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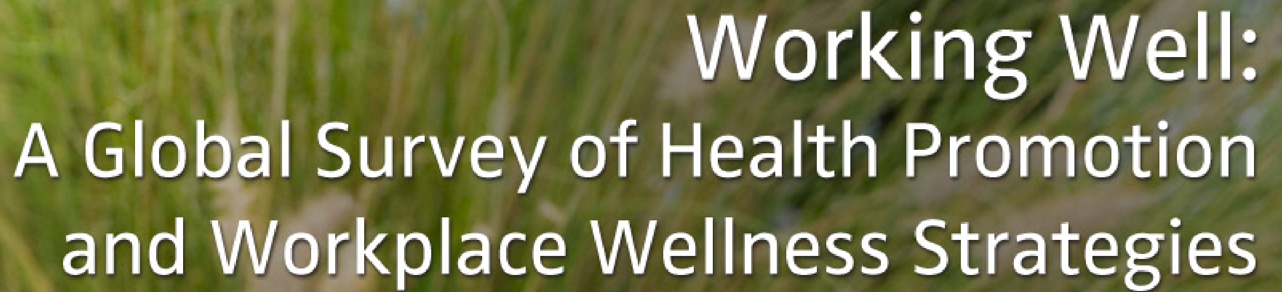

Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies

Survey report
November 2012

Pfizer · Cigna · Wolf Kirsten International Health Consulting · vielife Global health solutions

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Executive summary

Employers worldwide are increasingly recognizing the value of employees' health and their overall well-being to their organizations. Employers cite their commitment to promoting health and wellness as a business strategy and show continued desire to expand health promotion initiatives. In practice, however, employer recognition of health and wellness program value translates unevenly into program design and delivery. Perhaps due to continuing maturation of wellness offerings, employers' stated goals and objectives for their health and wellness programs, and the design and measurement of these initiatives, are not yet consistently aligned.

For the fifth year, Buck Consultants' survey **Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies** investigates emerging trends in employer-sponsored health promotion and wellness programs.

This year's findings show:

Employers recognize their role in employee well-being. Only 13% of respondents believe that managing employee health is *not* the role of their organization (see page 10). This represents a dramatic shift downward from 2010, when 25% of employers cited this as a reason for not having a wellness program. Overall, 61% indicated that the recent economic downturn had little or no impact on their health promotion initiatives (see page 63).

Employers agree on top goals for their wellness programs. Though the top three program objectives vary slightly by geography, all employers, regardless of location, cite improving worker productivity (reducing presenteeism) as one of their top three objectives. An overwhelming majority of employers also include reduction in employee absences due to sickness or disability and improving workforce morale and engagement in their top three (see page 12).

Program focus: move more, relax and eat better. Though different by specific geographic region, the majority of employers cite physical activity, stress, and workplace safety as the top three issues driving wellness program design. Chronic disease is a high priority for organizations in the United States' employer-sponsored health benefit delivery system, but ranks much lower for most other regions (see page 17).

55%

cite lack of budget as a top reason for not having plans for a wellness program.

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Executive summary

Organizations are going global. Globalization of health promotion programs has risen significantly over the last five years. Among participating multinational organizations, 49% have a global health promotion strategy, up from 34% in 2008 (see page 11).

Responsibility for wellness and health promotion still falls under Human Resources. While responsibility for wellness programs varies widely by type of resource and geography, suggesting that cultural and geographic practices may dictate different means to achieve similar ends, six out of seven regions report Human Resources as the majority owner of wellness initiatives (see page 19).

More employers focus on "knowing your numbers." Biometric screening programs are on the rise, driven by an increase in prevalence among United States employers, and employers in Asia and Africa/Middle East (where biometric screenings occupy the top position). Also highly prevalent are other, more traditional wellness program elements such as immunizations/flu shots, health appraisals, and employee assistance programs (EAP) (see pages 21-30).

Employers recognize value in extending wellness initiatives to family members of their employees. Seventy-one percent of respondents, up from 65% in the 2010 survey, include family members in some aspect of their health and wellness programs. The most common elements include health appraisals, online programs and telephonic programs. Spouses and domestic partners are included more frequently than children (see page 33).

36%

have measured specific outcomes from health promotion programs.

42%

extend health assessments and 41% extend online programs to spouses.

Penalty-type incentives are on the rise. Incentives, in the form of rewards and sometimes penalties, are most popular in the US, though also offered in other regions. Gifts/merchandise continue to be the most widely reported incentive reward used by employers, but use of penalties such as health insurance premium increases, is rising rapidly (see page 38). The data shows that some incentives have a direct correlation to program participation levels, but initiatives that require long-term lifestyle changes (such as physical exercise and nutrition) are not as greatly influenced by incentives as are more immediate programs (such as health assessment and biometric screenings) (see pages 43-44).

Staying the course. The disparity between employers' reaction to the economic downturn with respect to investing in their wellness initiatives becomes apparent when comparing those who measure results and outcomes and those who do not. Employers who measured outcomes of their wellness programs were less deterred by the difficult fiscal outlook and more likely to have increased their investment in health promotion. Employers who did not measure outcomes, on the other hand, more often reported a decrease or no change in their commitment to wellness, citing the economic downturn as a reason to do so. The likely conclusion is that employers who measure program outcomes do so with a greater focus on driving business results and thus especially understand the value of continuing their wellness initiatives during hard economic times (see page 63).

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Executive summary

Though employers indicate specific goals and objectives for their wellness programs, most still do not measure any specific results. Overall, only 36% of employers indicate that they have measured specific outcomes from their health promotion programs. The likelihood of measurement increases with employer size, although even among the largest employers (20,000+ employees), only 47% report having measured specific outcomes. Lack of resources increased by 9% as the top reason for failure to measure from 2010. In order to justify continued and/or increased investment in wellness programs, employers may increase attention to preparing regular management briefings to secure more resources (only 31% do so), or otherwise reallocating resources that measure return on investment (ROI) (see pages 48-49 and 57).

Communications and culture. Employers are learning from experience that effective and engaging communications are critically important in order to get employees' attention and motivate ongoing participation in wellness activities. Perhaps due to economic conditions, use in 2012 of most channels was basically flat or sometimes lower than in 2010. However, use of social media and mobile technologies continues to increase, while other traditional modes of communication, such as newsletters, health fairs and mailing to the home, continue to decline in priority (see page 57). Respondents understand the importance of a culture of health, with 28% reporting a strong culture today and 79% intending to pursue a culture of health for the future (see page 62).

Adding value over time. While significant results from a wellness program can take years to realize, some initiatives result in quicker payoff than others. For example, employers in their first year of a wellness program reported a high prevalence of improved organization image (medium to high reported impact: 68%), while external recognition was the least affected category (medium to high reported impact: 26%). Reducing health risks is an area that respondents see as continuing to gain momentum as wellness efforts mature. While only 52% of organizations reported medium to high impact in year one, this statistic increased to 84% for wellness programs five years and older (see pages 51-53).

No single driver behind health care cost trend reduction. There is little difference in the prevalence of top program components for US organizations that experienced a reduction in health care cost trend. We can conclude that implementing certain programs does not guarantee results; other success factors such as incentive levels, communications, and management support must be considered (see pages 54-56).

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Methodology

1,356
respondents

45
countries

General approach. The 1,356 organizations that responded to the survey are based in 45 countries and employ more than 17 million people. Forty-four percent of respondents employ workers in multiple countries. Participants ranged from small employers to large multinational corporations, with an average employee population of approximately 14,700 and a median of approximately 1,300. They represented all major industry sectors. Participating organizations are listed at the end of this report.

Survey questionnaire. The survey questionnaire was offered online in English (British and American), Chinese, French (Continental and Canadian), German, Japanese, Korean, 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.

Currency conversion. Non-US currencies were converted to US dollars using average daily exchange rates averaged over a one-year period, from March 1, 2011 to February 29, 2012.

Global breadth. Over the years this study has been conducted, participation has steadily increased from 555 employers in 2007 to 1,356 in 2012. To draw out as much useful and credible information as possible, we have consolidated geographies into broader regions. Due to significant participation from US employers, we frequently present US and Canadian results separately, rather than combined as North America, because we have sufficient participation to demonstrate differences in the two countries' approaches to wellness.

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.

Report exhibits. The exhibits in this report are, in general, ranked in descending order by prevalence or priority. For questions where participants indicated their response on a scale from 1 to 5, the ranking between categories is determined by the weighted average rating for each item. For questions that assess the current prevalence of specific practices as well as the participants' intent to add those practices in the future, the ranking is based on the current prevalence only.

17
million employees

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About the survey

About the survey. Buck Consultants' *Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies* is in its fifth year. The survey investigates emerging trends in employer-sponsored health promotion and wellness programs.

Understanding the data. The data presented in this survey represent the actual practices of participants. Buck Consultants is committed to providing every participant with the information needed to make the best possible use of the results and a rapid response to all questions. Participants are encouraged to contact us with any questions.

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.

Custom cuts. Special data cuts and analyses are available upon request. Please contact us regarding fees and timing.

How to reach us. Please direct any questions or requests for special analyses to Buck Consultants' survey support team at hrsurveys@buckconsultants.com or 1.800.887.0509.

Feedback. Buck Consultants is interested in your comments about this survey. Please let us know if there are any important issues related to global wellness you would like us to consider including in the next release.

Translation. The executive summary will also be available in other languages. For more information, please visit www.bucksurveys.com.

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Buck Consumerism 360°™

As you review results of this year's Global Survey of Health Promotion and Workplace Wellness Strategies, one conclusion will become evident – employers, regardless of geographical and cultural differences, 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®.

We believe Consumerism 360° allows companies to connect strategy to program design, implementation and communication, as well as 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.

Buck's framework – Consumerism 360°™. Rapid changes in the political and economic environment, along with rising health care costs and retirement planning uncertainties, have forced employers to revisit their HR strategies and programs. One philosophy receiving renewed emphasis is shared responsibility between the employer and the employee.

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°.

