

# Empowering Wellness

Generalizable Approaches for Designing and Implementing Well-Being Initiatives Within Health Systems



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Within Health Systems

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*The AAMC regularly reviews its publications and educational materials to assess and adapt language as accepted usage continues to evolve. This document reflects the AAMC style guide at time of publication.*

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 160 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 13 Canadian medical schools accredited by the [Committee on Accreditation of Canadian Medical Schools](#); nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe. Learn more at [aamc.org](https://aamc.org).

The Council of Faculty and Academic Societies (CFAS) represents academic medicine faculty and academic societies within the AAMC's governance and leadership structures. The council provides a voice for faculty and academic societies about critical issues to the AAMC as they relate to the creation and implementation of the AAMC's programs, services, and policies. CFAS is comprised of more than 300 faculty representatives appointed by member medical schools and academic societies and serves as a communications conduit with faculty regarding matters related to the core missions of academic medicine.

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## Introduction

The AAMC recognizes that the well-being of the health care workforce is critical in sustaining the health profession. Current and future clinicians, researchers, faculty, residents, and students deserve working and learning environments that support their well-being and encourage their success.

The AAMC is committed to identifying solutions that promote wellness and sharing strategies to improve health care professionals' experiences. This publication features six examples of successful well-being initiatives launched by AAMC-member institutions whose wellness leaders describe, in their own words and in the following invited essays, the process of conceptualizing, implementing, and assessing wellness programs, along with insights and lessons learned from their work. These essays illustrate approaches that could be beneficial, cost-effective, and generalizable to the broader AAMC community and health care leaders interested in amplifying wellness within their own institutions.

## Background

The AAMC Council of Faculty and Academic Societies' (CFAS) Faculty and Organizational Well-Being Committee (Well-Being Committee) is charged with identifying institutional practices that successfully promote the vitality and well-being of medical faculty in academia on both the professional and personal levels. Members of the committee represent academic institutions and societies from across the United States and Canada, and their experiences and perspectives uniquely position the committee to impact wellness at the highest levels of medicine and health care.

In 2021, leaders from the Well-Being Committee (at the time, the CFAS Faculty Resilience Committee) co-authored a report, [\*The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs\*](#),<sup>1</sup> which identified common elements of wellness programs and the roles of the health care professionals who lead and support wellness efforts within health care organizations, referred to as “well-being champions.” Among other findings, key takeaways indicated: While most institutions had wellness programs in place, the scope of the programs varied; “well-being champions” were not receiving formal training or full-time-equivalent allocation for their wellness work; and most institutions were not formally tracking or evaluating the outcomes of their wellness programs. The authors used their findings to develop a set of 10 recommendations for health care organizations to help them advance a culture of wellness and support for their well-being champions and promote well-being within their institutions.<sup>1</sup>



*The Rise of Wellness Initiatives in Health Care* publication identified the following 10 recommendations to help organizations promote a culture of well-being:

1. Approach organizational wellness initiatives within an improvement framework to lead change.
2. Develop and communicate an organizational vision for well-being.
3. Establish an organizational-level well-being champion to coordinate and align a network of wellness efforts across the organization.
4. Embed well-being champions throughout the organization to coordinate efforts for specific audiences.
5. Standardize the job characteristics of well-being champions, and set clear expectations.
6. Support the role of all well-being champions by introducing training, providing resources, and dedicating funding.
7. Promote well-being as a core competency for all health professionals.
8. Incorporate program evaluation when designing comprehensive wellness initiatives.
9. Conduct ongoing assessments of individual well-being.
10. Prioritize well-being as a professional development goal.

## Rationale

Following the 2021 CFAS publication, the Well-Being Committee invited speakers who pioneered wellness initiatives within their own institutions to deliver virtual presentations to the CFAS representatives about their programs and, more specifically, how they implemented the changes. These presentations have provided useful knowledge about processes and approaches, while sharing specific techniques on how best to overcome challenges that commonly arise when attempting to change culture. The Well-Being Committee saw an opportunity to repurpose some of this information into a publication that is accessible to the broader community.

When identifying the characteristics of successful well-being initiatives to highlight in this publication, we selected examples that fit the following criteria: cost effective, exhibited demonstrable benefit, easy or moderately easy to institute, sustainable, and generalizable in different health care settings. We invited wellness leaders from six AAMC-member institutions to write essays describing their initiatives, how they were launched, and the lessons learned.

## Promising Practices Overview

This publication highlights programs that have made impactful contributions to the wellness domain; each essay effectively demonstrates how a specific institution or organization has positively impacted its local environment. We organized the essays into three broad themes that reflect the nature of the wellness intervention.

### Theme 1: Identifying, Assessing, and Supporting the Needs of Providers and Staff

- “The Wisdom and Wellbeing Program: Creating a Well-Being Culture,” by Richard J. Westphal, PhD, RN, FAAN, and Margaret Plews-Ogan, MD, MS; University of Virginia Health.
- “Using Stress First Aid as a Well-Being Framework in Health Care,” by Heather Hartman-Hall, PhD, and Daniel Marchalik, MD; MedStar Health.

### Theme 2: Development of the Individual Through Coaching, Leadership Training, and Resilience Building

- “University of Texas Southwestern Coach Certificate Program and Coaching Culture Initiative,” by Susan Matulevicius, MD, MSCS; University of Texas Southwestern Medical Center.
- “The American Academy of Family Physicians’ Leading Physician Well-Being Certificate Program,” by Catherine Florio Pipas, MD, MPH, Heather Woods, and Margot Savoy, MD, MPH, FAAFP, FABCP, FAAPL, CPE, CMQ; the American Academy of Family Physicians.

### Theme 3: Impacting and Improving Health Care Systems as Workplaces

- “The Positive Impacts of ‘Reducing Electronic Health Record, Documentation and Clerical Effort’ Grant Awards for Physician Faculty and Their Teams,” by Lauren A. Peccoralo, MD, MPH, Christie Mulholland, MD, and Jonathan A. Ripp, MD, MPH; Icahn School of Medicine at Mount Sinai.
- “The ‘#WhatToFix’ Initiative,” by Kevin D. Smith, MD, MS, Bryan Hendrickson, MD, MS, Simone Maxey, MHSA, and Bree Andrews, MD, MPH; the University of Chicago Medicine.

