

# THE UNMENTIONABLES

*Nontraditional Determinants of Health  
that You Need to Know About*



AN EXPERT INTERVIEW WITH ALEXANDRA DRANE

**WELCOA**★  
WELLNESS WORKS HERE

# THE UNMENTIONABLES:

## NONTRADITIONAL DETERMINANTS OF HEALTH THAT YOU NEED TO KNOW ABOUT

*with*

ALEXANDRA DRANE

### ABOUT ALEXANDRA DRANE

PRESIDENT & CO-FOUNDER, ELIZA CORPORATION



Alexandra Drane is obsessed with using technology to help people of all walks of life be happier, healthier, and more productive. She believes the definition of health should be broadened to include life factors, that people have enormous capacity and the best intent, and that the single biggest missing (and most important) ingredient in health care is empathy. She's founded four companies (all boot-strapped), takes an active role with the non-profits she feels are doing their best to change the world (including two she co-founded), and sits on the Board of Advisors of TEDMED, the Harvard Executive Sleep Council, and is Vice Chair of the Board of Trustees for Beth Israel Deaconess Medical Center (a Harvard Teaching Hospital) in Boston, MA. She also sits on the Board of Directors of the Coalition to Transform Advanced Care (C-TAC), is a member of the Health Executive Leadership Network, was named one of Disruptive Women in Health Care's Women to Watch in 2014 and one of Boston Globe's 2013 Top 100 Women Leaders, was named to Boston Business Journal's "40 Under 40" list, and appears on the Healthspottr Future Health 100 list, which includes some of the most creative and influential people working in healthcare today. She has few hobbies outside of her passion for revolutionizing health care, and her love of family and adventure.

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### ABOUT RYAN PICARELLA, MS, SPHR

PRESIDENT & CEO, WELCOA



As President of WELCOA, Ryan works with communities and organizations around the country to ignite social movements that will improve the lives of all working people in America and around the world. With a deep interest in culture and sociology, Ryan approaches initiatives from a holistic perspective that recognizes the many paths to well-being that must be in alignment for long-term healthy lifestyle behavior change. Ryan brings immense knowledge and insight to WELCOA from his background in psychology and a career that spans human resources, organizational development and wellness program and product design. Prior to joining WELCOA, Ryan managed the award winning BlueCross BlueShield of Tennessee (BCBST) Well@Work employee wellness program, a 2012 C. Everett Koop honorable mention awardee. Since relocating to Nebraska, Ryan has enjoyed an active role in the community, currently serving on the Board for the Gretchen Swanson Center for Nutrition in Omaha. Ryan has a Master of Science in Industrial and Organizational Psychology from the University of Tennessee at Chattanooga and a Bachelor of Science in Psychology from Northern Arizona University.

We spend a lot of time in the wellness industry collecting health data on the employees and community members we serve. What risk factors are really behind the poor health pandemic? Are we collecting the right data if we want to bend the trend?

★ **RYAN PICARELLA** Alex, you've had a pretty cool history. Taking into account the many companies and ventures you have pioneered over the past few decades alone, it's clear that your passions involve how to leverage technology to help people live healthier lives and to improve the quality of their lives. What was the original inspiration for you to approach health improvement from that particular angle?

**ALEXANDRA DRANE** I think life is this interesting combination of what you know and what you care about, so how you can bring the skills that you have, the experience that you have to what you want to change about the world? I grew up the daughter of a man who had built the technology that really revolutionized the way that newspaper publishing happened and then went on to become an angel investor interested in using technology to revolutionize other industries. Using technology to make a change in the world was my skill—what I had been taught.