To learn more about Buck Consultants and Consumerism 360°, visit **www.buckconsultants.com/Consumerism360.**

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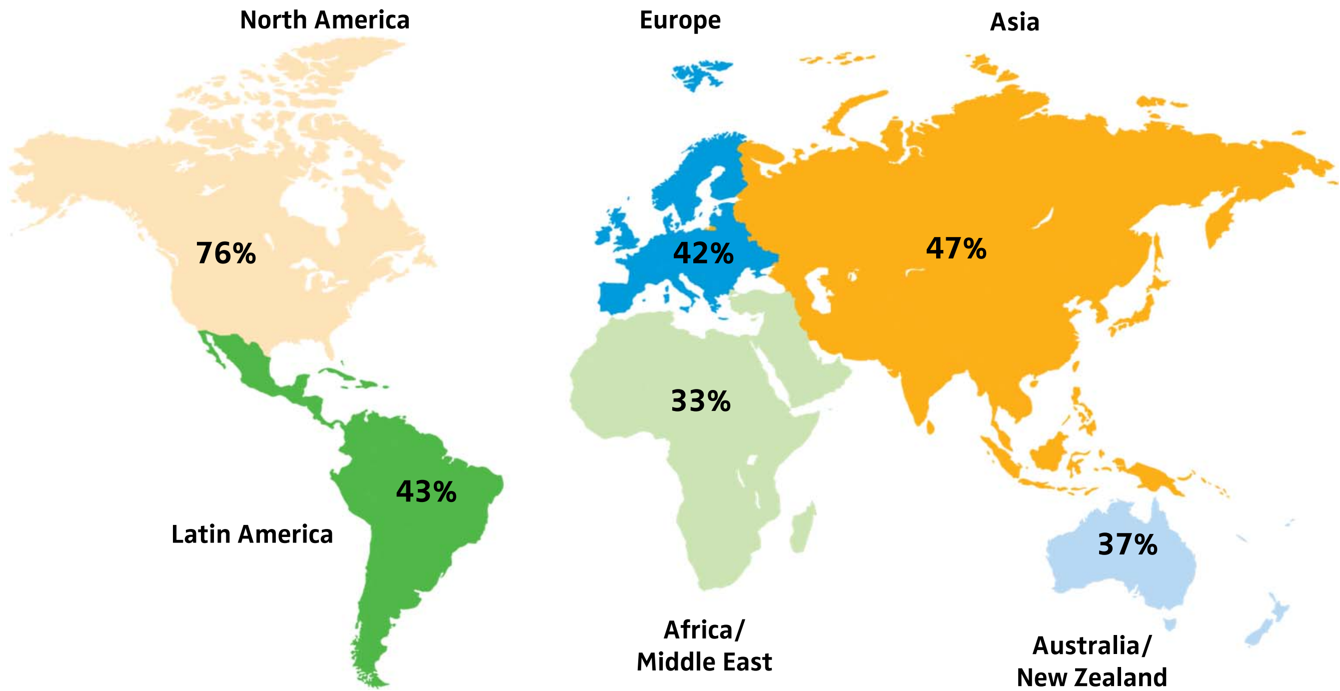
Global prevalence

Among participating employers, wellness programs are most widespread in North America, but have a strong and growing foothold in other regions. Programs have fundamentally different objectives and offerings by region.

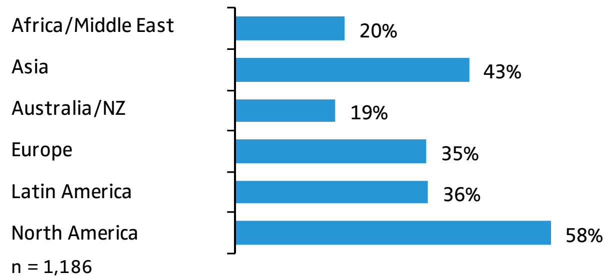
Percentage of companies offering health promotion to employees – by region



58%

of respondents have employees in North America.

Location of employees*



Respondents were allowed to select more than one answer.

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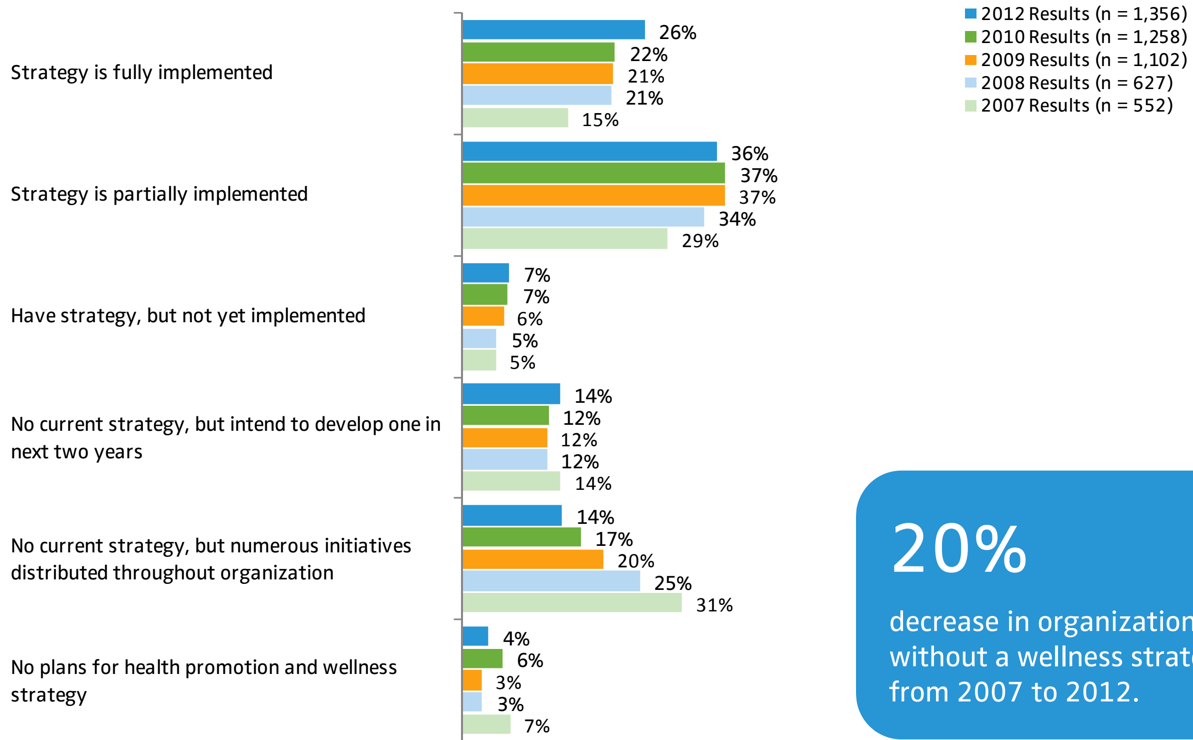
Strategy and objectives

From 2010 to 2012, the prevalence of organizations having a partially or fully implemented wellness plan increased from 59% to 62%.

Current status of health promotion and wellness strategy



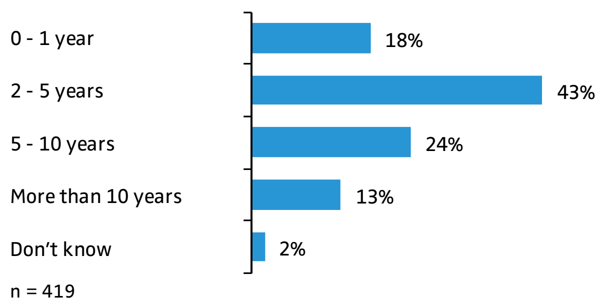
20%

decrease in organizations without a wellness strategy from 2007 to 2012.

43%

of respondents have had a wellness program in place two to five years. This corresponds with the increase in firms with a wellness strategy seen from 2007 to 2012.

Number of years health promotion or wellness strategy has been in place



**Respondents were allowed to select more than one answer.*

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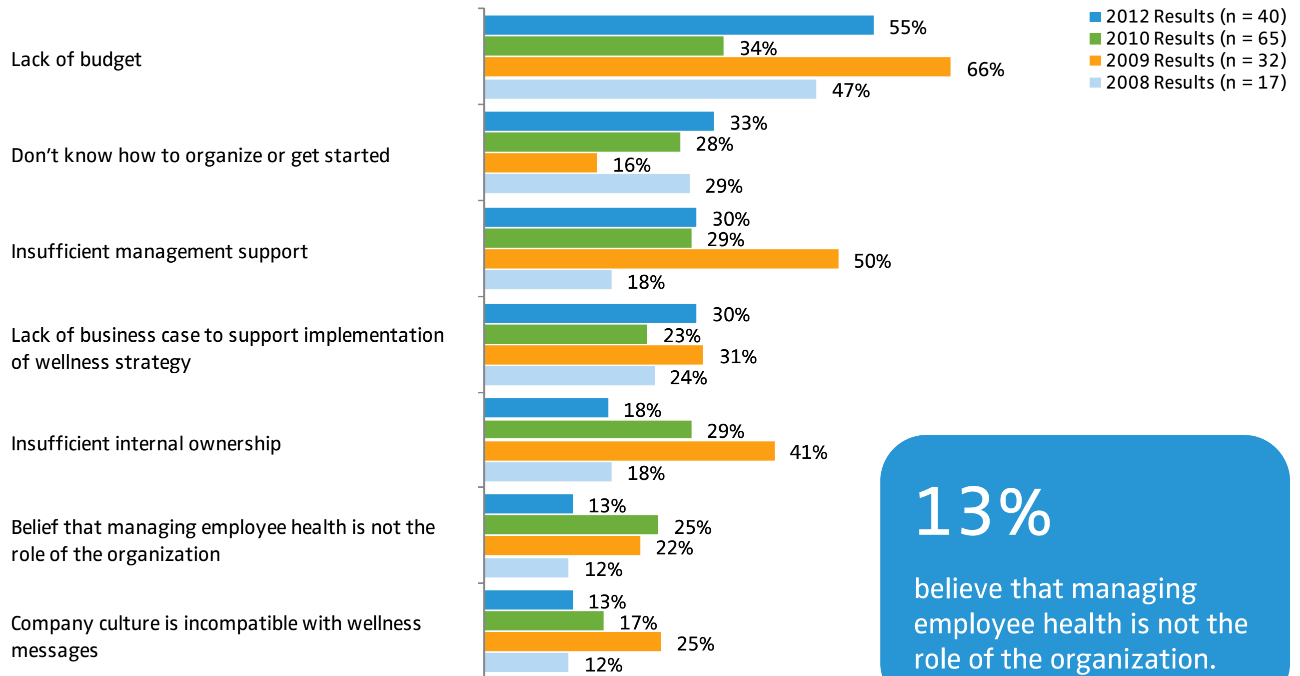
Strategy and objectives

Employer philosophy. Shifting year-to-year employer perspectives on the role of an organization in employee health management and wellness show continued work is needed in gaining management support and developing the business case. Yet internal ownership is being clarified.

