

TRANSCRIPT: Live Panel Discussion: Workplace Health & Safety, held November 16, 2020

Kristen Lauria: Hello everyone and welcome to Cigna's Healthy Ways to Work panel discussion. I'm so glad you could join us today. My name is Kristen Lauria and I'm Cigna's Global Chief Marketing Officer. I've been with Cigna since March of this year so I'm still relatively new to the company.

And a little interesting fact about me. My first day with Cigna was within days of our stay-at-home orders going into place. So the pandemic has certainly had a unique impact on me to say the least.

Now of course we know that COVID-19 has impacted everyone and permeated just about every facet of our lives. We've seen nothing like this before and like Cigna employers of all sizes and all industries have been adapting to the challenges navigating lockdowns, designating essential workers, shifting supply chain demand, prioritizing safety concerns, handling employee hardships, dealing with financial pressures and now planning how to bring employees back to the office all without a formal guidebook.

So as the world adjusts, we're also learning and we're developing innovative solutions to overcome these obstacles. Many of these solutions will inform how we live and how we work in the future even beyond the pandemic.

So on that note the purpose of today's session is to hear how employers have been managing through this period, the decisions in the plans that they've had to make and the longer term solutioning that needs to happen to keep employees healthy, safe and supportive.

So today we've assembled a great panel for this conversation. I'm pleased to be joined here today by Danielle Shanes, Head of Benefits and well-being for the National Basketball Association, Dwight Hanna, Human Resources Director for Richland County South Carolina,

Cigna's Chief Human Resources Officer, John Murabito and Cigna's Senior Medical Director Dr. Steven Halpern. It's so great to be joined by all of you here today.

For the next 20 to 30 minutes we're going to be discussing the health and safety of employees and then we're going to open it up for Q&A. But first before we begin I'd like to go around the room and ask the panelists to take a minute to briefly introduce themselves. So Danielle let me start with you.

Danielle Shanes: Sure hi. Good morning everybody. I'm Danielle Shanes, Senior Vice President and Head of Benefits at well-being at the National Basketball Association. I've been here six years. My focus is benefits, well-being and mobility with a real focus on the employee experience.

You know, about the NBA probably. You know, that we have the men's league with 30 teams. We also own the WNBA, the women's league, the G League which is our development league or our minor-league, the 2K league which is our East sports league, Basketball Africa League.

And so in addition to these five leagues we operate in 12 different countries. So in total of about 3000 participants at any given time and some of these have a collective bargaining agreement, some of them do not so it's really quite a complex organization.

Outside my work at the NBA I'm on the board of the national of the Northeast Business Group on health. I'm a founding member of the Mental Health Working Group and I'll turn it over to the next guest.

Kristen Lauria: Well thank you. Dwight let me turn it over to you.

John Murabito: Kristen we can't seem to hear Dwight.

Kristen Lauria: Yes.

John Murabito: Maybe if you come to me and then Dwight can figure it out in the meantime?

Kristen Lauria: Yes. Great. John ahead.

John Murabito: Hi everybody. Good morning. I'm John Murabito. I'm the Head of Human Resources and Services for Cigna Corporation. Hopefully most of you on the line are, I would imagine relatively familiar with Cigna. We're a global health services company. We have about 75,000 employees and I take care of human resources, everything from talent of course to benefits, well-being employee safety, everything to do with HR as well as some administrative services areas as well.

And I've been with Cigna for 17 years. Outside of Cigna I'm a director for Winnebago Industries. And I'll put a little plug-in for my college. I'm the chair of the Board of Trustees at Augustana College in Illinois in case there's any Midwesterners who are on the phone today. So I'll stop there.

Kristen Lauria: That's great John. Dwight are you back with us?

Dwight Hanna: I am back with you. Thank you.

Kristen Lauria: Great.

Dwight Hanna: No, my mute button disappeared for a while. I'm Dwight Hanna. I'm Director of Human Resources for Richland County. I'd like to welcome everyone to sunny Richland County South Carolina, 65 degrees and sunny today.

I've been with Richland County since 1998. In my capacity I am responsible for employee benefits employee relations, training and development, classification, compensation, wellness HIRS, employee communications and benefits.

I am very supportive of the United Way. I enjoy golfing and during COVID-19 I started cooking. Thank you.

Kristen Lauria: Thanks Dwight and Dr. Halpern?

Dr. Steven Halpern: Good morning I'm Steve Halpern, Senior Medical Director here as Cigna, delighted to have the chance to speak with you all today and help answer some questions. In my day job I work directly with employers so I start out with an employer-centric perspective.

