



Working Well

A Global Survey of Health Promotion, Workplace
Wellness, and Productivity Strategies

Executive Summary

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Executive Summary

Welcome to **Working Well: A Global Survey of Health Promotion, Workplace Wellness and Productivity Strategies** sixth edition, July 2014, which investigates emerging trends in employer-sponsored health promotion and wellness programs.

This year we have expanded the title of our study, to include the term “productivity.” This recognizes the importance that employers are increasingly placing on the connection between employee well-being and performance — both individual and organizational. We believe that healthy, high performing employees drive a high-performing organization. You will see aspects of this reflected throughout this report in many areas, such as metrics related to productivity, absenteeism, presenteeism, and employee engagement.

Employee health and well-being continues to be a significant concern for employers worldwide. Organizations cite their commitment to promoting health and wellness as a business strategy and show continued desire to expand initiatives in hopes of boosting individual engagement and organizational performance.

In practice, however, the challenges and inconsistencies identified in previous studies persist. Typical participation and engagement rates indicate that employers are still struggling to find effective approaches to motivate workers. There is a significant gap between employers’ stated desire to create a “culture of health” and their assessment of the current status. And the design and measurement of health and well-being initiatives often is not consistently aligned with employers’ stated goals and objectives for their programs.

Join us as we explore the latest trends, practices and results from over 1,000 employers from around the world.

Why wellness? Leading reasons for implementing wellness programs are reducing sick leave and presenteeism, with improving workforce morale and engagement becoming increasingly important (especially in Europe and Australia). Managing health care costs remains the top objective in the United States.

Top health drivers. The main health issues and risks driving wellness strategies globally are stress and physical activity, with nutrition/healthy eating close behind. There are some significant outliers, however, such as workplace safety – a primary focus in Asia, Latin America and Africa/Middle East.

New strategies emerging. 29% of responding organizations have a fully implemented wellness strategy. This number continues to increase every year. However, 62% of organizations have had their wellness strategies in place for only five years or less, showing that they are still relatively new for many employers.

Organizations going global. The trend toward globalizing wellness initiatives continues. Among participating multinational employers, 56% have a global health promotion strategy, up from 34% in 2008. The main reasons for not having a global strategy are differing cultures, laws and practices as well as no global oversight for health care.

HR driving the wellness wagon. Responsibility for wellness and health promotion lies with HR (Human Resources) by a wide margin in most regions. Other owners include HSE (Health, Safety and Environment), occupational health, and dedicated wellness professionals.

Wellness design — productivity and engagement focus increasing. HR polices related to flexible work schedules and PTO (Paid time off) ranked as the number 1 component of health promotion/wellness programs globally. Employee Assistance Programs (EAPs) rank second globally driven by top prevalence in US, Canada, Africa, and Australia. Regular wellness communication and immunization/flu shots follow.

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Fastest growing wellness program elements. “Telemedicine” (telephonic physician support services) is ranked as the fastest growing wellness program globally driven by a top position in Canada, Latin America and US, followed by “cycling to work” (first in Africa/Middle East), “on-site child care” (first in Asia), and “on-site healthy lifestyle programs and coaching” and “personal health records” (the top two in Europe).

Top five programs to specifically address worker productivity globally. Globally time-off policies are most prevalent (69 %) followed by flexible work schedules (66 %), tobacco-free work-site (59 %), ergonomic work stations (55 %), and work from home (telecommuting) (51 %).

Wellness is a family affair. Increasingly, companies see the value in making spouses, domestic partners and children eligible for health promotion and wellness programs and associated incentives. Broadly, 62 % of programs include spouses, 52 % include domestic partners, and 43 % include children.

Top incentive rewards and penalties used by employers. Top rewards include free or low cost preventive services (62 %) followed by gifts and merchandise (58 %), and raffles/drawings (57 %). Health insurance premium increases (surcharges) were the most widely reported penalties (33 %), followed by health insurance eligibility tied to wellness program participation (8 %), and benefit reduction (7 %).

Influence of incentives. The data shows that incentive amount has a direct correlation to program participation levels, but initiatives that require long-term lifestyle changes (such as tracking exercise and working with a health coach) are not as greatly influenced by incentives as are more immediate programs (such as health assessments and biometric screenings).