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# Wellness Initiatives in Action

A photograph of four healthcare professionals (three men and one woman) in a meeting. They are wearing blue scrubs or white lab coats. The man in the center is speaking and gesturing with his hands. The woman on the right is holding a coffee cup. The background is a bright, modern office with large windows.

# The Wisdom and Wellbeing Program: Creating a Well-Being Culture

## University of Virginia Health

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### Introduction

The Wisdom and Wellbeing Program (WWP) is a University of Virginia Health (UVA Health) system initiative established in 2016 to help team members be their best at work by building a well-being culture across the entire academic health enterprise. Prior to 2016, UVA Health had many well-established initiatives that fostered or supported well-being; these resources functioned independently and did not have a cohesive framework to leverage best practices, synergy of effort, and the best fit for the right resource for varied needs across the enterprise. One historical limitation of many burnout and resilience programs is the focus on the individual worker rather than the interplay between work demands and worker capacity. It is important to acknowledge that burnout is not an individual's failure to cope; it is the expected result when demands exceed resources.

### The Program

The WWP is led by the authors of the essay, who work as a nurse-physician, co-director team, using a well-being collaborative approach. Funding from the health system enables the participation of key program personnel and releases clinical and academic time for involvement. All senior UVA Health leaders support the program.

The WWP uses three foundational pillars to address the well-being capacity of all employees:

1. Skills to recognize and eliminate unnecessary stressors that contribute to unbalanced work demands.
2. Skills and practices to enhance positive coping and communication.
3. Peer-support skills for applying the Stress First Aid model<sup>1</sup> to help team members with stress injuries.

When considering the recommendations outlined in the AAMC's 2021 report, *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*, the WWP meets six of the 10 recommendations: (Recommendation 1:) approach wellness initiatives within an improvement framework, (Recommendation 3:) establish an organizational-level well-being champion, (Recommendation 6:) support well-being champion roles, (Recommendation 7:) promote well-being as a core competency, (Recommendation 9:) conduct ongoing well-being assessments of individuals, and (Recommendation 10:) prioritize well-being as a professional development goal.

### Development and Implementation Process

Program development is based on four foundational frameworks. First, rather than resilience strategies, we focus on “wisdom capacities,” the skills and practices necessary for developing the ability to act wisely in the demanding work environment of health care. Second, we utilize the Stress Continuum Model<sup>2</sup> to facilitate awareness of stress as a spectrum of “zones” (i.e., green indicates “ready,” yellow indicates “reacting,” orange indicates “injured,” and red indicates “ill”), which range from a source of growth to a source of injury. Third, we teach the four sources of stress injury (i.e., fatigue, trauma, loss, and moral injury) to facilitate dialogue and engage people in early recognition and prevention activities. Finally, the Stress First Aid model is the framework for peer-support activities and early engagement with restorative sources for support.

The implementation of this program uses activities, relationships, and resources for prevention, interventions, and assessment. Prevention activities include exposure to the four foundational frameworks, team-building skills for communication, and problem-solving skills to address unnecessary stress. The prevention goals include training the entire workforce on the WWP basics, developing peer-support champions for unit-level activities, and learning leadership skills that integrate the WWP into existing leader activities. As a training and education activity, it was important to integrate the WWP training with other training cycle requirements to both ease administrative burden and promote engagement with the content.

Interventions focus on individuals and teams that have orange-zone stress injury behaviors. Creating a space for restorative dialogues and actions is a primary goal for interventions, and salary support for the coaching team is important to offset academic and clinical time.

Assessment is the third implementation activity. The program uses several qualitative tools for self-checks, team-based dialogues, and leader-led discussions. The Wisdom



and Wellbeing Quick Check Assessment<sup>3</sup> is a six-minute survey that assesses individual and team stress loads, and identifies actionable strengths and challenges, which become the basis for enhancing the well-being culture and addressing system burdens.

### Outcomes

It can be challenging to measure outcomes related to the efforts made to enhance a healthy work environment. These measurements must be longitudinal and integrate the ebb and flow of dynamic clinical challenges related to infectious disease patterns, labor shortages, productivity requirements, reimbursement models, and other impacts. As a “proof of concept” and means to assess outcomes, we completed a year-long pilot of the WWP (2017-18) in one of our most highly distressed intensive care units. This unit was struggling with chronic understaffing, high turnover, high absenteeism, and poor staff satisfaction. After a year of applying this comprehensive approach, this clinical unit demonstrated improvements in engagement scores on relevant items, including higher staff satisfaction, sufficient unit staffing, fewer sleep disturbances related to work, higher intent to stay with the organization, and more interdisciplinary collaboration. Perhaps most importantly, there were reductions in staff turnover (from 34% to 15%) and absenteeism, which resulted in a cost avoidance of over \$2 million during the pilot program.<sup>4</sup>

Now expanded to a whole health system intervention, the WWP uses multiple data sources to build a composite understanding of the organization and determine where to focus training and interventions. The program uses well-being items from systematic and ongoing organizational assessments, such as engagement and academic surveys. System-level data related to turnover, vacancies, workload, and documentation burden are used to understand the organizational demands at the unit and team levels. Qualitative information from leader-led focused discussions provides understanding of the context of the work. The Wisdom and Wellbeing Quick Check Assessment survey<sup>3</sup> provides a focused and timely stress “thermometer” in the form of feedback for leaders and teams. The WWP approach has demonstrated outcomes of increased staff satisfaction and intent to stay, and has improved interdisciplinary collaboration with reductions in turnover, absenteeism, and labor costs.

## Lessons Learned and Next Steps

The Wisdom and Wellbeing Program represents an investment in creating a well-being culture. Any well-being program is a starting point — not an endpoint — for ensuring high-quality patient care, education, and research by supporting health care’s most precious and finite resource: our people.