But more importantly I'm here for a couple of reasons. First I'm a pulmonary specialist so airborne pathogens is kind of my thing. But I also head up the clinical team which advises Cigna, our own folks regarding two important questions, whether we should open sites and if so how to open them up safely.

I lead the regulatory aspects which is if we're even allowed to open up a site and operationalizing everything which is bigger than a bread box to other folks.

And finally this is actually not my first pandemic. I was an intern at Morris Sloan-Kettering in the early 80s and treated some of the very first patients with AIDS so pretty much ground zero. Again thanks for attending and I look forward to our discussion.

Kristen Lauria: Now a great panel, thanks everyone. So one more thing before we begin the discussion. I'd like to start with a quick and interactive poll question for the audience. so the question goes

like this. We would like to know what COVID-19 issue has your organization been struggling with the most?

One, establishing a safe work environment, two, ensuring timely and accurate communication, three, infection screening and tracking, four employee well-being and resiliency and five adjusting your business model to remain profitable. So operator please open up the poll as everyone answers. We'll be able to see it in real-time where things trend.

All right so I think it's closed. And it looks like oh wow, A, B and C, establishing a safe work environment that 19.8 plus the 20 and right following - oh I'm sorry, employee well-being and resiliency is 32.6.

So it's interesting you can see really a continuum of kind of weighted pretty equally across the board that we're all dealing with each of those issues. So thank you everybody for weighing in.

So I think let's now switch over to the discussion. And I'd like to start with Danielle for the first question. So Danielle my first question is COVID-19 has taken a huge toll on mental health and has made it difficult for those struggling to cope with constant uncertainty and fear that confronts each of us each day. So how would you navigated this both professionally and even personally?

Danielle Shanes: Great well Kristen personally so you're asking me to get vulnerable. But let's keep that word in mind vulnerable and we'll get back to it.

So personally I have a 19-year-old son who is in his sophomore year of college. He came home for spring break in March with one backpack meaning he left everything at school but then he didn't go back until August.

I live by myself which is wonderful. I'm an introvert I love it, but honestly it got hard at times. I'm generally a very positive and optimistic person and I'm doing the best navigating, you know, this year like we all are. And that means that I have good weeks, days, hours and even minutes and bad weeks, days hours and minutes as well.

But let's get back to, you know, the business side of things and get back to the term vulnerable. About two to three years ago of few of our brave players came out and spoke about their struggles with mental health issues. So you may recognize the name Kevin Love who'd came out and talked about his anxiety, DeMar DeRozan spoke about his depression. And lesser-known on the WNBA side is Liz Cambage who spoke about both anxiety and depression. And that was really a turning point I think for us at the league where we recognized what we all knew inside is that everybody struggles with this.

So as I was going to plan our 2020 goals with my team the focus really became mental health and two things. One was getting leadership involved and the second one was curating a group of therapists that we can count on. So specialized people who knew us and who we know and that we can count on.

And then March came right and we shut down all of our offices. And let's get back to the term vulnerable where people started asking each other how are you doing and people were answering and listening. And we were learning more about each other on a personal side.

And I've seen some ebbs and flows with that and I wondered if you all have as well, you know, around June and July people kind of kind of stopped asking and how they were doing. It was, you know, back to business but it's gone again, you know, ebbs and flows.

But this really became an opportune time for us to begin healing and that was really that's been the theme of this year really. And so as we talked about curating this group of therapists we

began with the Director of Our Mind Health program. And Mind Health was really started to focus on the players and those associated with the game but employees as well.

We added from there two psychologists who are sports psychologists, one who specializes in racial trauma. We've added a child psychologist on. And this healing is really focused on a variety of things from the racial crisis to the health crisis to the financial crisis.

We reduced our staff by about 8% to 10% in June. So all these things are converging. And then you may have also heard that we played in what we called a bubble over the summer. So in order to start the game up again we had between NBA, the players, the teams probably about 1000 people living in a bubble in Disney World.

And there is a point in story here these people were there without their families. And we had a community conversation where we talked with some of the people there and one man said, "You know, I am seeing what's going on TV. I'm seeing, you know, more racial injustice. It's being, you know, more - it's more out there now than it was before."

And they guy said, "I need a hug." Just think about that. I'm not with my family we can't hug each other here. I need a hug. So it was like an individual, you know, everybody is going through one thing or another.

So what we've been doing with healing is both top-down leadership driven and then bottom-up employee driven. And that's either individual employees or our employee resource teams whether it's Dream of Color or our Black Employee Network or our Working Parents Network.