Companies successful in driving participation without large incentives. Some employers achieve participation levels without incentives that are comparable to the participation rates achieved with incentives. However, in most cases participation rates do increase significantly above the 75th percentile. These findings indicate that factors other than incentives—communications, culture, programs—are also influential in increasing participation.

Focused on participation not satisfaction. The measurement of participation in wellness programs is very high while the measurement of employee satisfaction with those programs is much lower. For example, 96 % measure biometric participation while only 69 % measure employee satisfaction for the same program. If we can reasonably assume that participation levels increase with employee satisfaction, measuring employee satisfaction is an additional opportunity for employers to better understand and positively influence program participation rates.

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Measurement and Outcomes. A growing number of respondents, (52 %) report measuring outcomes (up from 36 % in 2012). Yet the majority of US respondents (59 %) indicate that they don't know if their strategies are reducing health care cost trend. 28 % of the respondents indicate that wellness is reducing trend, up from 23 % in the previous survey.

Measuring outcomes is most commonly the responsibility of internal program managers at 57 %. Interestingly, the reliance on carriers and insurers increased this year from 31 % to 37 %. This may be due to a shift to integrated wellness services offered by carriers/insurers and the growth of analytic support by these parties. Finally there was a slight increase in reliance on other third parties for outcomes measurement.

Two new questions related to outcomes were added this year, focusing on what respondents value in terms of outcomes and their awareness of the impact on their organization. 62 to 74 % of respondents are aware of the potential impact in a variety of areas, indicating a growing opportunity for continued investment in wellness.

Respondents ranked the following outcomes the most valuable (very high or highly valuable): Per employee per year health care costs (68 %), safety (63 %), employee satisfaction with their employer (66 %), participation (69 %) and satisfaction with the programs (66 %). The outcome measures ranked as only slightly valuable or not at all valuable included: retention and recruitment (15 %), disability days (11 %), productivity (10 %), prevalence of conditions (10 %) and biometric values (10 %). A notable percentage of respondents indicated "don't know" on various outcomes, suggesting an opportunity to develop outcome measures of value to each employer to align health with improved business metrics.

For those US respondents who indicated a reduction in health care cost trend, 57 % indicated a two to five point trend reduction, up from 50 % in 2012.

Culture of Health. The pursuit of a "culture of health" continues to be a strong priority for at least 78 % of respondents. However, significantly fewer (33 %) indicate they have yet achieved a culture of health. Employers increasingly recognize the importance of more holistic leadership and environmental and infrastructure support for healthy lifestyles. Employers also are increasing their emphasis on branding—the use of a distinct identity (vs. one tied to a vendor or other health brand) rose to 43 %.

Communication Channels. Investment in almost all communication channels increased, following a decline over the prior three years. The fastest rising tactics include a mix of traditional (posters/flyers as number 1) and technology (portals and personalized emails as number 2 and number 3, respectively). Use of home mailings also rose, suggesting a desire to include family members who influence lifestyle and health behaviors.

Utilizing social or peer influence also rose significantly, including the use of workplace challenges that leverage positive peer pressure. While lower in percentages, use is rising for social media and mobile technology, and a new question on gamification indicated considerable interest.

Finally, organizations achieving higher levels of health care cost trend reduction (in the US) were those who focused their top messages on driving program participation and encouraging health risk assessments (know your numbers)—action and knowledge.

Methodology

1041

respondents

37

countries

Workplace wellness. The term “wellness” is not defined or used consistently around the world. As defined for this report, wellness refers to programs designed to improve the health and well-being of employees (and their families) in order to enhance organizational performance and reduce costs.

Wellness programs typically address specific behaviors and health risk factors, such as poor nutrition, physical inactivity, stress, obesity, and smoking. These factors commonly lead to serious and expensive health problems and have a negative impact on workforce productivity.

Terminology. Health promotion, health improvement, health and well-being, and disease prevention are other terms used by employers to refer to workplace wellness initiatives. This report uses the terms wellness and health promotion interchangeably. Wellness or well-being is increasingly used to encompass a spectrum of personal issues beyond physical and mental health, such as financial security, community involvement and career success.