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# Using Stress First Aid as a Well-Being Framework in Health Care

## MedStar Health

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### Introduction

First developed to support mental health for a military population<sup>1</sup> then first responders,<sup>2</sup> the Stress First Aid (SFA) framework was adapted in 2020<sup>3</sup> to provide guidance for health care workers to help support themselves and colleagues on an ongoing basis, not just after critical events.<sup>1-3</sup> Based on what is known about responding to stress and trauma exposure,<sup>4</sup> SFA aims to help health care workers identify stress reactions along a color-coded Stress Continuum to quickly recognize when someone is in distress and connect them to appropriate support to prevent more serious consequences. Frequent, widespread self-assessment and the ability to quickly detect high levels of distress in colleagues are critical parts of creating a well-being culture that includes pinpointing and addressing sources of stress, identifying health care workers in need of support or new strategies, and reducing stigma in asking for help. It is important for organizations to also have easy access to mental health support; SFA is *not* a form of mental health treatment and is meant to provide first steps in managing distress and to identify and refer individuals who need a higher level of support.

SFA is intended to be flexible and practical so anyone can use it, and it has been identified as a potentially useful model to address distress and ultimately help improve mental health in the health care workforce.<sup>5</sup> MedStar Health implemented the SFA model as a framework for our well-being programming, starting with inviting employees to act as “SFA champions” and implementing a “Train the Trainer” program and a systemwide communication and education campaign. Feedback from the MedStar Health workforce<sup>6-8</sup> demonstrated that SFA has been well-received as an intuitive, easy-to-implement, and helpful tool in creating a shared language for discussing well-being.

## The Program

In 2022, MedStar Health established its Center for Wellbeing with the sole purpose of providing well-being support and resources for its 30,000 associates and clinicians. The center's leadership team includes directors of physician well-being, nursing well-being, advanced-practice provider well-being, and associate well-being, as well as a clinical director for behavioral health initiatives and a director of education. The team is rounded out by support teams of nurse well-being specialists and mental health coaches, as well as partial support by a well-being research expert and clinicians in our psychiatry service line, who offer expedited mental health clinic resources for our employees and their children. A network of well-being committees and departmental well-being champions partner with the Center for Wellbeing to provide local initiatives and increase awareness about well-being information, resources, and services. Our SFA program is led by the clinical director, with support from the director of education, and is integrated into all aspects of well-being program offerings. In close partnership with our psychiatry service line and our external employee assistance program, we can quickly connect our workforce with mental health evaluation and treatment, and refer individuals to appropriate crisis services when needed. SFA is used as our framework for understanding different levels of well-being needs, guiding what kinds of interventions are helpful for preventing and responding to distress, and helping to increase the capacity of our leaders and associates to implement well-being strategies into their everyday work.

## Development and Implementation Process

SFA materials are in the public domain and available from the U.S. Department of Veterans Affairs National Center for Posttraumatic Stress Disorder; there is no up-front cost associated with using the materials or resources for implementation.<sup>9</sup> MedStar Health took a population health approach to SFA implementation for its workforce, with a focus on training SFA champions and education across the system; to this end, the initial implementation plan included a "Train the Trainer" program and a systemwide communication campaign. Starting with a pilot Train the Trainer program in our primary care service line, we have since trained more than 1,000 SFA champions in our system. The organization's communications team helped with messaging key SFA principles, developed ways to share the training materials, and issued direct messaging to organizational leaders that included guidance on ways to learn and use the SFA model to support their teams. Utilizing the multidisciplinary well-being leadership team, we partnered across our organization, including



collaborating with our education department to create training materials, such as on-demand modules in our learning management system, a training facilitator guide, and videos with training scenarios. By collaborating with the human resources department, medical group, graduate medical education leadership, and the nursing department, we integrated content into orientations for new associates and providers and introduced all nurse leaders and chief residents to SFA. We also partnered with wellness champions and service-line leaders to introduce SFA in meetings and existing communication venues. Our peer-support program uses SFA as the framework for training volunteers on how to provide emotional support to colleagues after adverse events. In particular, the SFA Stress Continuum tool has been promoted by the Center for Wellbeing and MedStar Health communications, and has been widely adopted by MedStar leaders as a shared language and method for checking in on ourselves and each other, as part of our daily culture.<sup>6-8</sup>

## Outcomes

Our initial, 2020 SFA pilot program<sup>4</sup> in primary care offices provided evidence that a train-the-trainer approach could be utilized in implementing SFA successfully in a cost-efficient way in health care. In a pilot with 22 participants, knowledge-assessment items showed an increase ( $p < 0.05$ ) in five of the six items after the training. Some feedback comments mentioned that SFA was useful, helpful, and user-friendly. After three optional booster sessions, 15 of the 16 respondents (out of 18 participants) reported implementing changes in their own work after the training; all respondents agreed that SFA helped address their own stress and their coworkers' stress. Data collected from our systemwide, multidisciplinary training cohorts in October 2021 and January 2022 (response rate: 214/259 or 83%) provided robust, qualitative feedback that the Stress Continuum, in particular, can be easily understood and is practical to use in health care settings.

We sought qualitative feedback about our SFA Train the Trainer program in 2022<sup>6</sup> using a systems-based, human-factors approach to evaluate the program's efficacy in our health care system from the perspective of trained, SFA "super user" champions, and identified opportunities for improving SFA as a resource for our health care workers. Participants unanimously agreed that SFA and the Stress Continuum tool provided practical and effective guidance, as well as neutral language, for assessing the stress level of oneself and communicating with others. An important finding that has since been integrated into our SFA trainings and resources was the need for more actionable guidance and training for responding to immediate, high-stress situations. Subjects also noted that some groups within the health care system that had not adopted SFA might benefit from the training, emphasizing that a multipronged and role-specific dissemination approach is required to reach all associates. Finally, subjects expressed that dedicated personnel, such as full-time wellness champions, could better facilitate the SFA program throughout the system to ensure that all associates have access to it. Feedback from this study resulted in the creation of additional training materials, our training facilitator guide with scenarios and more applied tools, and a MedStar Health SFA app.