And we've had several community conversations. So that consists of presentation Q&A and sometimes dialogue within breakout groups. We've talked about the multiple - we've had multiple conversations on the physical and the mental toll this is all taking, racial injustice the election,

parenting, et cetera. And each conversation starts out by asking participants to describe in one word how they're feeling. And I've heard confused, helpless and angry.

So we've had a vast array of other solutions that we focused on overtime but the mental health is really one thing that I wanted to focus on with you guys. And it's building momentum. I can say that we've had multiple challenges along the way but we are on an amazing path at the NBA.

Kristen Lauria: Danielle thank you. So many insightful comments there, you know, really thinking about mental health and well-being and just the point that we're all really vulnerable in this one and really how we interact with each other and how we deal with that becomes something we deal with all in the workforce all the time now -- very big change. So thank you for all those insights.

Let me turn John to you. Like many other employers Cigna our company has been dealing with the pandemic on so many different levels across the globe. How did Cigna how did we respond early on during the pandemic John?

John Murabito: Yes thanks Kristen. So we kind of start with our guiding principles around the importance of health and safety and well-being of our employees. And we also started with the notion of transparency. So those were the, you know, I guess call it day one, those were the things that we started with and said, "All right with those things in mind, you know, where do we go, what's the best thing to do, how do we handle this?"

And, you know, so, you know, in the interest of health and safety I mean we sent really our - almost our whole workforce home. In the United States we have about 65,000 employees and about 5000 of them we deemed as essential employees. And they had, you know, had to continue to go to the office. But other than that 60,000 people, you know, had to work from home.

So we were very quickly into how do you enable these folks to be, you know, immediately productive. And without getting into detail we made that happen within a couple of weeks which was quite a challenge and a testament to our IT function in particular.

So we got people at home to be safe. And then we said well we need to really be focusing on communication and taking care of people as they were in a new environment. So we've done so many things from that standpoint.

You know, we have a coronavirus micro site that people access like crazy. We have regular calls with our senior leadership, kind of the most senior 500 or so folks in the company. We've done just all kinds of town hall presentations at a very high level to the departmental level, you know, a lot of emails of obviously information from people like me as well as our CEO and our Chief Communications Officer and others.

And then we've tried to also make sure we're giving people flexibility that they need in, you know, in this really challenging environment. So we instituted things like emergency time off, ten days off that, a day of reflection for people after the George Floyd and social unrest began. We've made all kinds of kind of let's say relaxation of our policies relative to PTO so that people have that at their disposal.

And then we've done kind of enhanced access to EAP service. Like Danielle said, you know, the mental health issues, the stress and anxiety issues are challenging and getting more challenging frankly. And so making sure that people have access to EAP is really important as well as certain digital tools that have been helpful to folks as they get through this and behavioral healthcare as well for our own employees that is necessary.

We did a COVID-19 employee assistance fund to help our employees who are having financial hardship. And that was funded by the Cigna Foundation as well as some of our own employees. So a lot of things that we did early on to get us ready.

But this is going on obviously quite a long time, much longer than any of us expected or I'm sure anybody on the phone here. And we're not sure when it's going to end. So we know that our employees are dealing with, you know, kids at home and, you know, and kind of a, you know, COVID fatigue and all these things -- caregiving issues -- all these things that are real.

And so we're trying to be as flexible as possible and encouraging our managers now too, you know, defined flexibility in a whole new way for their managers and their employees so that, you know, so that people can deal with the tough things that they're challenged with at home and at the same time, you know, be attentive to our customers and our other stakeholders.

So it's a challenging situation. And obviously, you know, at some point we'll get to reopening worksites, but we've now announced that that will be no sooner than April 1 and with the exception of our headquarters in Bloomfield is open but very, very limited. So I'll stop there Kristen but give you a sense of kind of what we've done.

Kristen Lauria: Yes thank you and there has been so many different efforts and so many things planned of what Danielle said as well. And it's the thing is there's one answer. It's every week get up and we think about what else can we be doing to really make people productive and able to come to work and at the same time deal with what's going on with the world and their families.

So let's - I'm going to switch over to, you know, the government lens. Dwight you have a slightly different perspective but probably a lot of the same situation. But from your organization's perspective what challenges have you faced and how has Richland County approached them?

Dwight Hanna: Yes thank you Kristen. Listening to John and Danielle with much answers and is amazing even though the NBA is much different than local government the similarities and Cigna is certainly a different organization in Richland County. But when I hear about they mental wellness challenges and working from home what area I'd like to focus on is the technology aspect of it.