Budget constraints. Large shifts in prevalence of budget constraints indicate that commitment to wellness strategies and the value over the long-term is subject to competing economic priorities.

Reasons for having no plans for a wellness strategy*



13%

believe that managing employee health is not the role of the organization.

13%

state that company culture is not compatible with wellness messages.

**Respondents were allowed to select more than one answer.*

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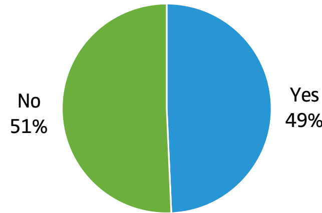
Strategy and objectives

Of the multinational survey participants, 49% have a global health promotion strategy, up from 34% in 2008.

Strategy is global *(covers majority of employees regardless of geography)*

n = 420



58%

cite differing cultures, laws, and practices across regions as a reason for not having a global wellness strategy.

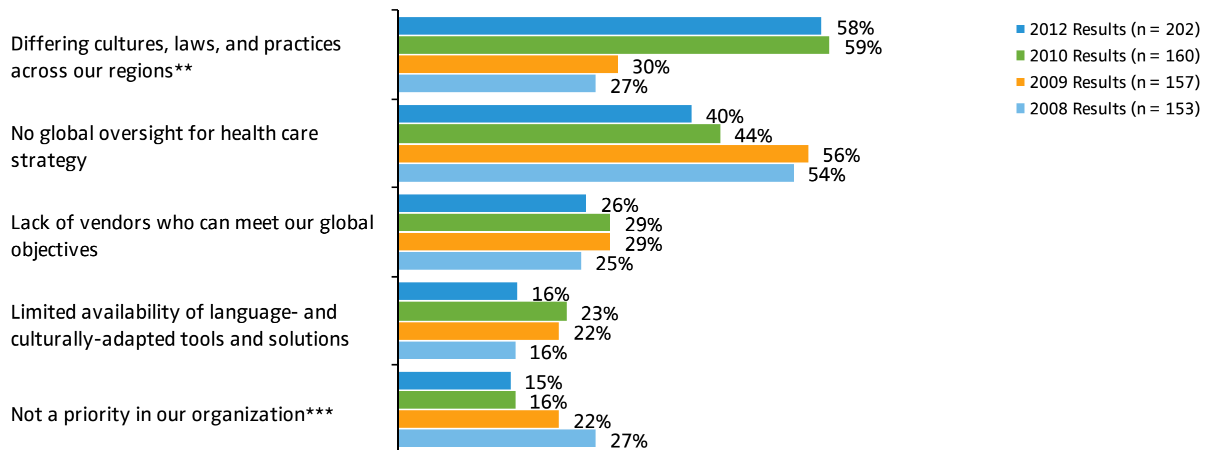
40%

do not have global oversight for health care strategy and thus do not have a global wellness strategy.

16%

see limited availability of language and culturally adapted tools and solutions as a barrier to entry into global wellness initiatives.

Reasons for not having a global wellness strategy*



*Respondents were allowed to select more than one answer.
**Prior to 2010, option was "Lack of cultural readiness across our regions"
***Prior to 2010, option was "Not a priority at the enterprise level"

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Strategy and objectives

Global focus on worker performance. Improving worker productivity (reducing presenteeism) is ranked, on average, as the highest priority globally. Other highly ranked objectives include reducing employee absences, improving morale and improving safety.

Top US objectives. The United States' top objectives continue to be reducing health care costs (due to an employer-provided system of health care), improving productivity and reducing absence.

Geographical differences. Although the objectives below were forced into a ranking for the purpose of this exhibit, it is informative to review exhibits on the following pages showing the majority of objectives that were highly rated in each geography. Clearly, employers expect multifaceted benefits from wellness programs. The ability of wellness initiatives to support multiple objectives helps explain the broad global appeal of health promotion programs.

Relative importance of wellness program objectives – by region

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Improving worker productivity/reducing presenteeism	1	1	3	3	3	3	2	2
Reducing employee absences due to sickness or disability	2	2	4	2	2	2	1	3
Improving workforce morale/engagement	3	3	2	4	1	1	3	4
Reducing health care or insurance premium costs	4	8	10	10	4	10	9	1
Improving workplace safety	5	5	1	1	7	5	4	7
Furthering organizational values/mission	6	6	7	6	6	6	5	5
Maintaining work ability	7	4	5	4	8	4	6	6
Attracting and retaining employees	8	7	8	7	5	7	7	8
Promoting corporate image or brand	9	10	6	8	9	8	10	9
Fulfilling social/community responsibility	10	9	9	9	10	9	8	10

1 = most important, 10 = least important

Ranked 1st | Ranked 2nd | Ranked 3rd

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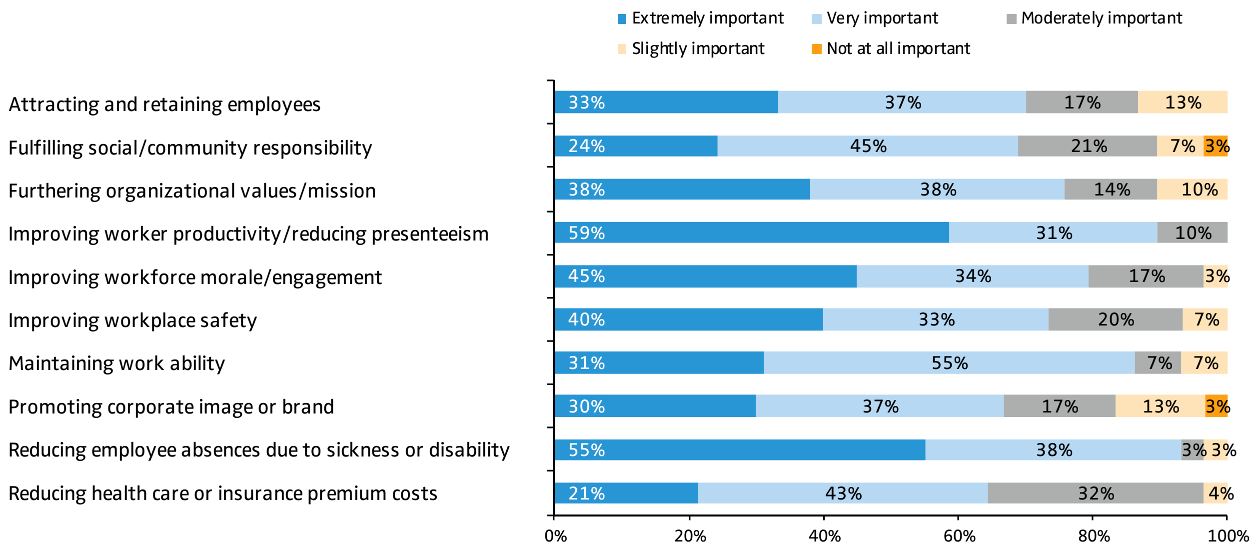
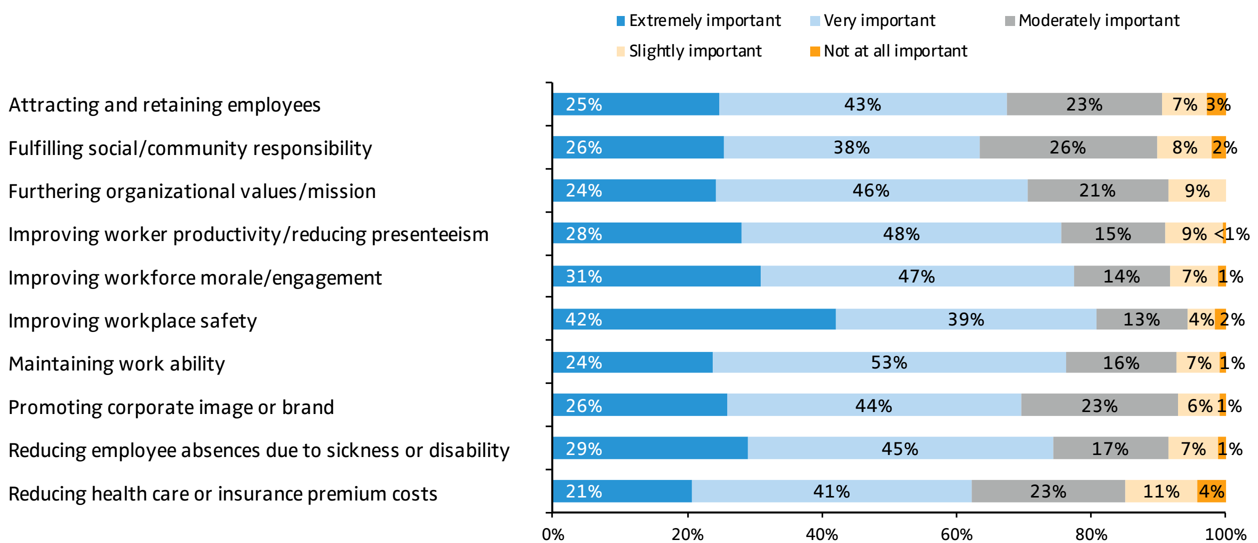
Strategy and objectives