That became what I honed as a craft as I had jobs through high school, jobs through college, and jobs after college. What I couldn't have said early on is how I wanted to apply it. When I left college, I thought I wanted to go work at a company called Thinking Machines and said to myself, how can you really know you want to continue to work on technology in technology if you've never tried anything else? I said, okay. I'm going to go be a strategy consultant and get a feel for these other industries. Maybe I have a different calling. I went to a really cool strategy-consulting company called CDI and the very first case on which I got put was healthcare. I remember calling my mom that night. I was horrifically disappointed. "Mom, healthcare is so boring! Why couldn't it be travel or banking or retail or automotive?" Within three days it was as though I had found my soul mate. I felt this enormous calling to what the healthcare system was trying to do. One way to describe it is to help people be healthier, but for me what being healthier means is that you're happier, that you wake up every day not feeling isolated, not feeling alone, not feeling terrible, but instead feeling good about yourself and the space that you occupy in the world. That is what I feel called to do. I

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just look at technology as a tool to help me get that job done because I think there are a lot of people who walk around every day feeling pretty badly for whatever reason.

★ **RP** Yeah, that's great! Your projects to date—Engage, Seduce Wellness, Eliza, Test Rack—all have different approaches to helping people. Is there something that you've discovered across that breadth of experience that you think the health promotion industry should know about?

**AD** I think the most overarching thing I've learned is that as humans we all often feel isolated. We feel very alone. That's a universal; even the people who you know who are the most successful on some level feel terrible and feel as though they're the only person who feels this way. When it comes to what the whole healthcare industry is trying to do, which is to get everyone out there to make healthier choices, I think what has surprised me again and again is that we ourselves as an industry are often not healthy. I myself do not get all of my preventive screenings. I myself do not eat well. I myself don't exercise. If you look at Engage with Grace, I myself work in the healthcare space. I should know how to guide somebody through the healthcare system, so that they can have an honorable death, so that they can die with dignity. I didn't know how to do that. I think the theme for me in everything I've done before and everything I'm trying to do is, if we started by just looking at ourselves and seeing how we're doing, we're often not doing a great job. We're often aware that we're not doing a good job. It's almost like we have these two personalities.

One personality we bring to work where we feel free to lecture other people on how they should do it, and then we go home and do the exact opposite. I'm trying to figure out how we as an industry can practice radical empathy. How do we as an industry do a better job identifying what really isn't working and what we really couldn't argue isn't working because we're not even doing it ourselves? And then, how can we bring technology to bear to help people feel less alone and to help equip them to actually make better choices or feel better about themselves in the stuff that's actually conflicting them?

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★ **RP** That’s an excellent point! I’m glad you brought that up. I often encourage health promotion professionals to be their own guinea pigs. If we don’t like the program or activity, what makes us think that others will?

**AD** I would argue in most of the wellness space, if you ask a crowded room of people who work in our industry, *how many of you are still doing a, b, or c wellness program?*, most are not. Maybe they did it at first, but even those who did it at first are not doing it anymore because it’s not compelling. It’s not solving a problem they want solved. Humans are fickle. If it’s not engaging and if it’s not making you feel better on a daily basis about something that you care about, guess what? You stop doing it.

★ **RP** That ties nicely to the next question. There are aspects of wellness that people don’t want to talk about or are afraid to talk about. You call them “The Unmentionables”. Tell me from your perspective what some of those Unmentionables are and what do we do about them?

**AD** To me the “Unmentionables” are the factors that are actually driving health or a lack thereof, and we’re just not talking about them. The biggest ones in my experience are things like financial stress, relationship stress, workplace stress, and caregiver stress. If you were to do root-cause analysis for why somebody is eating like crap and not exercising and not sleeping and over-drinking, usually it’ll come down to, *well my mother with Alzheimer’s just moved in, or I hate my boss so much I can’t breathe, or my husband just lost his job, and I’m afraid we’re going to lose our house, or I’m pretty sure my husband’s cheating on me.*

At the end of the day, the things that keep us from taking better care of ourselves—the things that the literature is now showing actually make us sick as well—are the factors that make life go bad, the things that each of us could point to having experienced, and when you do experience it, it’s an overwhelming catastrophe. Let me start by saying I think the healthcare system is incredible in its intent. People really did come into this industry to make a positive difference in people’s lives. It is a noble profession, but how many times today will somebody with the best intent reach out to someone to talk about their high cholesterol or their blood pressure or their diabetes and that person is going through a divorce?