We have been challenged in the technology area from two aspects primarily from providing employees the resources they need to work from home and also providing our assistance, our customers the technology that they need to access our services during the COVID pandemic.

Obviously with local government we have essential services, law enforcement, emergency services, solid waste. Those things continue throughout the pandemic. But in addition many people are buying cars, buying houses, they want to pay their taxes to get there tags and do things to get their home so that interested in that type service.

So putting the technology in place that enables the citizens to do that in a user-friendly manner in a manner that they were not accustomed to. That has been a real challenge for us. And just to be quite candid local government Richland County I'll say specifically did not have a culture of everyone working from home. That just was not the culture we had.

So we had to make a drastic shift rapidly in order to provide our employees the ability to work from home and also our citizens to continue doing things they needed to do in their daily lives. Certainly the metal wealth, mental wellness aspect has been a constant challenge for us for many years. Unfortunately over the past several years we've had three employees to commit suicide. So we've been not in any way related but we've been focused on mental wellness for many, many years.

With the isolation that COVID-19 contributes to mental wellness challenges we really wrapped up our efforts as it relates to the EAP and in providing information to an employee and hoping that

would help them. We've also provided training to our supervisors and management what we labeled it as COVID reasonable accommodation training.

We know because we get real good reports from Cigna that at least 50% of our employees had at least one or more high risk conditions as identified by CDC. So when we come back to work we anticipate there will be many requests of employees either from anxiety or real medical situations. So we wanted to equip them - to equip our supervisors and managers to be able to deal with those employee challenges in an effective manner.

We've had daily leadership calls where the leadership team is on the phone every day at 9 o'clock. We've increased the utilization of our HR app. We've utilized our HR newsletter. And also I found that we have a lot of resources available to us such as Cigna has been a great resource for us, professional organizations SHRM, ICMA, IPMA and other different organizations have been very helpful.

From a personal perspective I say I had a brother who died during the COVID pandemic and we were not able to have a funeral. And that's just an example of the challenges all of us are facing whether it's a wedding or funeral, celebrating a birthday, we're coming up on Thanksgiving just those challenges that we're facing. So I'll stop there. Thank you.

Kristen Lauria: That's great and so I'm very sorry for your loss but thank you so much for the perspective on your organization as well. So let's switch over to the clinical perspective now with Dr. Halpern.

So here's the big question what does normal look like first? And what are some surprising lessons that you've learned about returning to the workplace?

Dr. Steven Halpern: So yes great questions Kristen. Yes normal, I mean normal means so many different things to different people. Let me make it simpler. So let me ask the question when can we get

back to our offices and not have to wear a mask, not have to physically distance and yes maybe even actually give somebody a hug?

You guys probably heard the same thing starting in March we sent people home but it was going - this was going to last a couple of months and then we were good to go. July is the new January, more to follow in just a second.

So for that to happen for us to be able to go maskless in the office there are a couple of pathways. And to simplify things a little bit people have to feel safe. So what that means is there has to be so little COVID in the community that there's no chance of you getting it or it's just a really, really small chance of you getting that. It's going to be a combination of vaccines antivirals. We'll talk about that in just a second.

But that's not the only pathway. The other pathway is effective therapy. People don't talk about that nearly as much. But what if you got COVID and it really was just a bad flu or just a cold? What if you could just pop a pill?

So there are two pathways. And I think it's going to be a combination. It's probably not going to be one silver bullet. It's probably going to be both of those. Vaccines yes, I mean when I started developing those talking points we didn't have any of the announcements. Pfizer came out and then just this morning Moderna came out.

So Moderna sounds pretty promising, 95% effective, doesn't have to have the ultra-cold refrigeration so that may change something. That may be a game changer.

But don't forget the other stuff antivirals. So hey I get COVID, I pop a pill and I'm good to go or I was exposed to somebody with COVID and I popped a pill and I'm good to go or a nasal spray

which works in ferrets and maybe works in people. You just spray your nose and the COVID the coronavirus actually can't attach.

So there will be other things coming out in addition to vaccines that we should keep an eye on. And of course there's testing. Right now the testing is not great if you're not symptomatic. So but at a time there may be, you know, you wake up every morning, you take a spit test, no coronavirus, no COVID and you're good to go. It'll be a combination of those.

So if you ask about timing, three weeks ago I would have said third-ish, fourth quarter with the Pfizer announcement maybe third quarter. With Moderna announcement just two hours ago, yes maybe end of second quarter 2021 but please don't hold me to that.