## Lessons Learned and Next Steps

SFA and the Stress Continuum are well-received<sup>6-8</sup> in health care settings and provide nonstigmatizing language for discussing distress. With a multidisciplinary well-being leadership team, we have integrated the SFA model into all aspects of our well-being programming, including various orientations, trainings for nurse leaders and chief residents, and peer support. In response to lessons learned in program evaluation, we have adapted our systemwide communications and introductory trainings to focus on the first two steps of SFA, "Check" and "Coordinate," with a goal of widespread socialization of the Stress Continuum and familiarity with our well-being resources and mental health treatment options. Training on the full SFA model, with an emphasis on actionable steps, is encouraged for well-being champions, leaders, and peer-supporters. We have successfully utilized a train-the-trainer approach, and we have created a robust library of digital materials for continued reference, practice, and teaching for our SFA champions and workforce. A MedStar Health SFA app is in use and currently being evaluated to encourage continued engagement with the material and collect data on how health care workers utilize the framework. Important factors in our success in widespread dissemination of SFA has been leadership support for the Center for Wellbeing, recognition of our well-being leaders' expertise in guiding organization-wide communication and decision-making, and systemwide partnerships between leaders and stakeholders to integrate well-being efforts into everything we do at MedStar Health.

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A photograph showing a group of healthcare professionals in a meeting. A man in a white lab coat and glasses is smiling and gesturing with his hands. He is surrounded by several women, some in scrubs, who are listening attentively. The background is a bright, clinical setting.

## University of Texas Southwestern Coach Certificate Program and Coaching Culture Initiative

### University of Texas Southwestern Medical Center

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#### Introduction

Coaching is a transformative process that engages clients in an accountable partnership to facilitate personal and professional fulfillment through the identification of goals, ownership of challenges, and creation of meaningful action plans. The process fosters autonomy, self-advocacy, and self-discovery, which are essential to faculty success. From the 1970s to the 1990s, the corporate world used coaching to remediate underperformers and accelerate executive leadership performance.<sup>1</sup> Coaching has now expanded to boost the creativity and productivity of all employees, thereby enhancing organizational performance.<sup>1</sup>

#### The Program

A culture of wellness is one in which people feel seen, heard, valued, and supported to achieve their full potential. To promote a culture of wellness, University of Texas Southwestern Medical Center (UTSW) developed, funded, and delivered its Coach Certificate Program to broaden coaching availability and create a person-centric approach to leading people, teams, and the institution.

UTSW had established programs for coaching both senior and select early-career leaders, as well as for remediation, but coaching was not universally available to all employees. Additionally, individual coaching required significant departmental investment and contracting with external coaches. For instance, hiring an executive coach cost approximately \$15,000 per individual for a six-month engagement, including 12 coaching sessions and leadership assessments.

## Development and Implementation Process

An initial stakeholder meeting was essential for defining how to optimally support the development of coaching culture. Stakeholders included the provost, deans or associate deans of the schools, faculty development officials, clinical department representatives, human resources team members, health system leaders, and internal coaches who oversee leadership development courses. The group discovered that there was a spectrum of understanding about how coaching differed from mentoring, advising, and counseling, and how coaching can enhance employee development and productivity. Although stakeholders were interested in broadening the accessibility and understanding of coaching, the majority opposed centralizing access to coaching and wanted to preserve their autonomy to tailor coaching to their local environments. Stakeholders did agree to standardize coaching education so that we could increase the number of institutional coaches and ensure standard skills for those who become designated UTSW Certified Professional Coaches.

With a defined project scope, a budget of \$88,000 was allocated from the medical school, the provost's office, and the school of health professions to develop, lead, and champion a 60-hour, 10-month comprehensive professional coaching certificate program. We contracted with external professional coaches and educators to collaborate, develop, and deliver the program and mentor our participants. We used internal UTSW faculty wellness administrative staff to coordinate the program, implement the program's requirements, and ensure that 50% of an internal professional coach's time was used to direct, design, and facilitate the program. Along with two additional faculty affairs employees, the internal coach cofacilitated eight in-person learning sessions, nine virtual-learning pod sessions, individual mentor coaching, and final performance reviews for participants of the UTSW Coach Certificate Program, working with our external, contracted coaches.

Selected program participants were senior to midcareer faculty and senior administrators who could meet all course requirements and champion coaching within their local spheres of influence. There was no cost to the participants, but they were required to provide at least 15 hours of coaching to other UTSW community members as part of their training and to advance the internal coaching culture. Those who completed all program requirements and passed a performance review became UTSW Certified Professional Coaches. Participants held positions within the graduate school, School of Health Professions, School of Public Health, multiple clinical departments, and the health system and human resources leadership areas.

## Outcomes

Since 2022, the UTSW Coach Certificate Program has trained 64 faculty members and administrators, who have provided a total of 1,277 hours of coaching to 199 faculty members, 125 students, 85 staff, and 49 house staff. Program graduates have developed 12 local programs, contributed to national conference presentations, and incorporated coaching into their leadership styles. Two UTSW Coach Certificate Program graduates successfully obtained their Associate Certified Coach credential from the International Coaching Federation (ICF), and two program graduates were selected as peer coaches for the American College of Physicians for a two-year term.



In 2023, the UTSW Coach Certificate Program was officially accredited as an ICF Level 1 Education Program. The program was a contributor to UTSW's achievement of gold status in the 2023 American Medical Association Joy in Medicine Health System Recognition Program. Since the initial program development phase is complete, the annual program budget has decreased to \$70,000.

We have created a coaching community of practice, composed of program alumni, current participants, and other credentialed internal coaches. The community hosts monthly virtual meetings to refresh skills, discuss coaching topics, and share experiences. To remain an active UTSW Certified Professional Coach, coaches must attend at least two of these virtual sessions each year and provide at least five hours of internal coaching.

To support our UTSW Coach Certificate Program alumni in developing local coaching initiatives, the faculty wellness team provides consultation services and a toolkit. This toolkit includes a standardized coaching contract and a centralized coaching hours log; it also includes a pre-coaching client survey and six-month and 12-month coaching client surveys to assess validated metrics of burnout, professional fulfillment, impact of work on personal relationships, intention to leave, and values alignment. By partnering with local coaching champions, program leaders can assess the impact of their coaching interventions on those they've coached and, across a broad spectrum of initiatives, the overall effectiveness of coaching institutionally by standardizing the assessed metrics.