Importance of wellness program objectives – African/Middle Eastern employers*



Importance of wellness program objectives – Asian employers*



**Respondents were allowed to select more than one answer.*

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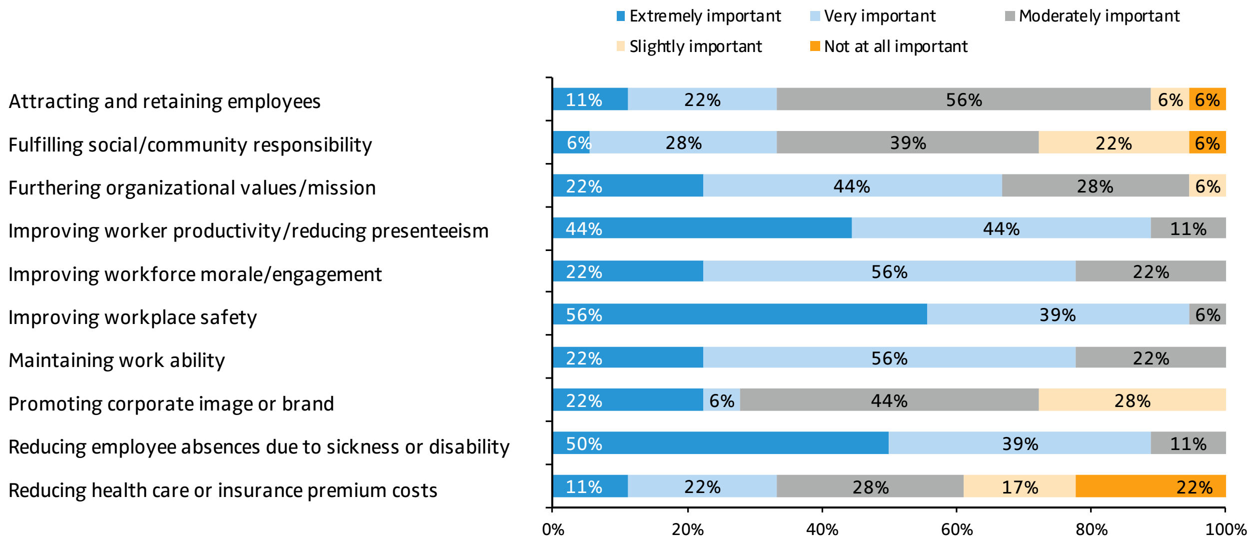
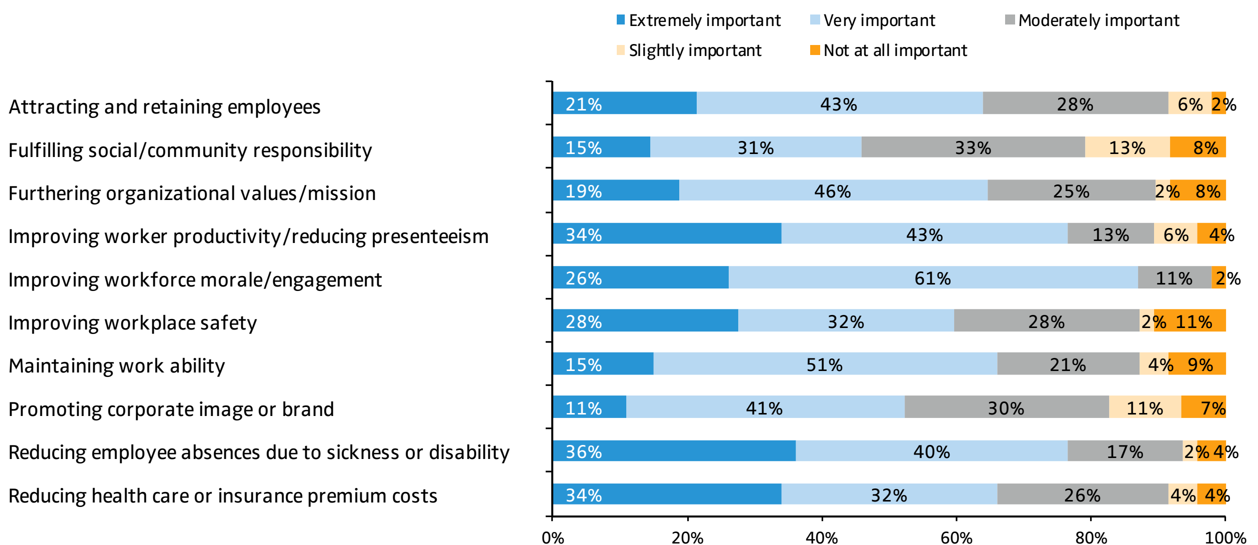
Strategy and objectives

Importance of wellness program objectives – Australian/NZ employers*



Importance of wellness program objectives – Canadian employers*



Respondents were allowed to select more than one answer.

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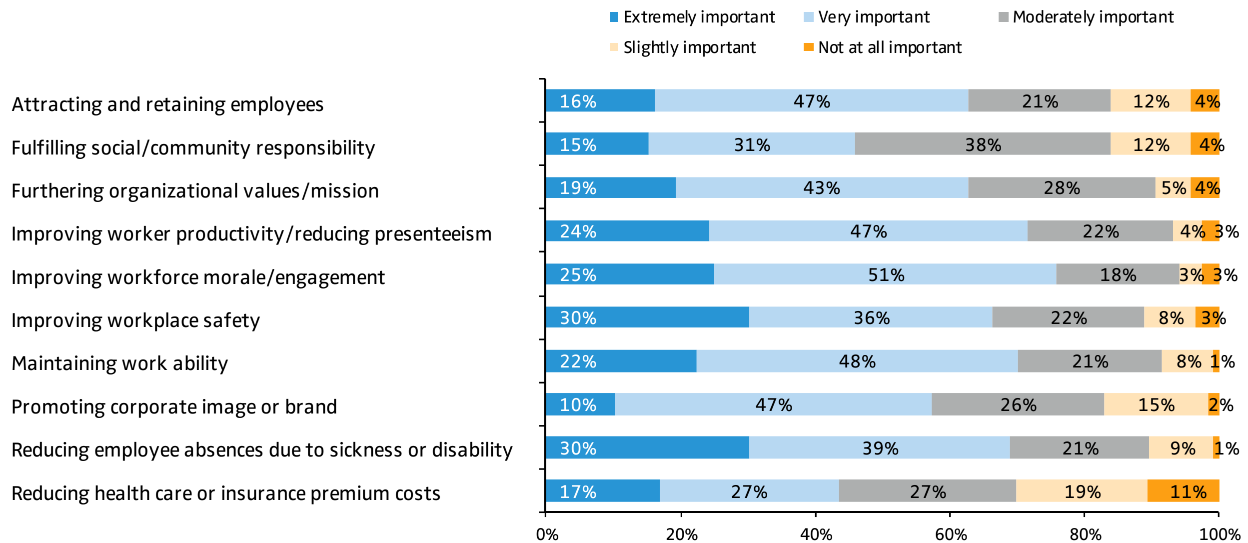
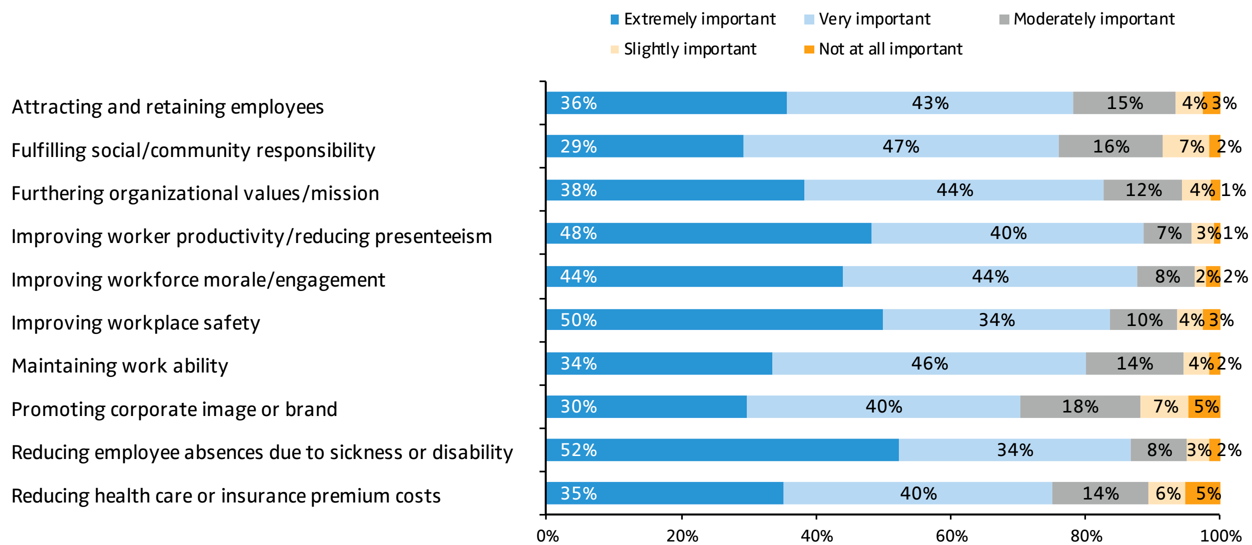
Strategy and objectives