In terms of lessons learned, three big lessons. The first one was pretty obvious, best laid plans, no good plan survives first contact. We started out with three sites that we were going to open. St. Louis experienced a surge so we had to cross that one off the list. We actually opened Montana and two weeks later we had to close it back down again.

Right now our Bloomfield office is the only office that we have open so be prepared for any plans -- and you probably have already experienced this -- are going to go awry.

The other thing is we were surprised at how few people wanted to come back. About 15% give or take and of those folks who wanted to come back most of them wanted flex hours. They didn't want to be back in the office maybe two or three times a week, maybe come in for a meeting, maybe come in for something special.

Also in our first wave we learned something. We invited about 230 people back and only 50% of the people actually showed up in the office after going through all the training and getting ready. So people aren't really quite ready to come back and I think there are a couple reasons.

One is just a feeling of safety. If you ask people I just don't feel safe and some of that is reasonable, some of it isn't.

I learned early on I - we had a young woman who kept coming up with symptoms that were unusual and we kept testing her and sending her home. And it turns out she had just become pregnant so of course she was terrified.

But then we have the young invincible. So feeling safe is very different from actually being safe and that's very personality driven.

Also people didn't quite understand what it's like being back to work at a COVID safe environment. So masks eight hours a day, limited conference rooms, no coffee machines. Once they learn that they didn't want to come back.

A lot of folks though very rationally were thoughtful about coming back. We all know that chronic illnesses are a risk factor and raise people's risks.

Cigna we're a data and analytics company. We do this and I have a ton of data. We do biometrics. About 2/3 of our folks do have a high risk, a significant risk factor. Most of that's obesity. Some of it's overweight, hypertension. If you take everybody about 2/3 if you add immediate family, it adds another 5%.

So anywhere from 70% to 75% of folks actually are in a higher risk category. So we should be very mindful of them feeling maybe they don't want to take any risk at all.

Finally I learned a lot about ventilation. I don't know you probably were like at the very beginning watching these YouTube videos about washing your take-out food and your groceries and all of that. Well turns out that's probably not necessary.

Then it was well, you know, 6 feet's good because if you cough and spit the coronavirus is like big droplets and it falls like a rock, 5 and 6 feet you're good. Well that's turned out not to be true. It's aerosol COVID kind of kind of floats in the air.

So we've had to ask questions about ventilation and started poking around here. If you talk to your facility - your engineers they'll say yes we follow the CDC guidelines, we follow ASHRE which is a professional organization.

And but the guidelines say things like to the extent possible so you should put in MERV 13 filters which are filters good enough to filter out viruses if you can. And it turns out a lot of HVAC systems can't - aren't strong enough to push air through smaller filters so no filters.

Another guideline is to the extent possible if you can get outside air you should circulate outside air 100% of the time. But if it's 100 degrees outside and humid or if it's 0 degrees that's not happening. You're not getting outside air circulated.

And then something called the demand valves which I didn't know anything about. If you're in a smaller room and it's already warm enough the air-conditioning, the heating system turns off entirely so you're only getting about 5% of the ventilation. You may get one air exchange every four or five hours. So in those smaller rooms you're getting almost no ventilation at all.

The CDC just two weeks ago finally came out with a recommendation to turn off demand valves. You can't. A lot love air-conditioning HVAC systems they can't be modified or turned off at all.

What does this mean? In a large area open space cubicles you're getting diffusion. I'm not mostly concerned about that, but in smaller rooms where your IT folks, security, copy rooms that kind of stuff, we reduced our staffing by 25% and just very mindful of who we let into the rooms. So lots of surprises for me Kristen.

Kristen Lauria: Well thank you thank you everyone for your insights. You know, I think we started with the notion that health and mental health is really the starting point. John you talked a lot about different programs that are being deployed and being deployed continuously and adaptable.

Dwight your perspective on information, access to information and of course information technology to enable the work from home going forward. And then of course Dr. Halpern the idea that it's not any one thing. It's not just a vaccine. It's a therapeutics and just some of the things that we're learning by going back to the office.

And I think Dr. Halpern your comments on feeling safe and being safe are two different things. And it really goes back to where Danielle started on the mental health and how people are feeling mentally and how it plays into all of this. So thank you all for the answers to the questions.

And we have about two minutes before we'll switch over to Q&A. But what I thought we might do is a lightning round with everyone. So here's the question. Based on your own experiences this year what piece of advice would you offer other employers and what helped you and what guided your decision-making? So Dwight let's start with you.

