to you with a request or with a challenge. How are you supporting them and moving forward so your work can still get done? So your team is still efficient, so you're still producing a high quality project. So I, I really feel like for me, from where I sit before wellbeing pretty much just sat with us. If people had a question, they came to us. If there was a presentation, they sat with us. Whereas now it's much more outward, that we want everyone to take ownership of it. What does it look like on your team? How can you work with your leader to, you know, create these little microcosms within your unit? Knowing that every unit at UD operates totally differently. What is it that's going to work for you? What are your operational needs? What is this going to look like? So I feel like going forward, we really need to sort of hone in on that is how do we give people the tools to sort of do this on their own without always needing, you know, a, a specific health and wellbeing staff person there to support them.

Beth Finkle:

So in the essence of legacy, Kathy, we want to transition a bit here and, and I can remember you asking me in my interview, why UD and understanding, you know, asking the same question back to you. And at that time, really, you know, paraphrasing here, but being a lifelong learner, being able to be part of a solution to really complex issues and problems at hand. That is why you really touted UD at that time. So now, you know, and that was around 2015. And as you're leaving your deanship for the College of Health Sciences, what would you share about why UD?

Kathy Matt:

So it's a very easy answer. I have been very fortunate to be at a lot of different institutions around the country, and have learned a lot in those different settings. And when the opportunity became open for me to come back, I am a Blue Hen. Did my undergrad and a master's here. And I also had the wonderful, great fortune of growing up in Newark, Delaware, and went to Newark High, just right around the corner. And so the opportunity to take what I had learned through the years and come back to Delaware and come back to UD. And number one, UD because I credit the University of Delaware as giving me an incredibly terrific foundation. I took advantage of a lot of things here as an undergrad. I did, not a study abroad, but I did a trip abroad and spent a summer abroad. And I also got very involved in research and did that as an undergrad, and did an undergraduate thesis and all of those things, plus my advisors and professors and everything really changed my life. And so really coming back to UD was an

opportunity to give back, to give back to a community and a university that I think gave me the gift of a lifetime. My dad used to always say, if you have your education and you have your health, you have everything.

And so what better place to be then than in a College of Health Sciences, where you are educating the next generation of health professionals that will really change the future of health care. And I think the other thing was, and I usually talk about this in my interview for the position. I never thought in a million years I would get it, but I thought it would be interesting to interview and see what UD was doing and all of that. But in my interview, someone said to me, if you really want to make an impact, you will come to Delaware. And so that is what I tell people all the time when they interview here, is that in Delaware, because of its size, because of the partnerships, because people are close and connected, you cannot only have the conversations and the meeting, but you have the people in the meeting and in the room who can make the decisions and make it happen, And it really is true. So it's been just the job of a lifetime, quite frankly. And I am extremely grateful for the opportunities that I've had here. I never would've imagined in a million years we would be doing all the things that we've been able to do. It's just an amazing college with amazing faculty and staff and students, undergrad and grad, that really make all these things possible. So I'm very, very grateful for the opportunities I've had.

Beth Finkle:

Thank you. We are so in gratitude to you as well. I always talk about this at local levels and with senior leaders, it's really the support that you have given us to get creative and think about out of the box solutions. And I would say the biggest gift you have given us over the last six plus years is autonomy. While also flattening the barriers for us to be successful, connecting the dots for us in a sometimes hierarchical and challenging communication structure. We can't thank you enough for your leadership and just being able to help us have a voice in this campus community, and even the fact that we just recently signed on the US Health Promoting Campus Network is really exciting, and understanding that there's a lot more good to do. And we can't thank you enough for your leadership in this space.

Kathy Matt:

Well, it goes right back to all of you because it's your creative ideas and willingness, and I mean, it's sort of like having a pot and taking the lid off, right. And there isn't anything you can't do, so it just comes right back to you. So thank you very, very much.

Ryan Shuler:

So I will close quickly. Kathy, we ask every podcast guest this and, and you can take a moment to think about it if you need to, but the name of our podcast is UnDeniably Well. So our last question to you is what makes you undeniably well? What do you do to stay undeniably well?

Kathy Matt:

Keep connected to people around me.

Ryan Shuler:

No doubt. That's a wonderful answer. Thank you both very much for being here. We really appreciate, you know, Beth, Kathy, both of you taking the time to kind of talk this through. We're really looking at

starting off this fiscal year with giving employees an understanding and giving them some perspective on why we're doing what we're doing because Employee Health and Wellbeing has changed over the last few years. So I think this is sort of a great way to start this conversation, to give employees some understanding as we sort of shift our trajectory a little bit. So thank you both very much, and we hope to have you back again soon.

Outro:

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