Now if you’ve ever been through a divorce—I’ve been through a divorce—whether you wanted it or not, you feel like a failure and things feel like they are crumbling around you. You feel judged, and you judge. You could care less about your diabetes at that point. Or if your mother with Alzheimer’s just moved in, or, or, or. And so where I think the healthcare system is missing the boat is we, again, with all the best intentions are reaching out and trying to solve

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a problem for people while something else in their life is going bad. They don't have the luxury of caring about their health in those moments. It's Maslow's hierarchy. God, I wish I could care about my diabetes right now. That would mean I wasn't thinking about the terrible disaster that is my marriage and so on.

★ **RP** I think that's a great point; so what do we do? What advice would you have for building those other dimensions into wellness programs?

**AD** The first thing that you have to do is acknowledge that they are real and that they have an impact on health, so step number one as far as I'm concerned is we have to get the healthcare system to expand its definition of health to include life. We have to have a CPT code for being a caregiver or going through a divorce. We have to legitimize that these things do matter and they do have an impact. Then number two, we have to start asking people about them. The unfortunate thing about going through hell is you often don't raise your hand and ask for help—the classic case of someone who's depressed. The system does not field products that are inherently valuable for someone who's going through a divorce or someone who is a caregiver, but even if they did, history has does not play out that someone who is going through that is going to raise their hand and ask for help.

Just like we ask now *are you a smoker?*, *do you buckle your seatbelt?*, *are you eating vegetables?*, *are you exercising?*, we need to get to a place where we start asking *how are you feeling about your job right now?*, *Are you feeling okay about your relationships?*, *How are your parents?*, *Are you currently finding yourself in the role as the caregiver?*, *Do you feel stressed out about cash?* Those questions need to take priority. What I can tell you now from experience is when you ask that of people, the overwhelming response you get is thank you for finally asking me about something that matters to me. Then the next thing you have to be able to do because don't be a hit and run—don't ask a question if you can't do anything with the answer—is you have to be ready to grab somebody's hand.

The very first thing you should say back to them when they say, yes, *I'm caring for an aging parent* or, yes, *I'm financially stressed out* is, “you are not alone.” A lot of people are struggling with that exact same thing, and guess what, it's hard. It really sucks to be in that place. That's treatment number one. And then step number two is telling them that we have a lot of resources that can help. What I would say to you, Ryan, is every single organization that's part of WELCOA has something that they could bring to bear to help somebody who's dealing with one of those issues.

Even if it's only letting them know about the stuff that's available for free for which the government pays like websites where you can type in your zip code. And they'll tell you about the senior-care centers in your area or networking sites people like me who will connect you with other folks dealing with financial stress just so you can hear their stories and how they're coping all the way through to I bet a lot of these folks have employee-assistance programs that if you unbundled the very

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valuable resources that are in there, you basically have a tool set for addressing the unmentionables right out of the gate.

★ **RP** Would you say the unmentionables and traditional biometric markers are equally important to focus on?

**AD** Well, I think the biomarkers have effect. They should alert someone to the fact that they're not doing well if in fact they're not doing well, or they're making them feel great if they are doing great. I can tell you for me I wore one of those physical activity tracking devices for a while, but it hurt my feelings. It made me feel badly about myself. I know that I'm not sleeping. I know that I'm not moving around. I know that I'm not eating well. I don't need to have someone else tell me that I'm living that. The question is why am I not, and what can I do differently?

When I think about biomarkers and the way that they're currently being utilized in the healthcare system, I put those at the top of Maslow's hierarchy, at the top of that triangle. At the base I would put food and safety and warmth and clothing. That's number one. If somebody doesn't have that, nothing else really matters at all. That needs to be fixed. And then I would add on top of that, that if your life is in the process of falling apart, you're biomarkers don't matter so much other than they indicate the health impact of your life falling apart. So then the next thing we have to do is meet you where you are.

I think biomarkers and the unmentionables can go hand in hand, which is that there are a lot of us who are very goal-oriented. If as I'm trying to help you deal with the stress of a broken marriage; for example, I can get you to start walking and you are numbers oriented, and so you like the feeling of success and taking control over some aspect of your life because in fact you are walking 10,000 steps a day or whatever it is, that's where I can see them going hand in hand. But if one of these unmentionables is happening for you, I don't think the biomarkers alone are going to make a difference.