Dwight Hanna: Thank you. I think one of the things that I had tried to keep in mind is a quote from Stephen Covey, begin with the end in mind. Certainly COVID-19 is not a positive thing but I think it gives us an opportunity to solidify relationships with our employees for the future.

I think if we ask ourselves once COVID-19 is over or to some degree behind us how do we want our employees to look at us in terms of decisions that we made and what we did? And that's kind of the way I've tried to let things guide me.

We tried to focus on the same competencies and we've been I guess trying to drive to our employees and to our supervisors in terms of active listening, civility, procedural justice, cognitive diversity, accountability and customer service. I think also keeping in contact with family and friends is very important. And finally if you're in a Zoom meeting, it's a good idea to wear pants. Thank you.

Kristen Lauria: Oh sorry about that. Dr. Halpern are you there?

Dr. Steven Halpern: Yes. So yes it, you know, be flexible, follow the science. New information is coming in every day. I mean, frankly two hours ago I got that piece of maternity information. There's so much about coronavirus that we don't understand, there's so much that we will understand what we do in March different than June, August and today.

Clinical knowledge is expanding all the time. We just need to follow the science. At the end of the day attitudes among employees about returning to work are going - it's going to evolve based upon perceptions of safety. And that's going to involve partly clinical knowledge what's out there and how we communicate with our folks.

Kristen Lauria: Great thanks. Danielle?

Danielle Shanes: Sure, two pieces of advice. One is recognize that solutions can come from everywhere a solutions and participation. So from your leadership, from your benefits and HR department, from your employees individually as well as, you know, from these groups the employee resource teams and from your vendors. And then second one size does not fit all. Keep diversity in mind.

My 19-year-old, you know, going off to college or being here is different than yours. My isolation is different than yours. My fill in the blank is different than yours. So while we want to create these big picture solutions there are people that are within those that are behind that big picture.

Kristen Lauria: Thank you. And John?

John Murabito: Yes thanks Kristen. Yes I guess two things as well. One is while I think given how long this is taking and much longer than any of us expected I think we need to keep challenging ourselves to, you know, think about doing things in different ways. But, you know, think about do we need to do certain things at all?

You know, so it's so much easier to put multiple people in meetings these days. Do they all really need to be there, probably not? Do we need to have every meeting by video that we're having right now, probably not. Do they need to be as long as they are, probably not.

So I think, you know, challenge ourselves to kind of think about how can we make it easier on folks who, you know, who are at home kind of with challenging situations. That's number one.

The second quick thing is just use recognition like crazy. We've shown actually very good correlation within our own employee surveys that engagement, in fact excellent engagement and happiness can be driven by very little recognition. And so I think the more that we can encourage our leadership to recognize people even in very small ways that drives a lot of positive attitude, engagement and just a better feeling in people overall and I think better health.

Kristen Lauria: Great thanks John. Okay so thank you everyone so much. We have almost 15 minutes, about 13 minutes left. I thought I'd switch over to some Q&A because - and we have some questions that are written in so I am going to read the first one.

The question is, "How are companies supporting working parents and/or mental health specifically with the weight of work and remote schooling?" So maybe John, Dwight, anybody want to comment on that one?

John Murabito: I can start I guess Kristen. You know...

Kristen Lauria: Okay.

John Murabito: ...I mentioned a couple of things earlier like, you know, time off, just giving people the opportunity to have frankly more PTO than what would be in a normal year. And, you know, we've done a lot of that at Cigna just giving people the opportunity to take time off as necessary.

And we've asked our managers to kind of work with folks to take that in small increments where necessary and so forth. You know, we have certain services that are available to help people with finding, you know, child care where necessary where they're comfortable with that that's through REAP.

We've done some things, we have a thing called a Cigna Care card for our employees which is just flat financial help for people that need, you know, in our kind of more junior levels in the company that might need some financial help. You know, we - we're offering those types of things.

But I think the biggest thing that we can do is just, you know, continue to be, you know, really, really as flexible as possible with our work when, how, where work is done and we'll continue to do that.

Kristen Lauria: Great thanks John. Any other comments on that one?

Dwight Hanna: I would just like to - this is Dwight I would just like to add to what John said about the flexibility is really key. And I think oftentimes we tend to think of childcare responsibility as being primarily a female responsibility. I think encouraging males to be supportive in the workplace.

In Richland County about 50% of our employees are women and obviously 50% are female so it's half of our workforce. But we think it's real important that men are supportive of the needs of child care, employees that have child care.

Also many of us now are caring for elderly parents as well. So that's also something that we need to keep in mind and be flexible about. Thank you.

Danielle Shanes: I would add something...