Importance of wellness program objectives – European employers*



Importance of wellness program objectives – Latin American employers*



**Respondents were allowed to select more than one answer.*

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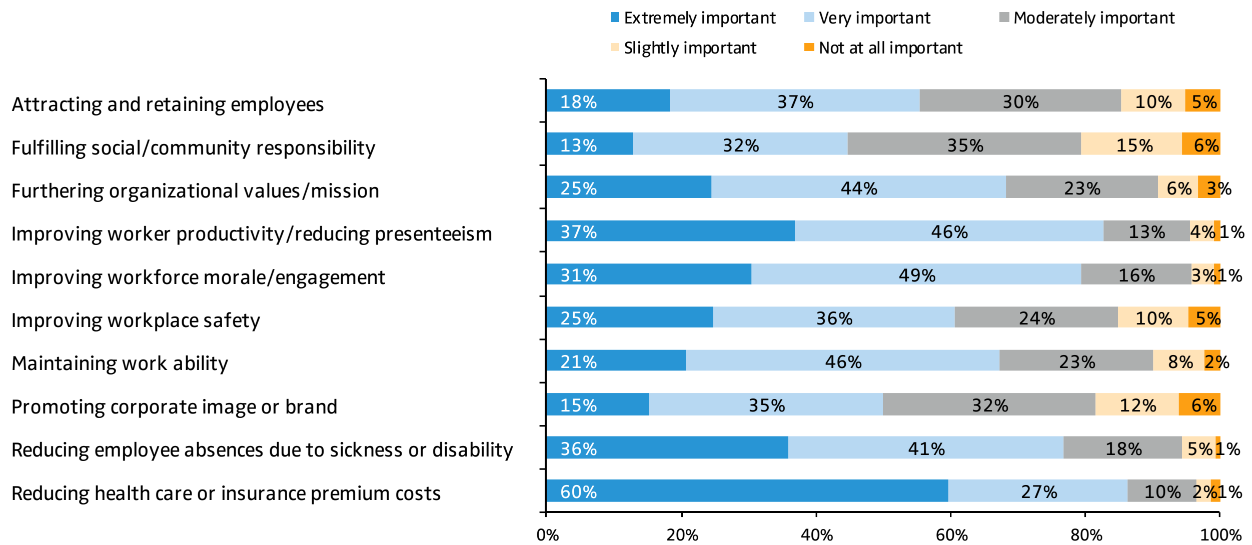
Strategy and objectives

Importance of wellness program objectives – US employers*



Respondents were allowed to select more than one answer.

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Strategy and objectives

Health risks and strategy. Health issues and behaviors determine health promotion strategy. The "modifiable" health risks shown below (i.e., lifestyle factors that can be controlled or managed) are ranked by their relative importance for all regions.

Top influencers. Stress is the number one priority for five of seven regions. Chronic disease is a high priority for organizations in the United States' employer-sponsored health benefit delivery system, but ranks much lower for most other regions. This may be logical, given that cost reduction is the top objective in the US and not even in the top three priorities for any other region.

Extent to which certain health risks and issues drive wellness strategy – by region

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Physical activity/exercise	1	2	2	6	3	3	3	1
Stress	2	1	3	1	1	1	1	6
Nutrition/healthy eating	3	4	4	9	6	7	4	2
High blood pressure (hypertension)	4	6	7	13	5	11	5	5
Chronic disease (e.g., heart disease, diabetes)	5	8	9	11	4	10	8	3
High cholesterol (hyperlipidemia)	6	11	8	14	8	13	9	7
Workplace safety	7	3	1	2	9	2	2	11
Obesity	8	17	14	9	14	14	14	4
Work/life issues	9	5	6	8	7	4	10	10
Depression/anxiety	10	13	11	3	2	6	6	9
Tobacco use/smoking	11	10	12	12	11	9	11	8
Psychosocial work environment	12	12	10	5	10	5	7	14
Personal safety	13	8	5	4	13	8	13	15
Sleep/fatigue	14	15	13	6	12	11	12	12
Maternity/newborn health	15	16	15	16	16	16	16	13
Substance abuse	16	13	17	15	15	15	15	16
Infectious diseases/AIDS/HIV	17	6	16	17	17	17	17	17

1 = highest impact, 17 = lowest impact

Ranked 1st | Ranked 2nd | Ranked 3rd

Beside the prevalence of modifiable health risks, other externalities influence the priorities by region, such as the extent of employer-provided health care, the types of industries in the region and cultural differences. Sedentary lifestyles (fitness/exercise) and stress are shared top concerns globally, followed by nutrition/healthy eating.

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Organizational ownership

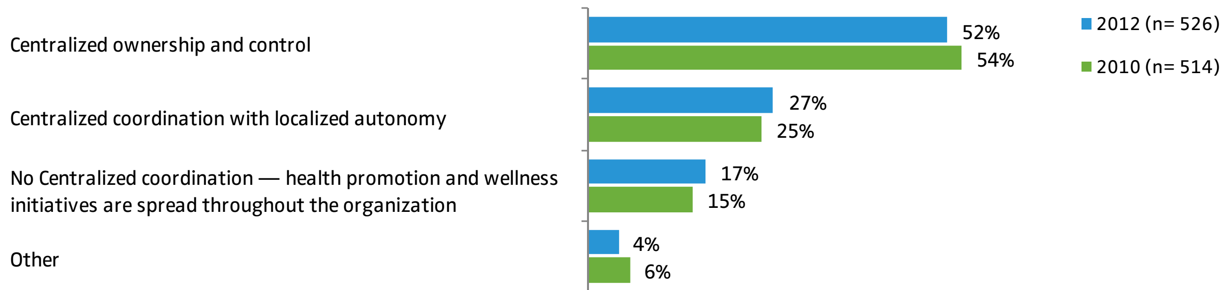
Multinational employers. Multinational employers that desire to set a globally consistent strategy and infrastructure have the greatest challenge. They may have to contend with a variety of regional business approaches, cultures, and attitudes toward the employer's role in supporting health care and promoting wellness, as well as different country laws and regulations.

Centralized ownership and control. Despite the challenges, multinational employers are increasingly moving to centralized ownership and control of wellness. Survey data reports a 3% increase in centralized ownership and 7% decrease in organizations with localized autonomy when compared to 2010.

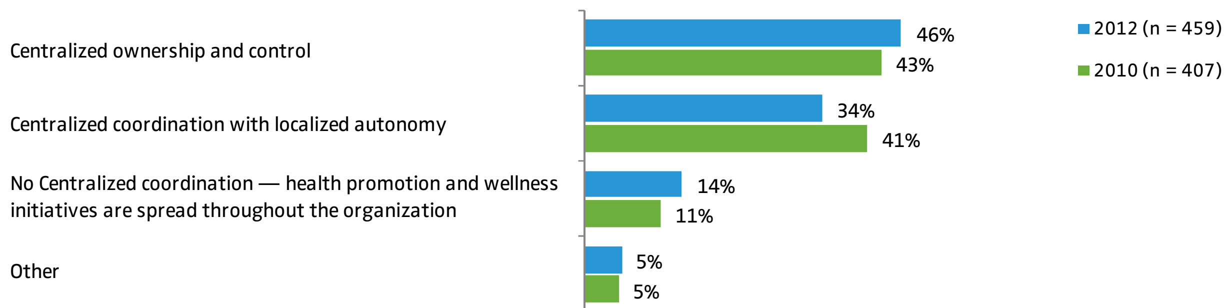
46%

of multinational employers report centralized ownership of their organization's wellness program.

Ownership and control of wellness programs (single-country organizations)



Ownership and control of wellness programs (multinational organizations)



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Organizational ownership

Responsibility for executing health promotion and/or wellness programs – by region*

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Corporate Human Resources	75%	57%	66%	33%	83%	76%	74%	80%
Dedicated staffed wellness coordinator	22%	30%	26%	33%	17%	7%	14%	26%
Health, Safety & Environment (HSE)	18%	30%	36%	40%	23%	22%	23%	8%
Vendor-provided wellness coordinator	14%	17%	13%	7%	14%	1%	2%	20%
Occupational health function	13%	17%	15%	13%	14%	20%	23%	9%
Shared staff position	11%	13%	23%	7%	9%	9%	6%	9%
Outside consultant	7%	4%	10%	0%	6%	3%	8%	6%
Contracted wellness coordinator	4%	4%	5%	0%	3%	1%	4%	5%
Other	11%	4%	9%	20%	9%	13%	7%	13%
n	1,007	23	184	15	35	92	141	516

Ranked 1st | Ranked 2nd | Ranked 3rd

Responsibility for executing wellness strategies most commonly is held by Corporate Human Resources. This likely is a result of the high level of interconnectedness between the wellness plan and other benefit and incentive programs.

*Respondents were allowed to select more than one answer.

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Organizational ownership

Credentials or formal education of employees responsible for health promotion – by region*

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Employee Benefits/HR	68%	60%	63%	29%	97%	66%	44%	76%
Fitness/Exercise	29%	20%	21%	50%	16%	21%	25%	35%
Nursing	28%	35%	28%	43%	19%	28%	31%	27%
Health Promotion	28%	25%	33%	36%	13%	12%	31%	29%
Safety	24%	45%	33%	36%	28%	27%	34%	15%
Nutrition	23%	20%	15%	29%	13%	12%	31%	26%
Medicine	21%	15%	34%	7%	9%	25%	39%	13%
Health/Lifestyle Coaching	19%	30%	10%	14%	6%	9%	25%	23%
Education	15%	30%	19%	7%	9%	9%	19%	14%
Health Care Management	14%	25%	15%	14%	3%	12%	19%	13%
Mental Health	12%	20%	15%	14%	9%	13%	16%	9%
Work/Life Effectiveness	10%	35%	12%	7%	13%	7%	11%	8%
Pharmacy	4%	5%	9%	0%	3%	1%	2%	3%
Other	5%	5%	1%	29%	0%	6%	11%	4%
n	799	20	151	14	32	67	110	405

Ranked 1st | Ranked 2nd | Ranked 3rd

Respondents were allowed to select more than one answer.

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Program design

Overview

Program design. Employers utilize a wide variety of initiatives to create their health management programs. The popularity of certain elements varies widely by geography, indicating that cultural and geographic practices may dictate different means to achieve similar wellness objectives.

Flu shots

are the most prevalent component of a health promotion program.

Prevalent wellness program components. The most popular components of health promotion programs include immunizations/flu shots, biometric screenings (such as blood pressure, cholesterol, glucose and body fat), health and lifestyle questionnaires (such as health risk appraisals), and employee assistance programs (EAPs).

Additional program components. Other health management resources, such as disease management programs and occupational health resources increasingly are being expanded to also support health promotion and prevention goals.