## Lessons Learned and Next Steps

As more UTSW Coach Certificate Program graduates obtain their official coach credentials from the ICF, we hope they will act as facilitators and mentor coaches to help decrease our reliance on external, contracted professional coaches. To prepare potential facilitators to lead our certificate program, we launched a seven-hour training course on experiential learning and facilitation and were able to identify promising talent to enhance our facilitator bench strength internally. Although providing an ICF Level 1 Education Program has been beneficial, it requires participants to devote significant time to training. We recognize that it's equally important to provide a less time-consuming training option for leaders across our institution that focuses on coaching skills. In 2025, we plan to launch a two-day, intensive workshop, Coaching Skills for Leaders, which will include six virtual group-coaching sessions that follow the workshop on championing a coaching culture, and will reach leaders who may not be able to complete the full coaching program.

Developing more internal UTSW Certified Professional Coaches has enabled us to provide coaching to the broader UTSW community. We have created a list for faculty, students, staff, and house staff to sign up if interested in coaching; this list is then shared with our coaches, helping to link interested students and staff, and UTSW members, with coaches who are looking for new clients. The tools we have developed through the UTSW Coach Certificate Program have helped to expand the reach of coaching efforts to the broader UTSW community.

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# The American Academy of Family Physicians' Leading Physician Well-Being Certificate Program

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### Introduction

A sustainable health care workforce is critical to our population's health and the effectiveness of the U.S. health care system.<sup>1</sup> Medical societies have a unique opportunity to support members across institutions and address common challenges related to clinician well-being. Physicians who specialize in family medicine reported rates of suicidal thoughts and burnout rates, which were twice as high as doctors in many other specialties; while burnout rates among family physicians decreased from 57% in 2023 to 51% in 2024, the rates remain concerningly high.<sup>2</sup>

The American Academy of Family Physicians (AAFP) represents 130,000 family physicians, residents, and medical students nationwide, and in 2018, the AAFP Foundation prioritized and funded the Physician Health First strategy. The primary goal of this strategy is to provide training, tools, and resources to support the personal well-being of physicians and lead systems change during times of organizational challenges and uncertainty. In 2020, as an extension of Physician Health First, the AAFP launched the Leading Physician Well-Being (LPW) Certificate Program with three years of funding provided by the United Health Foundation.



## The Program

The LPW program is aligned to the Physician Health First strategy and overall vision of the AAFP. The vision of this program is for family physicians to serve as leaders of change and champions of well-being who have the capacity to successfully implement and sustain improvements in their personal lives, practices, and organizations. Program goals include training a diverse cohort of family medicine leaders across the nation.

The LPW program is offered annually to family physicians, and approximately 110 scholars are selected from a pool of applicants for each cohort. Beginning in 2024, other primary care physicians are now eligible to participate. Scholars participate in a 10-month program designed to build skills in three intersecting, foundational areas:

1. Leadership development.
2. Well-being advocacy on personal and systemic levels.
3. Performance improvement skills to create positive changes in medicine.

Training consists of two multiday, in-person sessions and one multiday virtual session (all sessions were virtual in 2021), five virtual webinars, monthly asynchronous learning activities, and an ongoing faculty-peer learning community.

Interactive workshops integrate broad content across the three core areas, and over 50 skills-focused sessions provide scholars with the opportunity for applied learning. Topics at these sessions include: effective communication and feedback, needs assessments, boundary setting, narrative medicine, emotional intelligence, conflict management, negotiations, and engaging the C-suite.

Scholars complete two performance-improvement projects, the Personal Health Improvement Project (PHIP) and the System Well-Being Improvement Project (SWIP). Using improvement tools, principles, and strategies, the scholars assess, design, and implement “specific, measurable, achievable, relevant and timely” goals and Plan-Do-Study-Act cycles to improve personal well-being practices and advance system change at the patient care, team, and organizational levels.

Scholars who complete the program receive certificates of completion and up to 80 continuing medical education (CME) credits, which includes 20 performance improvement (PI)-CME credits that meet the American Board of Family Medicine maintenance of certification PI points. After grant funding ended, the cost for participants was \$2,500 plus travel expenses for the in-person training sessions, but to ensure broad representation in the cohort, the AAFP now offers supplemental scholarships to offset these costs.

## Development and Implementation Process

In 2020, the AAFP collaborated with the United Health Foundation to identify a chair, two additional physician co-chairs, AAFP staff, and six physician faculty members to serve on a teaching and evaluation core team. This team designed an interactive curriculum utilizing pedagogical principles of applied learning for advanced adult learners<sup>3</sup> and worked to integrate knowledge with principles, strategies, and applied skills across the three foundational areas. Objectives and projects were developed and approved for CME credit. AAFP staff established a virtual learning platform to align content and resources with individual assignments, learning communities, and team and faculty input.

The LPW program prioritizes physicians’ acquisition of knowledge and skills to sustain personal well-being and optimally lead organizational change. The program incorporates into its training the recommendations from the AAMC report, *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*,<sup>4</sup> to promote a culture of well-being, including a session (How Well Is Your System?) in which scholars complete an assessment on system needs based on the 10 recommendations from the AAMC report.

The LPW program was marketed through the AAFP, with the core team participating in the application review and selection process of the scholars.





## Outcomes

The program's first three cohorts were comprehensively assessed and evaluated at baseline, midpoint, and endpoint (the evaluation of Cohort 4 with 110 participants is in progress through 2025). The evaluations demonstrated that the LPW program equips physicians with the knowledge, skills, and tools to lead change and champion well-being, enhance physician satisfaction, improve success in navigating the structural and systemic causes of burnout, and promote advocacy for personal well-being and leading organizational change.<sup>5</sup>

## Completion

To date, 334 physicians, including six family medicine residents, have successfully graduated from the certificate program. The cohorts are diverse (80% of participants are MDs, 20% are DOs) and include individuals working in a wide variety of employer and practice types (69% of participants identify as employed, 17% identify as academics), and differ in gender (81% of participants identify as female), race and ethnicity (23% of participants identify as people of color), geography (participants are located across 48 states, Puerto Rico, and Canada), years since completing residency (71% of participants completed residency no more than seven years ago), and leadership experience (in state chapters or as wellness chairs, clinical leaders, etc.).

## Projects

All scholars completed the PHIP and SWIP. PHIP initiatives spanned all domains of well-being, including physical, social, emotional, and environmental. SWIP topics ranged from practice efficiencies to educational curriculum development and community-building initiatives. Additionally, at least fifty scholars per cohort have claimed PI-CME credit for their SWIPs.