Kristen Lauria: Thanks Dwight.

Danielle Shanes: ...that's particularly well for us is crowdsourcing. So in addition to the solutions that have been mentioned our parents are in a Slack channel together and they're sharing resources back and forth. And that is really invaluable because, you know, as a benefits professional who is around 50 years old like I don't know what resources are out there for, you know, people with 2 and 3-year-olds, et cetera, so helping each other is really important.

Kristen Lauria: Great thanks everyone. Okay so our next question is what do you recommend for employee messaging across the US for dealing with COVID during the colder months? So kind of a communications question so anybody want to start on that one?

John Murabito: Well I'll start again and maybe Dr. Halpern can jump in...

Kristen Lauria: Okay.

John Murabito: ...from a clinical standpoint. I mean we been doing Kristen, you know, we continue to do what we've been doing all along, encourage our people to wear masks, wash their hands, you know, be physically distance as much as possible and just be as careful as possible in their personal life to, you know, to avoid, you know, the opportunity to get COVID.

I mean we've just been like as you would say Kristen kind of a drum beat of, you know, of communications to our people. And yes obviously you have to be empathetic, you know, with the situation that we're in right now particularly as we go up to the holidays but, you know, I think we're just trying to get people to again to be really thoughtful about how they take care of themselves and their loved ones and keep their, you know, kind of community so to speak as small as possible. I don't know (Steve) anything from you?

Dr. Steven Halpern: Yes John for a non-clinician you did a pretty darn good job, so nice work..

Yes, you know, so I'm sorry guys I'm, you know, I'm the doc so Debbie downer, it's going to be a very dark winter. What we're going into is extremely serious. We see that on the news.

So we've been pretty mindful about kind of regular messaging. One, you know, obviously wearing masks, but a little more detailed stuff like it's nice wearing masks but make sure you don't have gaps in the sides for example right? Talking about, you know, what's your chance of having somebody be at a gathering of ten people or more right, so pointing them to - starting to point them to Web sites. That will give people a sense of that.

So I think our messaging is this is what I tell my family. It's when in doubt back out. So when in doubt back out. If you're not sure about going into a social situation just kind of don't do this. And

affirmative messaging. People respond to be doing this for your families be doing it for your friends, your doing it for your community. you're doing it for your country.

So that combination of a little bit tough love messaging about the facts because there are different facts out there, we can be a source of knowledge. And I think we have the credibility to do that so kind of a combination of tough love messaging with some affirmation that is light at the end of the tunnel and we have your backs is of course.

Kristen Lauria: Yes thanks so much for that, especially the comments on there's so much different information out there that as employers we can help play a role sorts through for our teams. We'll move to the next question it says, "What recommendations do you have for grouping employees - for engaging employees' feelings about workplace safety and comfort levels all round working in the office? Our employee surveys well-received? What safety precautions are being implemented with regularity in offices where people are returning to work?"

Danielle I know in the beginning what - the people's feelings about safety. You talked a lot about that in the beginning. I don't know if you have any comments on that one?

Danielle Shanes: Yes I mean certainly, you know, the person mentioned survey so that's a great way. I think many, many companies have been doing that including us. I think also data. So as a company that's based in New York City and right outside of New York City and New Jersey we know that a large percentage of our people commute on public transportation.

We know that from our surveys that they are concerned about commuting on public transportation. And so I think, you know, in conjunction with surveys and data that's where I would go.

I mean we're doing a lot of things like many other companies are doing with people are allowed to come into the office on alternating days and people need to come in on a different day. They have to request different a seat -- things like that. I think there are all lot of similar solutions out there.

Kristen Lauria: Thanks so much for that. Let move to one more question and then people I'll wrap it up.

"So how do you manage other workers when a positive case is reported at a location? Are there options for those that are traced as close contact other than the 14-day quarantine? We have small departmental staff and I could potentially shut down that - I can't potentially shut down that department for 14 days. So if there is a positive case has anybody had the experience with what we do for those around them and are there different ways that we can handle without a whole quarantine?"

Danielle Shanes: I mean we've done...

Dr. Steven Halpern: Well...

Danielle Shanes: ...two different - oh go ahead, sorry doctor.

Dr. Steven Halpern: No, no, no, no I like to learn, please.

Danielle Shanes: Yes we've had a couple - we've tried a couple different things and we have this experience from the bubble right where we only sent down the number of people that needed to be there. And every person was critical. So we had a lot of different trials I would say.

One thing that we did to clear people was two negative PCR tests that were spread out over time which eliminated the 14 day quarantine and it got us to, you know, maybe three to four days. So that worked out well for us I would say.