★ **RP** Do you see health risk assessments as a place where some of these other questions can be incorporated to start asking those hard questions about what you are going through whether it be a divorce, or do you have an aging parent, or are you in a caregiver situation. Is that the right place to do that, or are there other places or more appropriate times or opportunities to ask those hard questions?

**AD** I'm not a fan of health-risk assessments. Humans aren't idiots. Usually they come right in the beginning of a health plan or an employer trying to establish a

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relationship with this person. It's one of the first things you experience. It's sort of like if you went on a first date. I know what I want for my life, and I know what I want out of a partner, but would I really have sat down with my man that first night and been like, well, what do you think about kids, and what's your feeling about sex, and what's your relationship with your parents? You would never do that, right?

And so one of the challenges I have with health-risk assessments in general is I think they're incredibly off-putting, and they set the relationship off on a bad foot. Not to mention I think most of what they're addressing does not feel of value to the individual whose being asked. So my preference would be, if you need to do an HRA, do the HRA but decouple it from building a genuine and authentic and purposeful and valuable relationship with the individual. The first interaction I would have with somebody would get at the stuff I knew mattered to them.

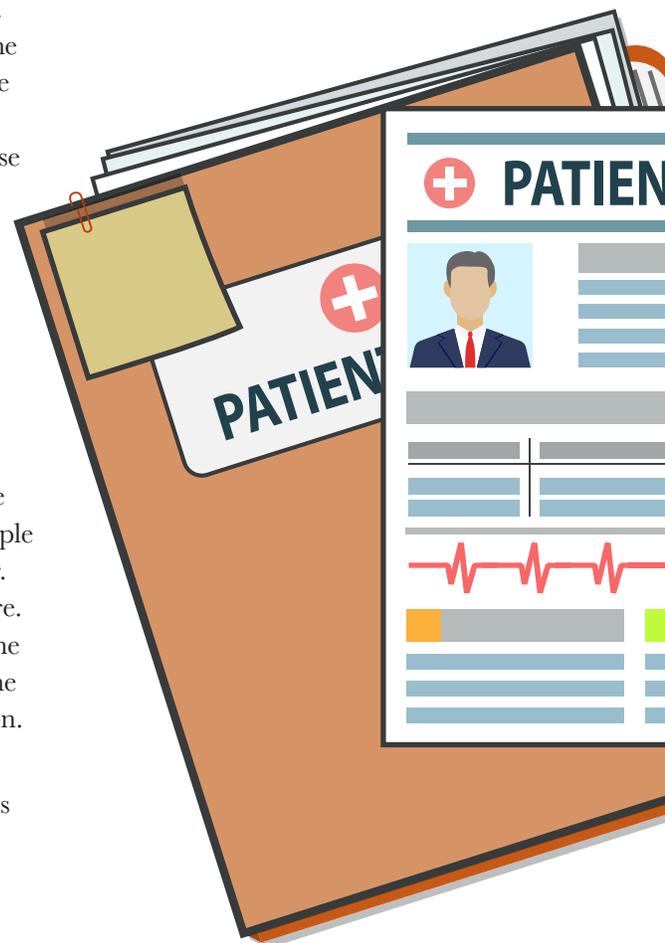
If you went to any other industry, and you were trying to figure out why in effect you couldn't sell more of what you were selling—and I would argue the healthcare system has a lot of stuff it can't sell. No one's joining these programs, and no one's actually changing their life. No one's buying our health behavior figuratively or literally. So then you have to ask yourself *am I selling something people want to buy?* Well, if I'm not selling something people want to buy, what do they want to buy? I think what they want to buy is help with the stuff that's waking them up at night. If I were somebody, I would separate the two discussions. I might need to keep the HRA because it's inextricably linked into the other programs and other incentive structures. That's fine. I would not let that keep me from first establishing a relationship of genuine value, value in how it's perceived by the individual because you're asking me stuff that matters to me and value in that I think the answers to those questions are far more predictive of who's going to really have health consequences than whether or not I tell you that I'm eating well for example.