Health promotion/wellness program components (top 10 by all regions)*

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Immunizations/flu shots	1	6	5	2	2	2	4	2
Biometric health screenings (such as blood pressure, cholesterol, glucose, body fat)	2	1	1	8	6	3	3	6
Health risk appraisal (health and lifestyle questionnaire)	3	4	2	4	3	1	2	3
Employee Assistance Program (EAP)	4	3	14	1	1	4	11	1
On-site healthy lifestyle programs (e.g., nutrition, weight loss, stress reduction, smoking cessation)	5	5	3	3	13	9	5	9
Workplace health competitions (e.g., walking, weight loss)	6	10	6	4	4	14	13	8
Employee health fairs	7	14	11	10	5	15	9	7
"Nurse line" or other health decision phone support	8	9	20	18	7	12	22	4
Disease management programs	9	8	18	20	16	23	17	5
Occupational health programs	10	2	4	6	14	5	1	20

1 = most prevalent, 25 = least prevalent

Ranked 1st | Ranked 2nd | Ranked 3rd

*Respondents were allowed to select more than one answer.

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Program design

Overview

Psychosocial work environment. Driven by Canada and the US, improving the psychosocial work environment (e.g., balancing demand and control, improving work climate, work design, etc.) is the fastest growing program component overall. This is in line with 2010 and confirms that employers understand that the work environment can have a significant impact on the health and well-being of employees.

Fastest growing programs. Across regions, other rapidly growing wellness program elements include programs aimed at directly improving employees' health, such as health coaching (online, on-site, and telephonic), "Cycle to Work" programs, and vending machines that emphasize healthy food options.

Fastest growing wellness program elements – by region

All regions	Africa/ Middle East	Asia	Australia/NZ	Canada	Europe	Latin America	United States
Improving the psychosocial work environment	"Cycle to Work" program	"Cycle to Work" program	Health coaching (online)	Improving the psychosocial work environment	Health coaching (online)	"Cycle to Work" program	Improving the psychosocial work environment
Health coaching (on-site)	Healthier vending machines	Health coaching (online)	Health coaching (on-site)	Health coaching (on-site)	Health coaching (on-site)	Health coaching (online)	Health coaching (on-site)
Peer/social support (online or on-site)	Caregiver support	Healthier vending machines	Disease management programs	On-site medical facility	Personal health record	Healthier vending machines	Peer/social support (online or on-site)
"Cycle to Work" program	Peer/social support (online or on-site)	Disease management programs	On-site medical facility	Peer/social support (online or on-site)	Disease management programs	Health coaching (telephonic)	Healthier vending machines
Healthier vending machines	Personal health record	Health coaching (telephonic)	Healthier vending machines	Disease management programs	Healthier vending machines	Disease management programs	"Cycle to Work" program

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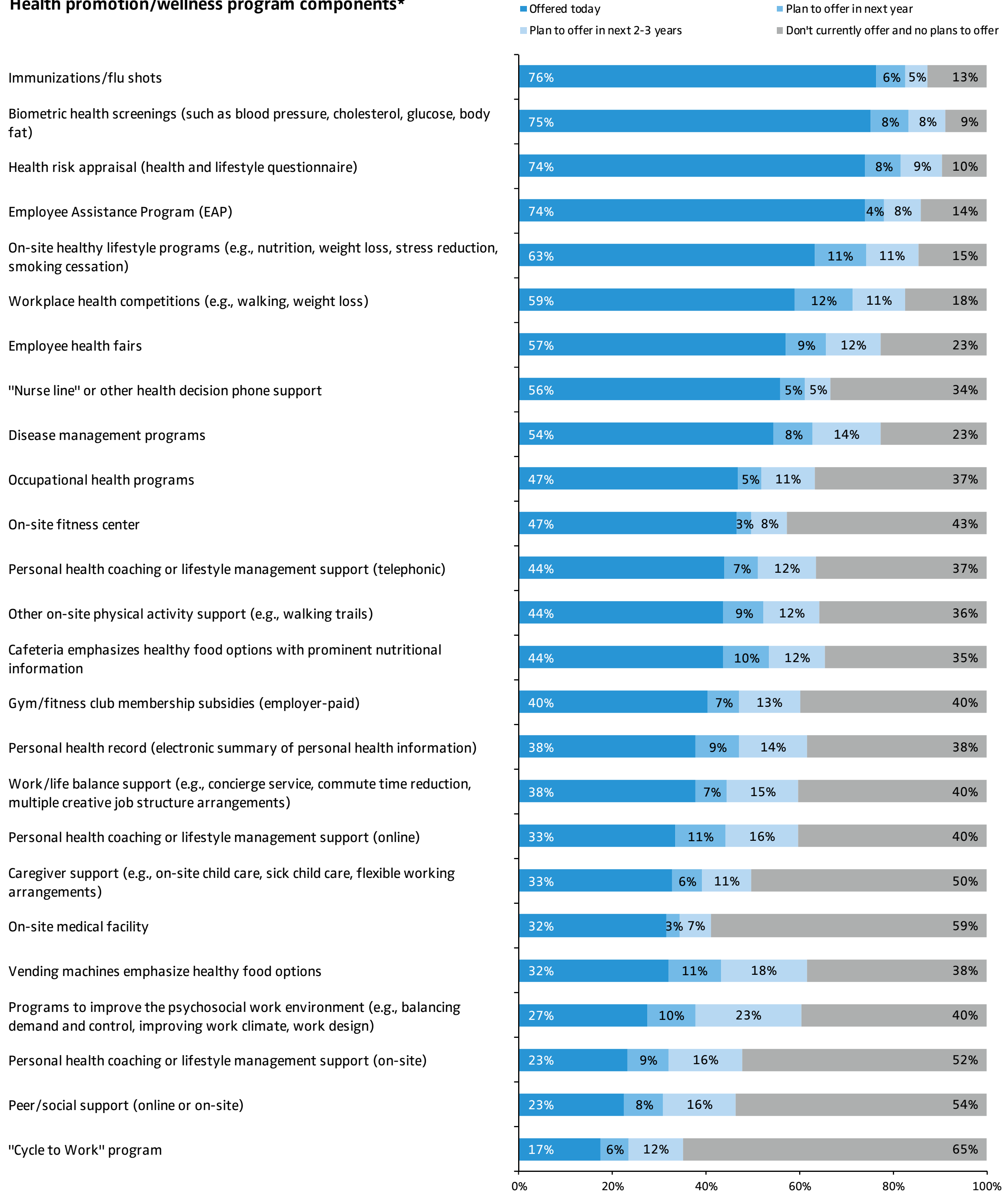
Program design

All regions

Health promotion/wellness program components*



**Respondents were allowed to select more than one answer.*

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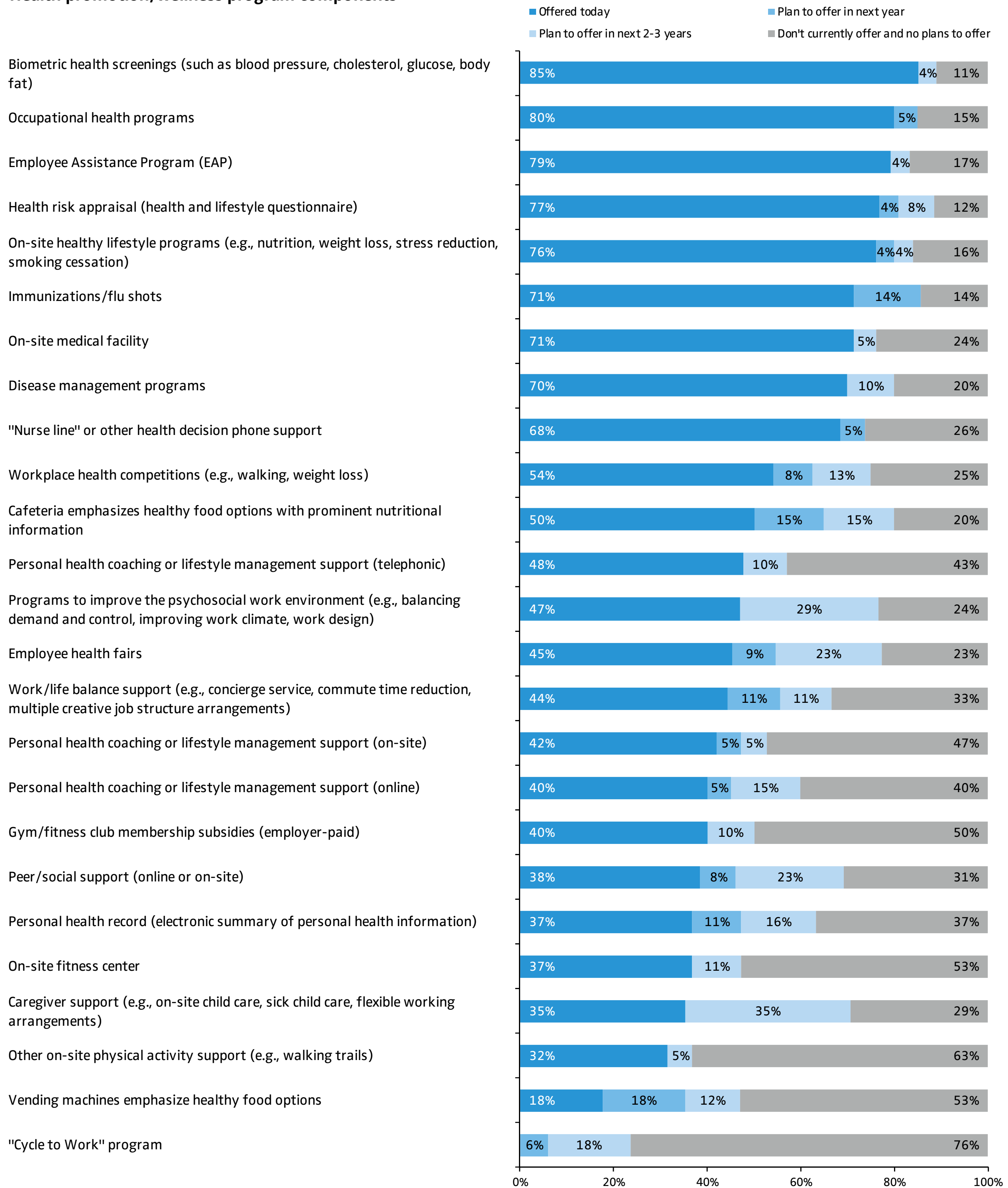
Program design