Kristen Lauria: Okay. And there - well actually...

(Crosstalk)

Kristen Lauria: ...Dr. Halpern I know you want to comment on that.

Dr. Steven Halpern: Yes, you know, that is a tough one. We struggle with that also right? We do it here to CDC guidelines. We do our own contact tracing and we're a company so we have tons of clinicians doing that. We really try to be preventive, so spacing people out, making sure that we don't have the close contacts.

But the I don't think there,s a magic bullet for the 14 days. We are extremely transparent in terms of communicating to the folks around be it that - it - you have to be transparent or you create a climate of fear. What are they not telling us? They're always at that level of suspicion.

So we're really good about okay the people who are in close contacts and obviously they get messaging. The people in the area get messaging and the whole building gets messaging also. So they know exactly what we're doing, why we're doing it and they can follow it and see that we're following through with what we say and we do it consistently.

Kristen Lauria: Thanks. Actually, I'm going to do one more question and maybe I'll ask everybody to comment on it. It says, "In your opinion should office workers or others work remotely?" So I don't know, Dwight what's your perspective on it?

Dwight Hanna: I would say we have answered that question both yes and no. We have some individuals just by the nature of their job it's just more efficient for them to be on site than others. So in our case the answer has been yes and no.

And if I could comment on the last question, one of the things that we've found effective is direct communication with all the employees involved when someone is positive. And in the smaller departments all of our employees thus far they've signed a waiver so they've been open about us telling – sharing all of the information. And that's really helped the other employees in the office to feel more comfortable and they know who it is and they know what the situation is. Thank you.

Kristen Lauria: Thank you. John?

John Murabito: Yes I'll jump in. So I guess Kristen, you know, one of the things we've learned in this nine months getting close to a year for some of our international folks is that many people who we didn't think had the opportunity, ability what have you to work at home actually can be productive at home.

And so I think the future of work will change for us at Cigna as it will probably for most places where, you know, probably more people will be at home and more people will be hybrid. And obviously, you know, there will be plenty will come back to the office eventually as well.

I do think the thing to be careful of is that, you know, with so many people at home and probably many people who will go into both, you know, you have to be careful kind of culturally. What happens to your culture? Does - do you lose anything by, you know, less physical contact, et cetera, that you may have had before?

And I think when - it's something all companies that value the powerful culture that they might have or organizations or what have you. I think it's something to be thoughtful about to make sure that you don't lose some of those aspects.

Kristen Lauria: Really great points. Danielle?

Danielle Shanes: I don't really, you know, have anything to add here. I mean our intention is to eventually bring back employees to the office and it's for collaboration. I mean I think that we will continue with eventually with, you know, some ad hoc telecommuting compressed work week -- things like that -- but our intention is to bring people back when the time is right.

Kristen Lauria: Dr. Halpern? Yes, thank you. Dr. Halpern any comments on this one?

Dr. Steven Halpern: Yes a couple quick things is one beware of surveys. So when you send surveys out you get things like people coming back because they think they're going to lose their space or they think that they should right, not where they really should work or need to work. We've also learned a lot about flexibility. Folks maybe this is the week that your department kind of comes in.

So we've been having to think through real estate what that really means about space planning. Will we have a flexible environment where you really don't need to come in very often but sometimes.

Kristen Lauria: Thank you. It sounds like it's really situational. But the one thing we know for sure is that some changes will be ahead of us and some pretty good right? So all right so thank you.

I'm going to wrap this up here. So I want to say thank you to Danielle and Dwight and John and Dr. Halpern just really for sharing your stories and insights. And I'd like to thank everyone who joined us in the discussion.

I know there's many more question coming in and I wish we could have gotten to all of them. But I think we got to a few really good ones.

So, you know, we're all looking to really be resilient and thrive again in support of our businesses and even more importantly in support of our people. And as we heard from our panelists, it'll be critical to understand which solutions and services are the right ones for your organization because we hear a lot about flexibility and it's really situational. And we have to think about this that it's not only just heading into 2021 but really beyond that as well.

So with that I hope you really found this form valuable and that you could take some new ideas away with you that really help you navigate the environment in front of you and to navigate some of the challenges for tomorrow.

So just a quick reminder the session has been recorded and the replay will be available on Cigna's Healthy Ways to Work worksite and I'm sorry, Healthy Ways to Work site. And we have a brief survey right after this and we're going to ask you to fill it out. And it really will help us inform our future events. So with that everyone thank you so much for your time and have a great day.