## Satisfaction

Scholars rated their satisfaction with multiple components of the program. The following areas were rated "Excellent," with scores of 5 out of 5: faculty teaching, knowledge achieved, strategies taught, curriculum relevance, and ability to address barriers.

## Assessment of Knowledge and Skills, and Their Application in Three Areas

- *Process Improvement: The Beliefs, Attitudes, Skills, and Confidence in Quality Improvement Scale*  
Respondents were more confident at endpoint in the following areas: identifying quality gaps and their root causes, understanding how to apply evidence and best practices to the real world and in practice, piloting Plan-Do-Study-Act cycles, and designing interventions.
- *Leadership: The Adaptive Leadership Questionnaire*  
Respondents at baseline were less likely than those at endpoint to report that they were good at stepping back and assessing the dynamics of the people involved in difficulties that arose in their organizations.
- *Well-Being: The Maslach Burnout Inventory and the Physician Wellness Inventory*
  - *The Maslach Burnout Inventory:* Respondents at endpoint demonstrated a 20% decrease in the percentage of scholars who felt burned out anywhere between "a few times a month" to every day (baseline, 56%; endpoint, 37%).
  - *The Physician Wellness Inventory:* Respondents were more likely at baseline than at midpoint to have been "bothered by little interest or pleasure in doing things." For those who completed all three evaluation surveys (baseline, midpoint, and endpoint), there was a significant decrease over time in respondents reporting being "bothered by little interest or pleasure in doing things." Additionally, scores were better for those who changed workplaces than for those who did not.

## Lessons Learned and Next Steps

According to the evaluation, the LPW program added value to individuals and was an important resource in addressing the challenging — but not insurmountable — problem of physician burnout. The AAFP continues to receive feedback and track the added value of the program related to scholars' leadership roles, personal and professional development, networking achievements, and scholarship opportunities.

After the initial phase, the AAFP was awarded a Health Resources and Services Administration grant to extend the training to students, residents, and fellows. The LPW program is currently training non-family physicians and is believed to be replicable across disciplines and societies. The AAFP plans to replicate this model to launch other topics, such as value-based payment and health equity (i.e., ensuring all communities have an equal opportunity to thrive).

Over 334 LPW program graduates now constitute and engage in an active, national community of physician well-being champions who provide their leadership locally and nationally. Their ability to sustain their own well-being and improve health care systems is invaluable to enhancing our health care system and improving patient outcomes. The AAFP is proud of the LPW program and grateful for the opportunity to make a difference.


Learn more about the AAFP, its [mission and vision](#), the [Physician Health First strategy](#), and the [Leading Physician Well-Being Certificate Program](#).

### Focus Group and Qualitative Feedback on 'Most Valuable' Aspects of the LPW Program

- **Networking, meeting people, and spending time with our colleagues:** Scholars reported high value and validation in hearing that other people have the same concerns, challenges, and complaints.
- **Coaching from faculty during the program with continued, informal mentorship after completion:** Participants valued the time to practice difficult skills (e.g., assertiveness and negotiation) and tailor feedback to scholars.
- **Having permission to say “no” and have personal boundaries:** Scholars highly valued messaging from LPW program faculty and peers who encouraged them to reinforce personal boundaries.
- **Having time and space for personal improvement:** Scholars were pleasantly surprised that the Personal Health Improvement Project *required* them to take time and space for self-improvement.
- **Developing an elevator pitch:** Many scholars identified learning communication skills as most valuable; specifically, preparing an elevator pitch to increase buy-in of the C-suite to help drive change in systemic well-being.

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## The Positive Impacts of ‘Reducing Electronic Health Record, Documentation and Clerical Effort’ Grant Awards for Physician Faculty and Their Teams

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### Introduction

Founded in 2018, the Office of Well-Being and Resilience (OWBR) at the Icahn School of Medicine at Mount Sinai promotes the well-being and professional satisfaction of all faculty, trainees, students, and staff by advancing a culture that empowers them to do their best work in a community where they are valued. The OWBR defines four key domains that influence well-being: workplace efficiency and function, workplace culture, personal factors, and mental health support. Each element is considered important, but departments and their “faculty well-being champions” are specifically encouraged to develop interventions focused on workplace efficiency and function and workplace culture, which the OWBR believes are likely to have the greatest impact on physician well-being.



## The Program

In 2020, the OWBR launched the internal Reducing Electronic Health Record, Documentation and Clerical Effort (REDuCE) program to support pilot projects aimed at improving workplace efficiency and function for faculty. In working with well-being champions and department chairs, we found that many departments struggled to fund well-being initiatives. Before the pandemic, faculty burnout was associated with more self-reported time spent on clerical tasks and after-hours, electronic health records (EHR)-related work,<sup>1</sup> a finding supported by other peer-reviewed publications.<sup>2</sup> In the wake of the COVID-19 pandemic, we recognized a sharp increase in clinical and EHR-related burden driven by several factors, including increased participation in our patient portal, decreased administrative and support staff, and an increase in required quality metrics. To date, few studies demonstrate the efficacy of system-level interventions on clinical and EHR-related workflows to lower burden and improve faculty well-being.

The REDuCE grant program offers \$50K-\$150K annually to support pilot interventions intended to improve efficiency and well-being within the health system. Each project is managed by a team, representing a collaborative effort among faculty, departmental leadership, and clinical and administrative support staff. Teams that include at least one faculty member and one staff member (e.g., nurse, administrator) at any hospital site or ambulatory practice are eligible to apply. The funding is intended for helping to distribute work more optimally among the full health care professional team, enhance the efficiency of the health care team, optimize EHR functionality, or strengthen team-based work and communication. The anticipated outcome of this grant program is the identification of initiatives that:

- Produce measurable effects on faculty well-being, productivity, and retention.
- Are sustainable.
- Align with other system priorities (e.g., quality, diversity, retention).
- Are replicable across practices and departments.