Selection bias. Responses to the survey were provided by employers who chose to participate, not by a scientifically randomized sample of employers. As a result, responses likely are skewed to some extent by a “selection bias” toward organizations with an interest in wellness. Therefore, results should not be interpreted as indicative of all employers, but as relative markers of the prevalence of various program strategies and approaches, and as indicators of movement and trends among the organizations surveyed.

General approach. The 1041 organizations that responded to the survey are based in 37 countries. 46 % of respondents employ workers in multiple countries. Participants ranged from small employers to large multinational corporations, representing all major industry sectors. Details are shown in the “Respondent Profile” section of this report.

Survey questionnaire. The survey questionnaire was offered online in English (British and American), Chinese, French (Continental and Canadian), German, Japanese, Korean, Polish, Portuguese and Spanish (Castilian and Latin American). The questionnaire was designed so that respondents could complete it in 30 minutes or less. Target participants were senior or mid-level professionals with responsibility for corporate wellness strategy, execution and measurement.

Global breadth. To draw out as much useful and credible information as possible, we have consolidated geographies into broader regions. US and Canadian results are typically presented separately, rather than combined as North America, because we have sufficient participation to demonstrate differences in the two countries’ approaches to wellness. Special country specific cuts of the report are available for countries whose respondents surpassed a designated minimum.

How to reach us. Please direct any questions or requests for special analyses to the survey support team at h surveys@buckconsultants.com or 1.800.887.0509.

Buck Consumerism 360™

Buck Consultants' Perspective: An Evolution from Health to Human Performance. The results of this latest research confirm that employers throughout the world continue to invest in wellness, and attribute a clear connection between the health of employees and their families and the health of their business. Even as the debate continues regarding data proving the return on investment for investing in wellness,

respondents continue to step up their efforts—from the breadth and popularity of program offerings, to communication efforts promoting attitudinal and behavioral change.

In the seven years since Buck initiated the first and largest ever global survey on wellness, we have seen an ongoing evolution of employer strategies and approaches:

Wellness 1.0

A focus on general health promotion and prevention activities (such as fun runs, competitions, and health risk appraisals) and some interventions such as tobacco cessation. Little or no measurement of outcomes.

Wellness 2.0

Rapid adoption of health risk appraisals and biometric screening to assess population health. Wellness programs increasingly integrated with EAP and/or disease management programs, often leveraging portals and incentive tracking. Growth of external (often financial) incentives to motivate participation in various activities, sometimes for meeting defined clinical outcomes.

Wellness 3.0

A broader focus on overall well-being, including a more holistic view and integrated approach to supporting employees in their health, wealth and careers, with a shared responsibility and employer support for well-being as part of a compelling employee value proposition. Sophisticated measurement and metrics guide health and people strategy directly tied to the overall success of corporate objectives. Growth of intrinsic incentives/motivators and recognition of the value a supportive company culture and workplace environment can play in behavior change. Extending programs more fully to the family and sometimes to the community at large. Leveraging newer personal engagement methods such as social media, gamification, mobile technology, automated coaching, and personalized challenges.

Buck Consumerism 360[®]™

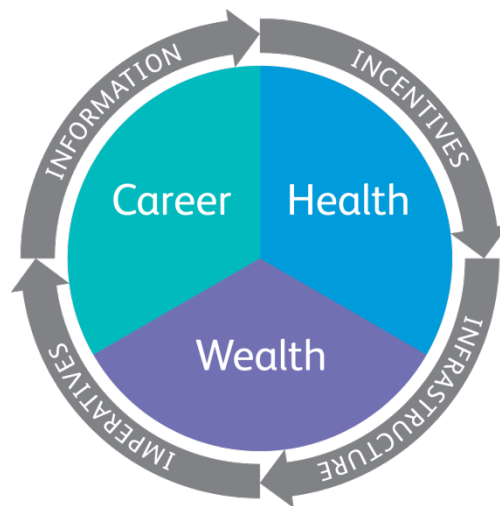
Buck has advocated a total well-being approach since before our original global wellness survey launched in 2007. We recognized early on the power of behavioral economics, and the vital role that various “levers” for change can play in driving engagement and change – when optimally combined according to each organization’s readiness, culture, urgency and more. Further, the collective voice of global employers emphasizes the return on investment as more than improving health and reducing health care costs. The objective of enhanced workforce productivity is more important than ever.