Africa/Middle East

Health promotion/wellness program components*



**Respondents were allowed to select more than one answer.*

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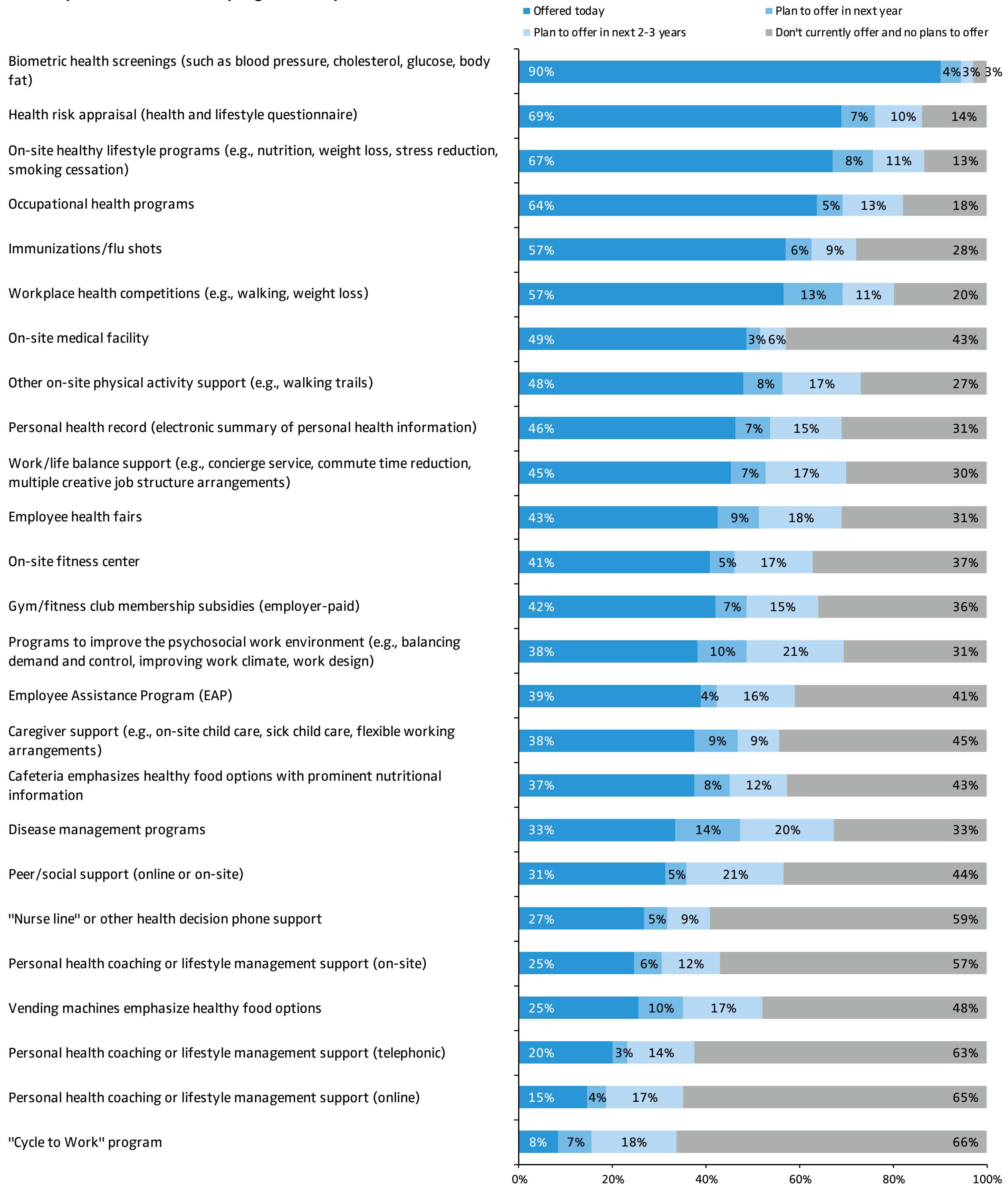
Program design
Asia

Health promotion/wellness program components*



**Respondents were allowed to select more than one answer.*

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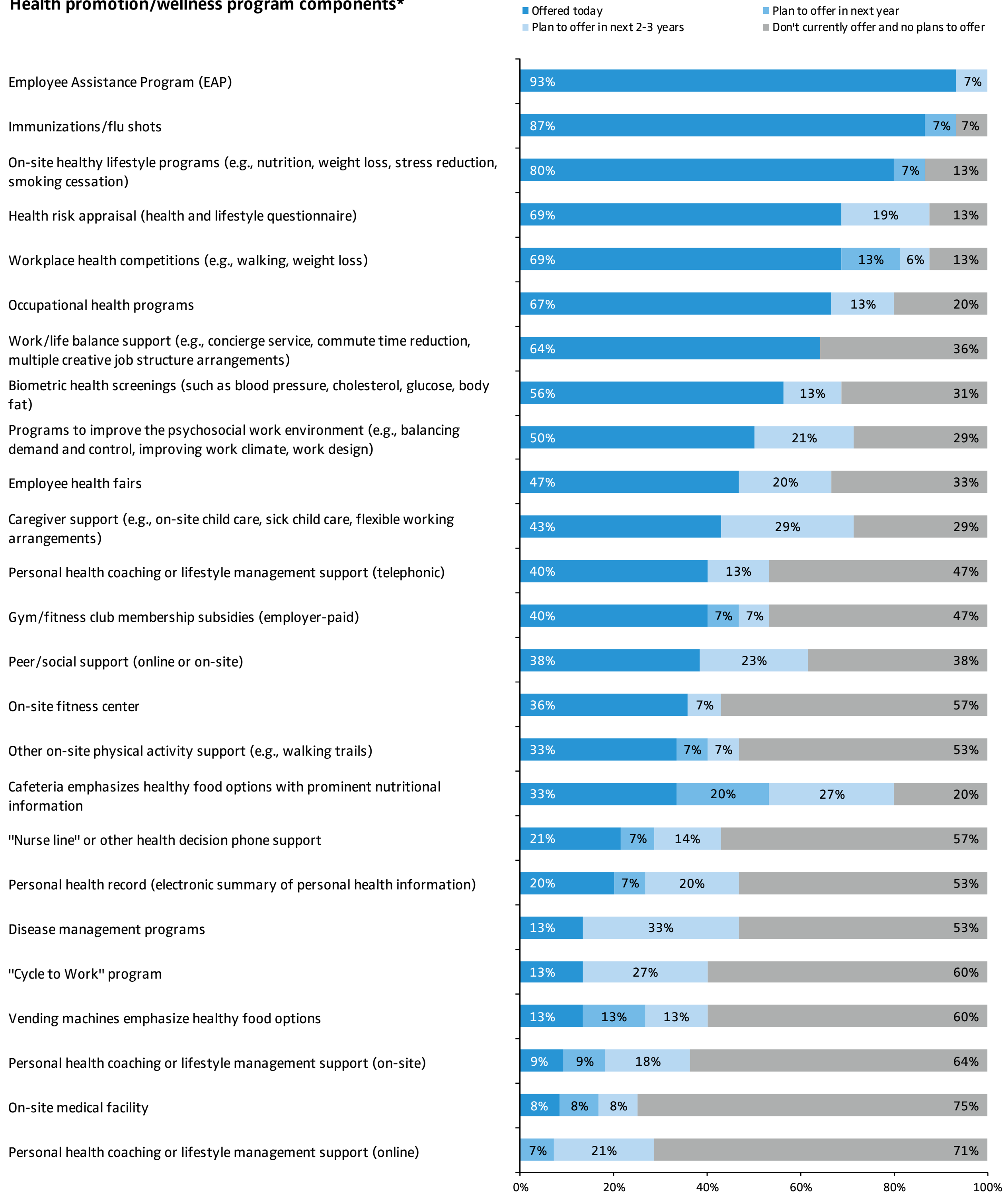
Program design