## Development and Implementation Process

The most critical step in creating this program was establishing budget approval from school leadership. We created a proposal for executive leadership describing the needs outlined above to create a grant opportunity to address those needs. The grant proposal requests low-cost, efficiency of practice-based interventions with outcomes including physician burnout, well-being, and satisfaction, as well as potential return on investment through savings and

revenue generation, such as reduced physician turnover or improving efficiencies that allow physicians to prioritize billable activities. Since receiving approval on a trial basis in 2020, \$80K-\$200K in grants have been distributed annually. Early on, we engaged key partners from faculty practice leadership, information technology (IT) leadership, quality improvement experts, and research scientists to help guide grantees toward needed resources and participate on the grant review committee. Additionally, we have leveraged one of our project managers to help manage the elements of the project outlined below.

### Selection Process

After developing our requests for applications and designing a review process, a review committee was established that was composed of informaticists, IT leaders, researchers, and experts in quality improvement and well-being. After the submission deadline, applications are reviewed by our project manager for completeness. Next, each submission is reviewed and scored by three or four reviewers. The top four to six applications are presented to the entire review committee and discussed. Following this meeting, the top three or four applicants may be asked clarifying questions prior to the OWBR leadership making its final decisions.

Awardees have 18 months to complete their projects. For each cohort, there are three grantee meetings in the first year and two meetings in the second year. The first kickoff meeting provides an overview of expectations and timeline, including recommendations regarding institutional review board or quality-initiative approval, hiring processes, resource connections (e.g., IT), initial data collection and assessment development, and dissemination planning. The two subsequent first-year meetings are for the grantees to share their progress, successes, and challenges with their cohort peers and the OWBR leadership. Then, in the second year, the first meeting is an opportunity for the previous year's cohort to present their progress in the presence of the new cohort to give the new group a sense of what will be expected from them. The second and final second-year meeting allows for the previous year's cohort to present their final programmatic accomplishments and plans for sustainability and dissemination. Two reports are required: a six-month progress report and an 18-month final report. Grantees may request a six-month, no-cost extension if the funds have not been fully spent.

## Outcomes

We have awarded REDuCE grants to 16 recipients over five grant cycles, from 2020 through 2024. Projects have originated from numerous departments: geriatrics and palliative medicine, otolaryngology, neurology, hospital medicine, ambulatory primary care and general internal medicine, pediatrics, urology, radiation oncology, hematology or oncology, gastroenterology, emergency medicine, and radiology. Projects have largely focused on two intervention types: (1) hiring staff to off-load the physician work and (2) creating new EHR templates, workflows, or procedures. Examples of staff hiring have included hiring patient coordinators to triage phone calls; medical assistants to triage patient portal advice requests; care coordinators to manage patient psychosocial needs; and a person to fill a novel, advanced practice position. Examples of EHR or IT optimization projects have included the creation of express lanes for common pediatric visit types; automatic text messaging to prevent surgical cancellations; a care management workflow platform to enhance communication and billing regarding care for chronic neurologic diseases; voice-recognition dictation for hospitalist documentation; a new cancer registry for streamlining prior authorizations; an EHR platform for streamlining completion of pediatric forms; and improvement or standardization for visit notes, utilizing chart-cleanup and template revisions.

REDuCE projects have made an impact at their practices, as some programs have demonstrated cost savings. The oncology cancer registry project, for example, has demonstrated significant cost savings (an estimated \$7

million), as well as a nonsignificant reduction in time spent on authorizations by six hours and a significant reduction in prior authorizations pending review (18%-32%), when comparing the postimplementation year to the preimplementation year.<sup>3,4</sup> In the geriatrics “in-basket” patient coordinator project, there was a 23% reduction in call-center messages per day per physician, and 76% of physicians in the pilot reported an improvement in their well-being.<sup>5</sup>

Grant teams have found ways to sustain and expand their impact. Nine of 10 completed-grant teams have sustained their programs through departmental or human resources financial support, maintenance-level IT support, or were folded into a larger, system-level effort. Programs have expanded to other departments and sites; for example, an in-basket pool triage pilot program that began at three sites has expanded to over 60 ambulatory sites through a partnership with IT and the faculty practice.

REDuCE grantees have also disseminated their work. At national society meetings in 2023 and 2024, eight posters were presented, and an oral presentation was given. This year, in 2025, three abstracts have been submitted for presentation; one of which has already been accepted for presentation. Additionally, one manuscript has been submitted for publication, and at least two others are in progress. Two related REDuCE projects received a grant from the American Medical Association to study the outcomes of their work and were presented during our internal OWBR grand rounds in 2021; two more projects will be presented at our OWBR grand rounds in 2025.




## Lessons Learned and Next Steps

The REDuCE program will continue as long as funding is available. Grantees will be encouraged to disseminate their work so other institutions can benefit from it. Well-being and burnout-related outcomes are challenging to impact, given the numerous variables influencing a physician's practice and work life; therefore, going forward, the program will emphasize assessing process, workload, and EHR-dedicated time and volume metrics — outcomes pertaining to the workplace efficiency and function domain of well-being. Finally, grantees will be invited to assess satisfaction with the interventions by using focus groups or interviews to understand more deeply the benefits and challenges of these pilot initiatives.

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## The ‘#WhatToFix’ Initiative

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### Introduction

As health systems work to improve patients' health, there is an increasing focus on the parallel well-being of the clinical workforce. Wellness programs are present in almost 90% of health care institutions, with more than half having an organization-level well-being champion (e.g., chief wellness officer).<sup>1</sup> A model that prioritizes well-being, efficient practices, and personal resilience within a hospital environment can enhance professional fulfillment and improve overall operations.<sup>2</sup> Efficiency of practice can be improved by large, top-down projects or by smaller grassroots efforts by frontline providers. One area of focus to improve workforce well-being is electronic health record (EHR) optimization, including innovation in patient messaging, streamlining physician workflow, decreasing mental load, enhancing the user experience,<sup>3</sup> and “getting rid of stupid stuff.”<sup>4</sup>

### The Program

In 2017, the University of Chicago Medicine launched the “#WhatToFix” initiative to crowdsource problems and solutions, which became known colloquially and humorously as “#WTF.” The purpose of #WTF is to provide a single point of contact for providers and teams to advance fixable challenges for prioritization and resolution, empower clinical staff, and reduce helplessness and burnout. #WTF uses a fix framework, a structured approach designed to identify, prioritize, and resolve



problems by utilizing purpose, infrastructure and capacity, defined process, recent fixes, crowdsourcing, and communication. This program fits into our organizational improvement framework for wellness improvement strategies and supports AAMC recommendations to promote a culture of well-being.<sup>1</sup>

The ideal scope for a #WTF problem is any small fix that will improve the ease of clinical practice or reduce daily frustrations. Any clinician across the system can request a fix by completing a submission form. The submission form includes the questions, “What is the problem that you would like to be fixed?” and “What is your anticipated solution to the problem?” Requesters are referred to the information technology (IT) helpline to address immediate concerns, such as forgotten passwords or email access issues; EHR technical issues at the vendor level are out of scope for this particular program. The program’s initial goal was to improve EHR and IT pain points, but it has expanded to include requests addressing facilities, operations, and other concerns.