Today, Buck is extending the conversation to Wellness 3.0 and human capital management. This includes productivity that can be measured through industry-specific business performance metrics – tying health to employee performance measures and ultimately to corporate financial and related results.

Regardless of geographical and cultural differences, employers will be well served by a flexible, strategic framework that extends consumerism beyond health care purchasing and lifestyle decisions to influence employee engagement in issues that impact their Career, Health, and Wealth[®] for a more productive workforce.

We believe Consumerism 360[®] allows companies to more thoughtfully connect strategy to program design, implementation and communication, as well as to predefined metrics for success. The payoff from this integrated approach will be a workforce that is better engaged in using available resources, who make more informed decisions about their career, health, and wealth, and whose behavior is in alignment with the company’s business and financial goals.

The Consumerism 360[®] Framework. Improved employee health can only occur within a construct of shared responsibility. Consumerism 360[®] proposes an employer-employee relationship built on the concept that employers can create a workforce of informed and engaged consumers who are empowered through four levers of incentives, information, infrastructure, and imperatives to take on increased responsibility for all elements of their career, health, and wealth.



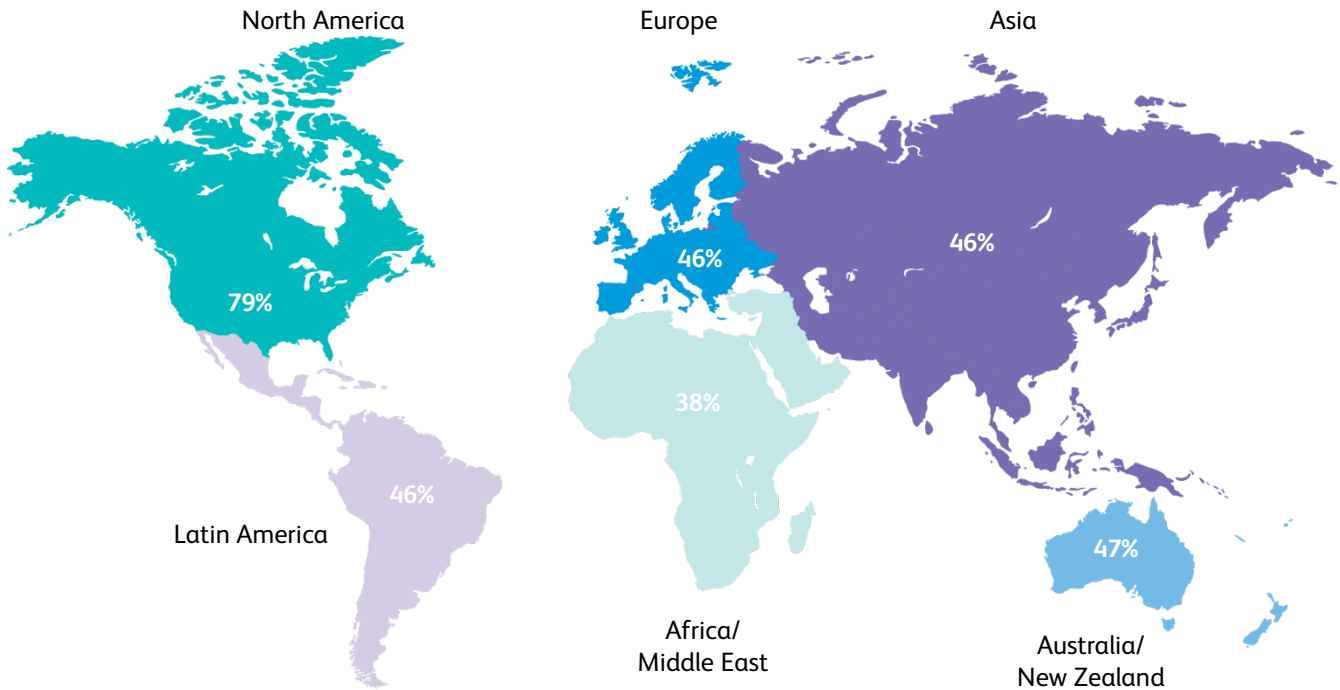
Consumerism 360[®] is a philosophical “contract” that requires both employer and employee to meet specific commitments in order to achieve mutual goals. It represents the middle ground on a spectrum that ranges from paternalism, wherein the employer takes full responsibility for every aspect of employees’ security needs, to individualism, wherein the employee, as a free agent, independently purchases health care, funds his or her own retirement, and pursues career development opportunities.