★ **RP** Given that, what are your thoughts on the evolution or the future of healthcare and wellness?

**AD** I think one of the things that has been so beautiful about the healthcare space over the years is how genuinely well intentioned is everybody in it. People come into the healthcare system because they want to make people healthier. They feel called to do that. A down side of that is what we talked about before. The product that you design in your wood-paneled conference room is not the product that you yourself would use, and it's certainly not the product that the rest of the world would use who have not chosen healthcare as their profession.

And so unfortunately I think a lot of the stuff that we have fielded as products and solutions over the last however many years is made in reflection of what we think will fix the system but it in fact won't. But because there are really no mechanisms to reflect people's choice, the only mechanism we've had to measure whether or not we're having an impact is, are we bending trend?

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We could all resoundingly say, no. There are very few examples we can show sustainably, scale-ably that we've had an impact on the metrics, the healthcare outcomes that we measure. We're fitful about that, and we try and fix it. What we have not had to face in the harsh reality of the glow of the daylight is how do people feel about our efforts to do that? If they had a choice, would they choose us? And so what I think what has changed in the last couple of years for all of us is, number one, we're beginning to be held accountable for the fact that we can't bend trend.

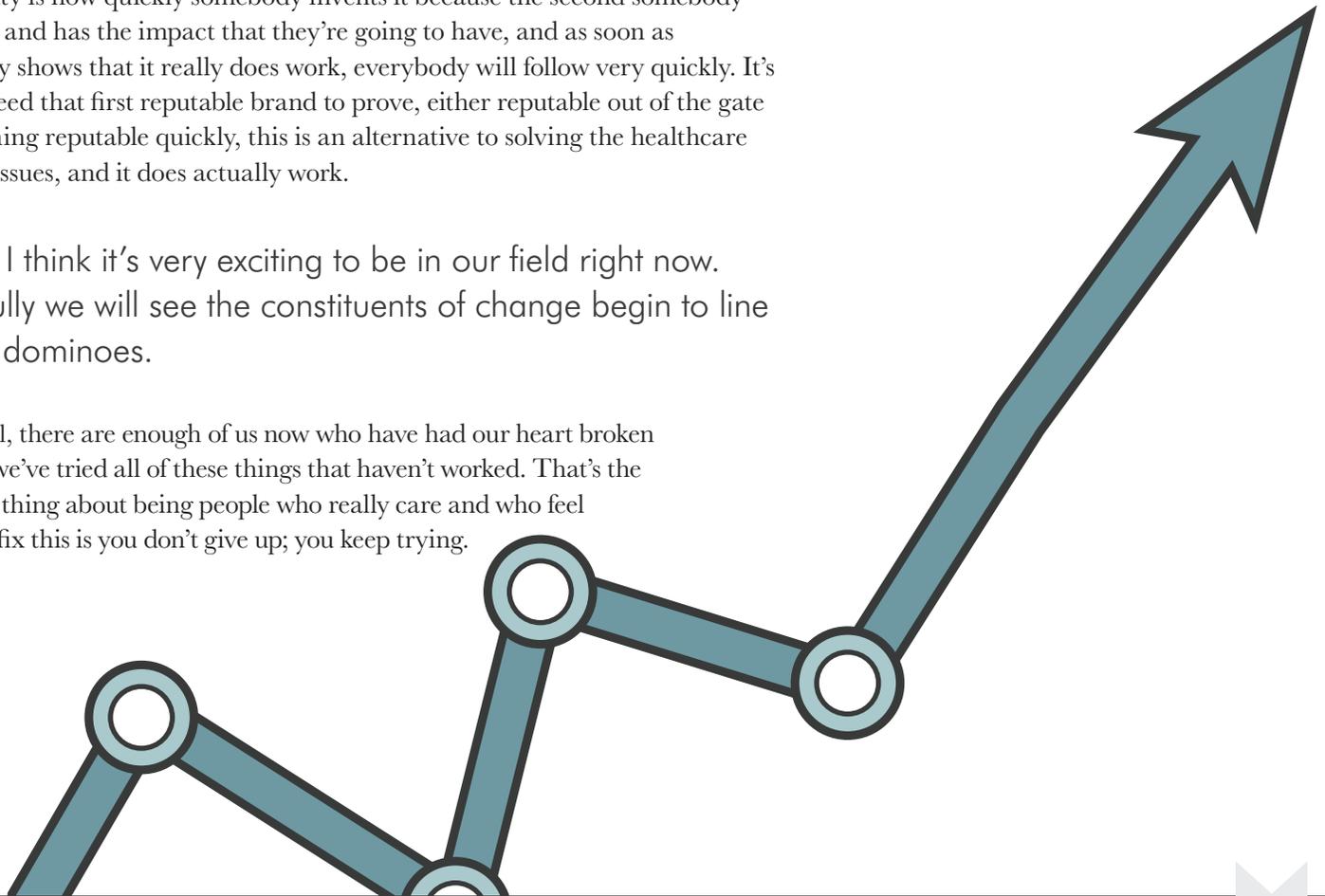
You can no longer make lots of money without having a measurable demonstrable impact on health. We're all seeing that begin to play out. I have every reason to believe that will continue to play out because the trends are unsustainable, period. End of story. Number two as part of that, we're beginning to see transparency. We're having these exchanges. We're beginning to see choice. For me those two together are incredibly exciting because somebody is going to develop a product that solves the problems that I really want solved that actually makes me feel aspirational that actually every day I can't wait to interact with this thing that's helping my life be better. In the process I am actually going to get healthier. I am going to cost the system less money.

