

## Why walking meetings can make you smarter—and how to do them right



Dan Diamond, Executive Editor, August 10, 2015

<https://www.advisory.com/daily-briefing/2015/08/10/walking-meetings?>

Whenever I check in with [Michael Koppenheffer](#) (we have a meeting today, actually), there's one thing we try to do:

Go for a walk.

It's not always perfect. Sometimes the meeting can literally meander, as we pick our way through the construction on a sidewalk near our office. And on a hot summer day, or a chilly winter afternoon, a climate-controlled conference room doesn't seem so bad after all.

But those conversations with Michael are so consistently productive that I've become a believer in walking meetings. And I try and do them with my own team when possible, too.

That's why this Harvard Business Review story on "[how to do walking meetings right](#)" was so eye-catching. The authors brought some science to things that I've anecdotally found, and made good recommendations on how to smartly improve your walk-and-talk.

For instance, Kaiser Permanente's Ted Eytan makes the point that walking leads to changes in the brain—your body releases certain chemicals, which improve executive function and creativity. (According to a small survey conducted by the Harvard Business Review authors, workers who engaged in walking meetings were 5.25% more likely to report being creative and 8.5% more likely to report being engaged at work.)

Eytan and other walking-meeting proponents seize on another advantage: By matching someone else stride-by-stride, rather than facing each other across a table, it breaks down the barriers between manager and the person being managed.

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More on the benefits of walking

- [Sitting kills](#). Does a short walk save lives?
- How even a short walk can [make you more creative](#)
- For [heart health](#), a brisk walk is as good as a run.

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There's a clear drawback from a walking meeting: No handy laptop. And that's tough when I'm trying to demonstrate to Michael how Daily Briefing readership has trended up, or pull data from a relevant email. While I can try and get some of those things off my iPhone, attempting to walk-and-talk can make it tough to jot down follow-up steps, too.

But after a morning spent staring at a screen, getting up to go for a walk is a welcome break. And if you've got the time to prepare, I've found that sending a pre-meeting email with the relevant information means Michael can read it before we go, and we can then spend the next 20 minutes focused on talking out the crucial details.

Let's say I've convinced you, and that you're planning on shifting some of your sitting meetings to walking meetings. The Harvard Business Review authors do warn against a number of common mistakes, which can trip you up.

Don't surprise staff with a walking meeting: It's worth asking yourself—especially if your boss just asked you to go for a 30-minute stroll—am I wearing the right shoes or clothes for a walking meeting?

Don't pick a destination that can backfire: If one goal of your walking meeting is to get moving and burn calories, don't gorge on treats at Starbucks at the end of your walk.

Don't invite too many people: In my experience, two is company, and three can be a crowd.

I'd tack on one more recommendation: Don't stare at your smartphone during a walking meeting. It defeats the purpose—and if things [go really wrong](#), you won't be doing much walking of any kind for a while.

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Listen to [this week's episode](#) of the Weekly Briefing, where Dan, Rivka Friedman, and Rob Lazerow discuss how health care rankings can backfire, and whether it's too soon to pay attention to the presidential election.

## **The fight to cure cancer is inspiring. But is it the best goal?**

### **Some say prevention should be 'plan A' for researchers**

The vast majority of cancer research is aimed at developing treatments and looking for cures, but an increasing number of doctors and scientists argue that shouldn't be the case, Carolyn Johnson writes for the Washington Post's "Wonkblog."

Importance of prevention, early detection

These experts are not arguing against putting research dollars toward those goals. Instead, they contend that prevention and early detection should be a higher priority, particularly when there are limited research funds to go around—and with the immense potential for such efforts to save lives.

### [Best practices for cancer screening and prevention programs](#)

About 33% to 50% of cancers in developed countries can be prevented through interventions researchers already know about, Johnson notes. And while targeted therapies can help improve

symptoms and lengthen lives, they rarely make the risk of cancer go away, says Ernest Hawk, VP of cancer prevention at the University of Texas MD Anderson Cancer Center.

Cancer cells are "continually evolving and adapting to the treatments we give," he says. "It's the biology of the disease that's telling us there's the greatest opportunity in prevention and early detection [rather] than in treatment."

#### ['The cure is \[always\] around the corner': Cancer gets the Ken Burns treatment](#)

Those pushing for prevention research to become "plan A" for cancer researchers point to lessons learned from treating heart attacks and other diseases. Bert Vogelstein, a cancer genome specialist at Johns Hopkins University School of Medicine, notes that physicians' ability to cure patients who have "massive" heart attacks is about the same as it was about 60 or 70 years ago, but that heart attack and stroke deaths decreased by about 75% over that period of time. "It's all through prevention," he says.

#### Barriers to change

Even with increased calls for focusing on prevention and early detection, the culture of the research community and medical system create barriers to change, Johnson writes.

Often, Johnson says, cancer researchers who study prevention "live and work in very different worlds" than those who study treatment. They often attend separate conferences, publish in separate journals, and conduct different kinds of analysis.

#### [How 100+ cancer experts want to fight costly oncology drug prices](#)

And cancer screening and prevention is often the purview of primary care physicians and clinicians working in specialized clinics, while cancer treatments tend to be conducted by oncologists and cancer surgeons, notes National Cancer Institute acting director Douglas Lowy.

But the biggest barrier to changing the research culture may be philosophical. "If you put a patient who has advanced cancer in remission, even if it's just a few weeks or a few months ... it is amazing, and it is very exciting," Vogelstein says. "Prevention is anything but exciting. Nobody thanks you" (Johnson, "[Wonkblog](#)," Washington Post, 8/6).