Under Consumerism 360[®], the employer provides an array of programs and decision-making support, and employees are responsible for making choices that maximize their personal benefits. In addition, the employer clarifies key elements of the employment value proposition: why employees should join the organization, choose to stay, and be motivated to maximize their contributions. Shared responsibility and mutual accountability come “full circle” — or 360[®].

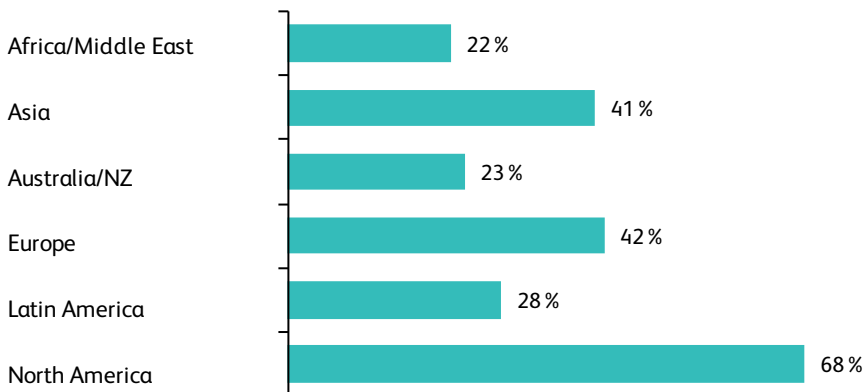
Global Prevalence

Among survey participants—both multinational and single-country employers—wellness programs are most common in North America, but have a strong and growing foothold in other regions. Programs have some variation in objectives by region.

Percentage of organizations offering health promotion to employees – by region



Location of employees*



*Respondents were allowed to select more than one answer.

Successes and Vision

Greatest Successes and Long-Term Vision. At the conclusion of the survey questionnaire, we posed three open-ended questions:

- What are the greatest successes you've achieved with your health promotion and wellness programs?
- What specific, measurable goals or metrics do you hope to achieve in the next few years?
- Describe your long-term vision for the future of your health promotion and wellness programs.

Representative examples are highlighted below, selected from the hundreds of responses to these questions

Greatest Success. Below is a sample of what participants listed as their greatest successes.

“Many individual success stories of employees learning of a health risk for the first time, taking control, and improving their health.”

“Opening an onsite clinic at our headquarters and seeing the usage increase year over year.”

“Support from leadership to establish a group of wellness champions.”

“Implementing a global annual biometric screening program at our manufacturing plants.”

“Over 90 % of employees have had a blood pressure screening within the past year.”

“We have had great success with our on-site yoga program.”

“Our walking challenge gets bigger support/participation each year we hold it.”

“Aligning program objectives to the business purpose and strategy.”

“Better relationships among employees.”

“Complete buy-in from senior management.”

“Testimonials have indicated lives have been saved and changed. Who could ask for more?”

Measurable Goals. Below is a sample of what participants listed as measurable goals they hope to achieve in the next few years.

“Continue to reduce turnover and absenteeism due to illness.”

“Increase participation in health screenings, flu shots, mobile mammographies and financial wellbeing classes.”

“Tobacco-free campuses in the US this year, and globally next year.”

“Increase awareness and education of sound nutritional practices.”

“Reduce metrics from employee health screening, such as high blood pressure and cholesterol level.”

“Reduce the number of smokers by 5-10 %.”

“Address and reduce chronic conditions that seem to be affecting a large portion of our workforce.”