### Development and Implementation Process

The core team for #WTF consists of a program manager, health informaticists, and clinical informatics fellows. Leadership includes the chief medical information officer and chief wellness and vitality officers. Fulfillment teams include informatics, IT, facilities, parking, HR, and operational teams. The #WTF team escalates issues, identifies more significant opportunities, links fixes to ongoing projects, and flags and shares successes. The technology involved includes the service ticket platform, the EHR, email, and reporting tools. To initially launch this program, our innovation team

was mobilized to work on challenging fixes funded through our Center for Healthcare Delivery Science and Innovation. Through accumulated experience, we have gathered resources, including clinical informatics fellows; newly minted, departmental well-being directors; and a team-based approach to mobilize fixes. This effort was made possible by the support of UC Well, the office of health care well-being.

The #WTF team leverages the health informatics team, and fixes are prioritized by the core #WTF team, based on clinical context and team members’ understanding of clinical workflows. The #WTF program sets an expectation that there will be timely review and triage of issues. #WTF was integrated with a pre-existing service ticket platform that allows for transparency and tracking by submitters, who are notified when a fix is resolved or routed to another team. The program maintains a resource list that spans the domains of potential issues, noting one or two experts who can help resolve those issues; the goal is to direct fixes to the correct person in the proper operational or clinical area. There are four types of fixes, those that:

1. Can be directed to an EHR builder and be quickly corrected.
2. Require multiple services and processes to be improved.
3. Are larger in scope but appropriate for future prioritization.
4. Are not feasible in the current nor near-future states.



Each month, the #WhatToFix e-newsletter is sent to all providers in the organization, outlining recent fixes and other important updates. It sometimes includes tip sheets or special reminders regarding new processes in the EHR and emphasizes gratitude for clinicians who have connected with the #WTF team. This newsletter also communicates the program's ongoing vision for well-being, the resources allocated toward this vision, and the milestones toward achieving institutional goals.

## Outcomes

From 2017 to 2023, 500 fixes were submitted to the #WTF platform. The team addressed 85% of the fixes (15% of them were deemed out-of-scope or low priority). Of the fixes addressed, 75% were EHR- and IT-related, and directed to an EHR builder; the remaining 25% of fixes were operations- or facilities-related. Examples of completed fixes include:

- Improving the reporting view for blood transfusions.
- Allowing language interpretation through an app on personal devices, including commonly used clinical documents in the mobile EHR application.
- Organizing 24-hour labs in a panel.
- Developing a newborn alert for bilirubin testing.
- Creating an alert offering a naloxone prescription to accompany narcotic prescriptions.

In 2023, there were 52 submissions, and the #WTF platform addressed 30 of them (58%) within weeks. Highlights included:

- Increasing the login timeout limit for our EHR.
- Adding a 48-hour link to automatically pull radiology results into provider notes.
- Creating a new, clinical document-scanning workflow.
- Adding patient room numbers to the display in mobile EHR applications.
- Improving parking flow and signage.

The program continues to receive consistent submissions while maintaining a high success rate, two of the most important metrics for the #WTF initiative.

## Lessons Learned and Next Steps

Embracing a culture of well-being is critical at the organizational level, and this can take many forms. Implementing accessible systems that promptly address clinicians' needs can improve the overall ease of practice within our organization. Furthermore, communicating successes has been an effective way to broadly apply one person's "fix," as hundreds of clinicians often desire similar solutions.

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## References

1. Pipas CF, Courand J, Neumann SA, et al. *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*. AAMC; 2021. Accessed March 4, 2025. <https://www.aamc.org/data-reports/report/rise-wellness-initiatives-health-care-using-national-survey-data-support-effective-well-being>
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## Recognizing Efforts That Promote a Culture of Wellness

We applaud the dynamic work implemented by the authors of these essays and their leadership in launching valuable programs and initiatives. Each example highlights a successful effort in leading change and supporting wellness at the individual, unit, and institutional or organizational levels. Given their commitment to supporting and advancing professional well-being, the authors represent “well-being champions,” as described in the AAMC 2021 publication, *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*.<sup>1</sup> Each program demonstrates the capacity of engaged individuals to make substantive, institutional change.

The AAMC CFAS Well-Being Committee recognizes that the programs highlighted in this publication represent a small fraction of the impactful work that is happening within health care institutions and academic societies across the country. The committee is committed to ongoing efforts to raise awareness about promising practices implemented by institutions and societies to promote wellness.

We now look to the broader AAMC community to help us identify and share other examples of ways in which the health care workforce is supporting the well-being of its health professionals. We have launched a [submission site](#) where health care practitioners can submit examples of programs or initiatives at their institutions or academic societies that support health professional well-being. After you submit an example for consideration, CFAS Well-Being Committee members, along with AAMC staff, will review the submission and determine if it fits the criteria for inclusion on the [AAMC's well-being in academic medicine website](#), where we plan to feature examples of teams making positive contributions to the wellness domain. We encourage you to submit an example from your institution, and feel free to also share any feedback you have about topics or future areas of interest.

The AAMC CFAS Faculty and Organizational Well-Being Committee acknowledges that, by working together, we can help improve the value of the health profession and ensure sustainability of a healthy, vibrant, and productive health care workforce. Please join our effort to highlight and celebrate well-being champions and the programs they help launch and lead.

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### Reference

1. Pipas CF, Courand J, Neumann SA, et al. *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*. AAMC; 2021. Accessed February 26, 2025. <https://www.aamc.org/data-reports/report/rise-wellness-initiatives-health-care-using-national-survey-data-support-effective-well-being>