Now, could I tell you that is going to happen in the next two years or the next ten years? I think what's going to impact how quickly we get to that gorgeous new reality is how quickly somebody invents it because the second somebody invents it and has the impact that they're going to have, and as soon as somebody shows that it really does work, everybody will follow very quickly. It's just we need that first reputable brand to prove, either reputable out of the gate or becoming reputable quickly, this is an alternative to solving the healthcare system's issues, and it does actually work.

★ **RP** I think it's very exciting to be in our field right now. Hopefully we will see the constituents of change begin to line up like dominoes.

**AD** Well, there are enough of us now who have had our heart broken because we've tried all of these things that haven't worked. That's the beautiful thing about being people who really care and who feel called to fix this is you don't give up; you keep trying.

"We're beginning to be held accountable for the fact that we can't bend trend."



As all of us have kept trying, new technologies and new research has come into our bag of tricks and our toolset. And so I think we're in this great place where not only are we solving a problem that's enormously worthwhile, but it would appear the regulatory environment is beginning to actually make it possible to implement radical new solutions, and technology is beginning to make it possible to field radical new solutions in a really scalable way. I always feel fired up about the problem in the world I was trying to solve, but there were a greater number more hard days than good, and I feel like now the momentum is growing for these radical new approaches that I think have empathy at the core of great design and are going to actually deliver sustainable, scalable solutions that actually impact real people's lives in a measurable way. I didn't feel that confident five years ago.

★ **RP** The last question I have for you is, for the people reading this, what's the one thing that you would suggest that we could start doing differently or just start doing? What would be your one tidbit of advice—your call to action?

**AD** It would be to start asking about the unmentionables. It would be to expand your definition of health to include life. Whether that's an intellectual exercise or a carnal exercise, it starts with you asking yourself how you're doing, and when you come up with the realization like most of us will that you're not doing well taking care of yourself, ask yourself the follow up question, *why not?* The answer will probably be that life is getting in the way.

If you've already come to that conclusion then start asking those questions of the people whose lives you're trying to improve. I think if we just started there. If we just started by broadening the definition of health to include life and started asking these questions of people and giving them a chance to raise their hands and say this is not working for me and I need help, then it's an easy next step to say you are not alone in that suffering. We have things that exist right now for free, or are bundled up already in our EAP or things that would be cost effective once we rolled it out that can help. 🏠

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