Long-Term Vision. Below is a sample of what participants listed as the long term vision for their health and wellness programs.

“We want to fill our company with healthier employees who take pride in themselves.”

“Improve overall health of employees by providing access to tools that create an overall work life balance, which includes physical, emotional and financial wellness.”

“To develop a culture of health that increases employee engagement, improves health, and manages healthcare costs.”

“To develop a comprehensive program that actively monitors wellness indicators and adapts the programs offered each year to what employees value most.”

“To provide employees with the opportunity to manage their own health, in their preferred way.”

“To create a meaningful, integrated program with minimal barriers to participation that provides employees with tools and resources that improve health and wellness, leading to reduced healthcare costs and improved productivity and quality of life.”

“To influence every single employee in a positive way through our wellness initiatives.”

Respondent Profile

Industry

	Percent of total
Accommodations, Hospitality & Food Services	3 %
Aerospace & Defense	1 %
Agriculture, Forestry, Fishing & Hunting	1 %
Associations & Membership Organizations	1 %
Construction	1 %
Consulting & Professional Services	9 %
Educational Services	4 %
Energy/Utilities	4 %
Financial Services	9 %
Government & Public Administration	4 %
Health Care Providers & Services	9 %
High Technology	6 %
Life Sciences	2 %
Manufacturing, Materials & Mining	19 %
Media & Information	1 %
Real Estate	1 %
Rental & Leasing	0 %
Retail/Wholesale	7 %
Telecommunications	2 %
Transportation & Warehousing	2 %

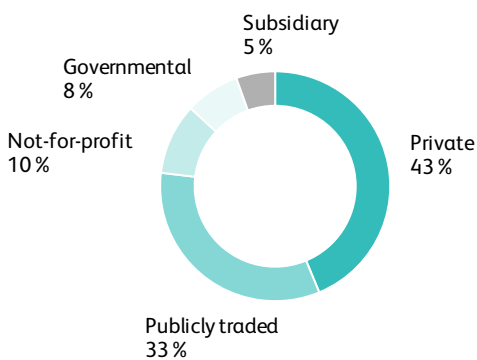
Number of employees

	Percent of total
More than 20,000	11 %
10,001 to 20,000	7 %
5,001 to 10,000	9 %
1,001 to 5,000	21 %
501 to 1,000	10 %
500 and less	42 %

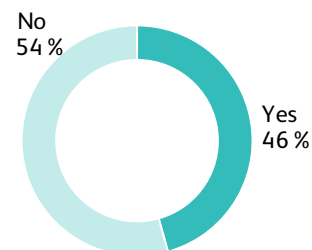
Annual revenue (USD)

	Percent of total
\$10 billion and greater	17 %
\$3 billion to \$9.99 billion	19 %
\$1 billion to \$2.9 billion	23 %
\$100 million to \$999.9 million	23 %
Less than \$100 million	19 %

Respondents by organization type



Workforce is in multiple countries



Participant List

A Boa Vida
AAA Northern California, Nevada, Utah
AASA
Acez Instruments Pte
ACH Group
ACI Specialty Benefits
Acquatron Comercial
Acument Global Technologies
Acxiom Corporation
Adecoagro vale do ivinhema
Adimark
Adirondack Financial Services
Adirya Sustainability Solutions
Adobe
ADOC
Adsensa
ADT
Advent Software
AES Corporation
AES Gener
Affinity Medical Group
AFP Planvital
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Agricola Rio Blanco
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Agroindustria Esmeralda
Agrosystems
Aguas Pirque
AIA Benefits Resource Group
AIPM
AirData
Akeso Care Management
Akron General Health System
Alameda Moveis
Albatros Sp. z o.o. Sp.k.
Alberta Energy Regulator
Alcatel-Lucent Polska
Alco Impresores
Alejandra Espinoza
Alfredo Cruz y Cia
All Nippon Airways Co.
Allen & Overy
Allergan Productos farmacêuticos
Alliance Data
Alliant
Allina Health Systems
Allstream
Alstom India Limited
AMB Group
Ambiel RH
Ambiente y Tecnologia
Ambulance Victoria
AMC Networks
Amcors Flexibles
AMD
American Airlines
American Cancer Society
American Capital
American Commercial Lines
American Red Cross
Amica Mutual Insurance Company
AMP Inversion
AMSEC
Anagma
Aon Australia
Aon Hewitt
Apache Corporation
Applied Materials
Aramark
Arauco Distribucion
Arfier
Argos Ready Mix
Arlington County Government
ARPHS
Arthur J. Gallagher
Ascena Retail Group
Ases y Ventas AQB
Asesorias y Servicios Donoso y Rau y Cia
ASML

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AstraZeneca
Athlon SCooo
Ativittà - Qualidade de Vida
Atlantic
Atos IT Solution Service
Auge
Aurizon
Autodesk
Automobile Insurance Plans Service Office
Automobile Parts Manufacturing Co. Changzhou Changrui
Autonomo
Avantor Performance Materials
AXA Business Services
AXA PPP healthcare
B&Q Plc
B. Braun Medical
Babcock & Wilcox
Bacardi Martini Chile
Bago
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Banco Internacional
Banco Penta
Banco Santander
Bank Millennium
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Barker Ross Group
Barnard College
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BBM - Condicionamento Fisico Personalizado
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beBetter Health
Beijing Chuangju Herun Technology Development Co.
BenQ Materials Co.
Benz Communicatons
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Bombardier
Bombardier Produits Récréatifs
Bombas de Pozo
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Bordados Krefela
Bormax
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Bosch
Boston Scientific
Bourgeois Medical Clinic
Bozzo
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Bravo Energy Chile
Bread House
Bridgestone Chile
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Cartograf
Casio Techno
Catholic Diocese of Richmond
Catholic Health Initiatives
CBI
CBRE
CD Internacional
CEDA
Cementation Sudamérica
Central College
Central GA Technical College
Centrum PISOP
Centura Health
Centurum
Cermag Poznań Sp. Z O. O.
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Children's Medical Center
Children's of Alabama
China BlueChemical Hainan Base
China Resources Cement (Changjiang) Limited
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Chongqing Polycomp International Corp.
Chongqing Tianyuan Chemical Co.
Chongqing Tobacco Leaf (Fukao) Co. Pengshui Fukao
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Cromadora Jota
Crown Castle International Corp.
Crown Castle USA
Cruz Blanca
CSAA Insurance Exchange
CSR Korea
CTP - Serviços Médicos e Terapias
Culligan International
Custom Design Benefits
CVS Pharmacy
Cytac Aerospace Materials
Cytac Industries
Dafeng (Chongqing) Computer Co.
Dallora
Dana
Danfoss
Daqo Group
Datang International Power Generation Co. Douhe
Dataprev
Dawn Foods
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Daymon Worldwide
Dazhongli Properties Limited
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Dealertrack Technologies
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EnviroWaste Services
EOH Health
Equifax
Equity Brands y Retail
Erickson Air Crane
Ericsson
Ernst and Young
Ernst and Young (Chile)
Esmetal Metalurgica
ESQV
Estre Ambiental
Ethan Allen Global
Etila
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Ex. Rio Blanco
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Flextronics
Flight Centre Travel Group
FLSmidth
Fluor Corporation
FM Global
FM Insurance
FMC Technologies
Fonterra Cooperative
Ford Motor Company
Forest City Enterprises
Formosa Plastics Corp., U.S.A.
Fortress Investment Group
Four Seasons Hotels Limited
FQM (Akubra)
Franklin County Cooperative Health Benefits
Franklin Templeton Investments
Frauenthal
Fuerza Aerea de Chile
Fuji Xerox Singapore PTE
FURP
Gartner
Gate Gourmet
GDF SUEZ Energy North America
Gelateria Bravissimo
General Dynamics Information Technology
General Mills
General Motors Chile Industria Automotriz
Genesee County
Geoassay
Georg Fischer AG
George Mason University
George Smith
GetWellNetwork
GFA
Glen Raven
Global Foundries Singapore
Global Hand
Goldman Sachs
Graco
Graebel Companies
Great-West Healthcare
Great-West Life
Green Shield Canada
Groupe Yves Rocher
Grupa Raben
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GSESCL
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