Australia/New Zealand



**Respondents were allowed to select more than one answer.*

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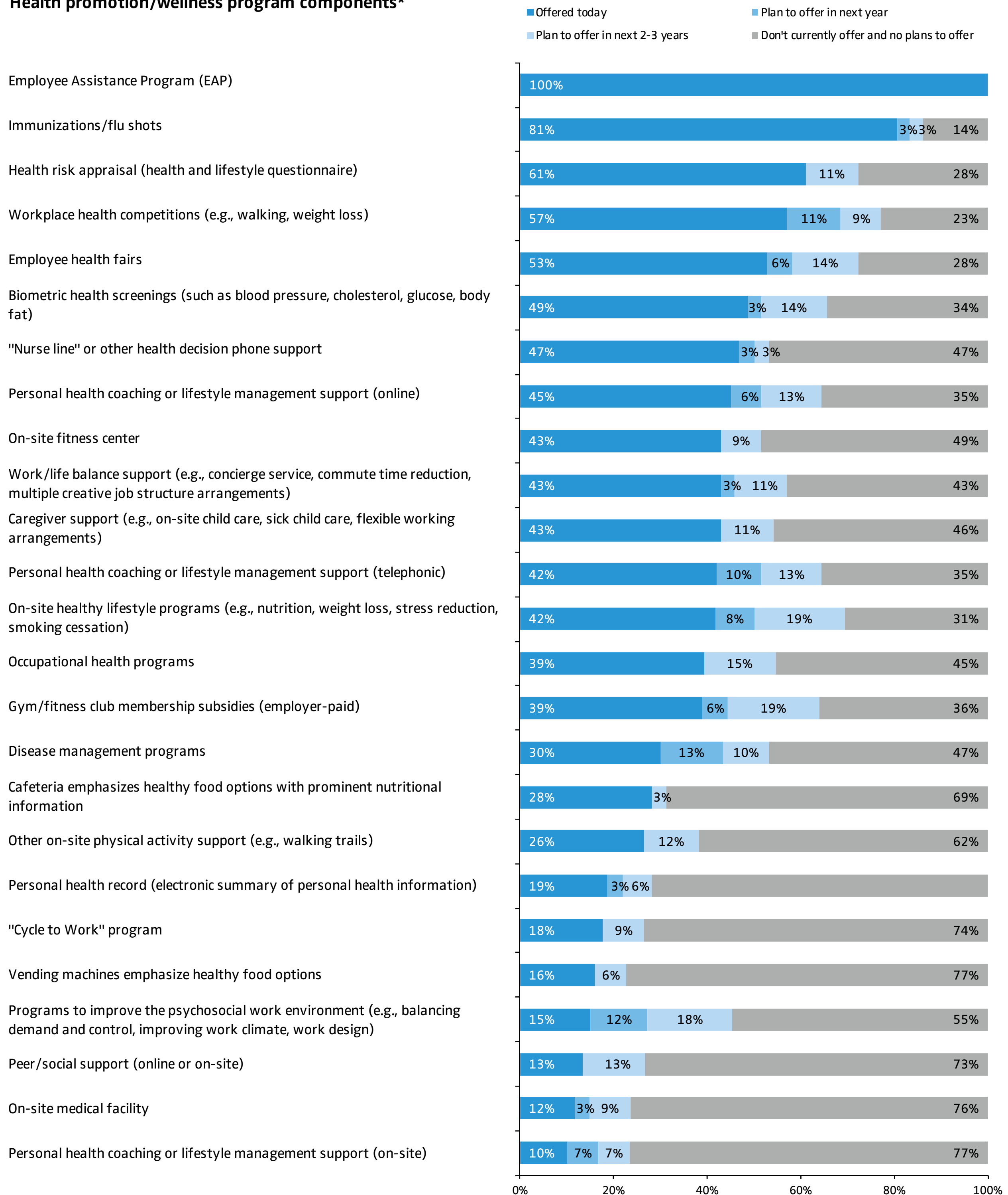
Program design

Canada

Health promotion/wellness program components*



Respondents were allowed to select more than one answer.

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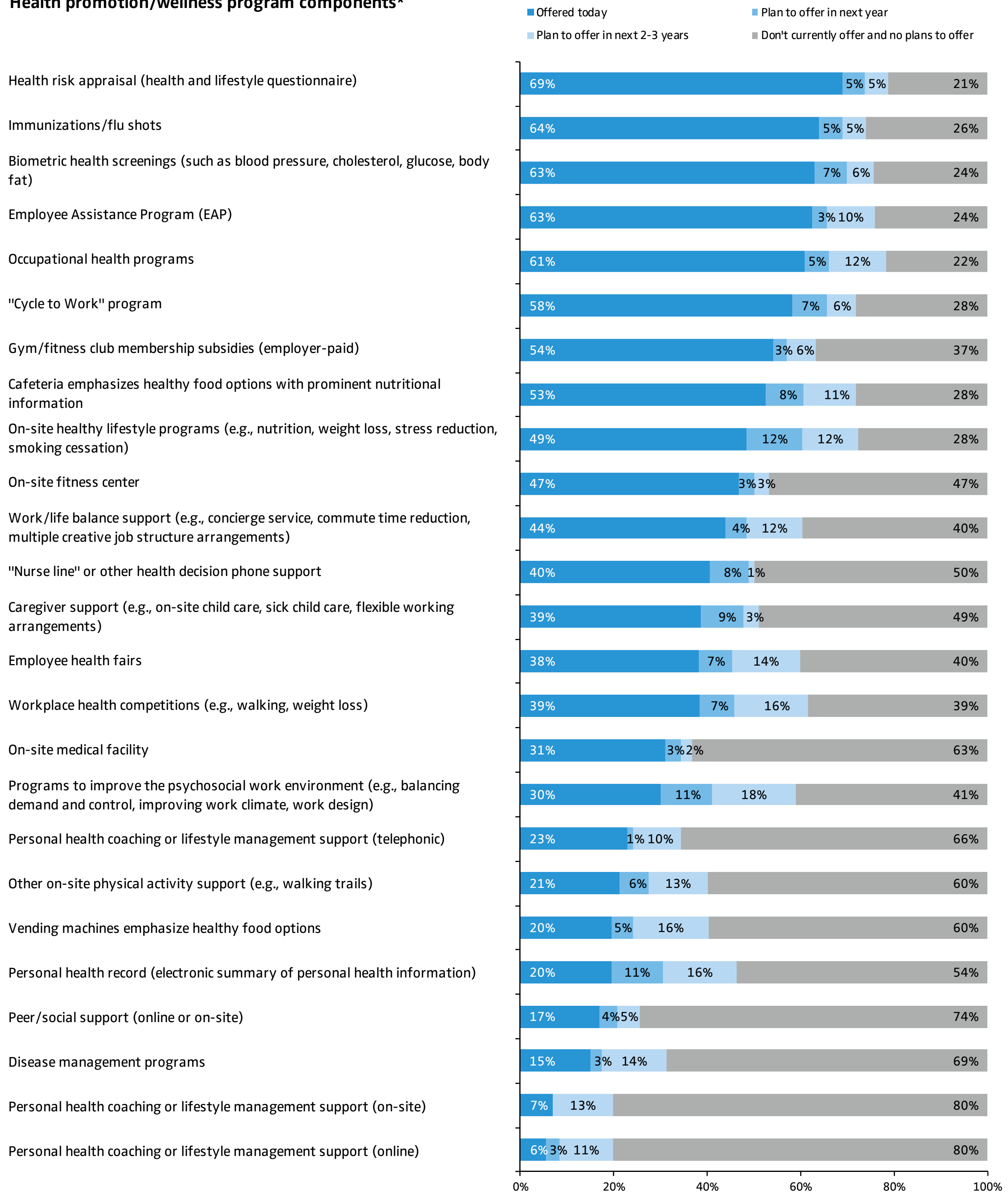
Program design
Europe

Health promotion/wellness program components*



*Respondents were allowed to select more than one answer.

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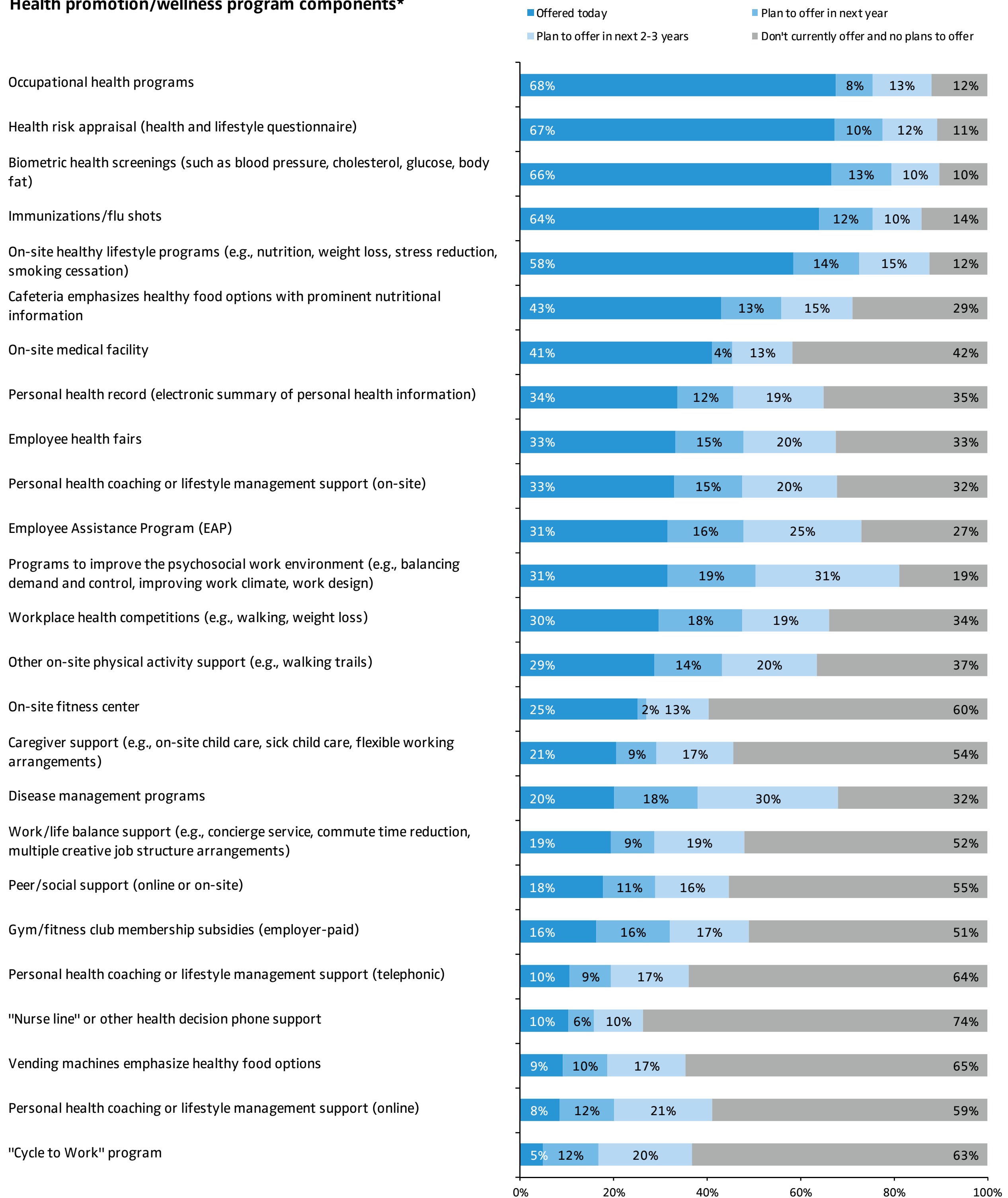
Program design

Latin America

Health promotion/wellness program components*



**Respondents were allowed to select more than one answer.*

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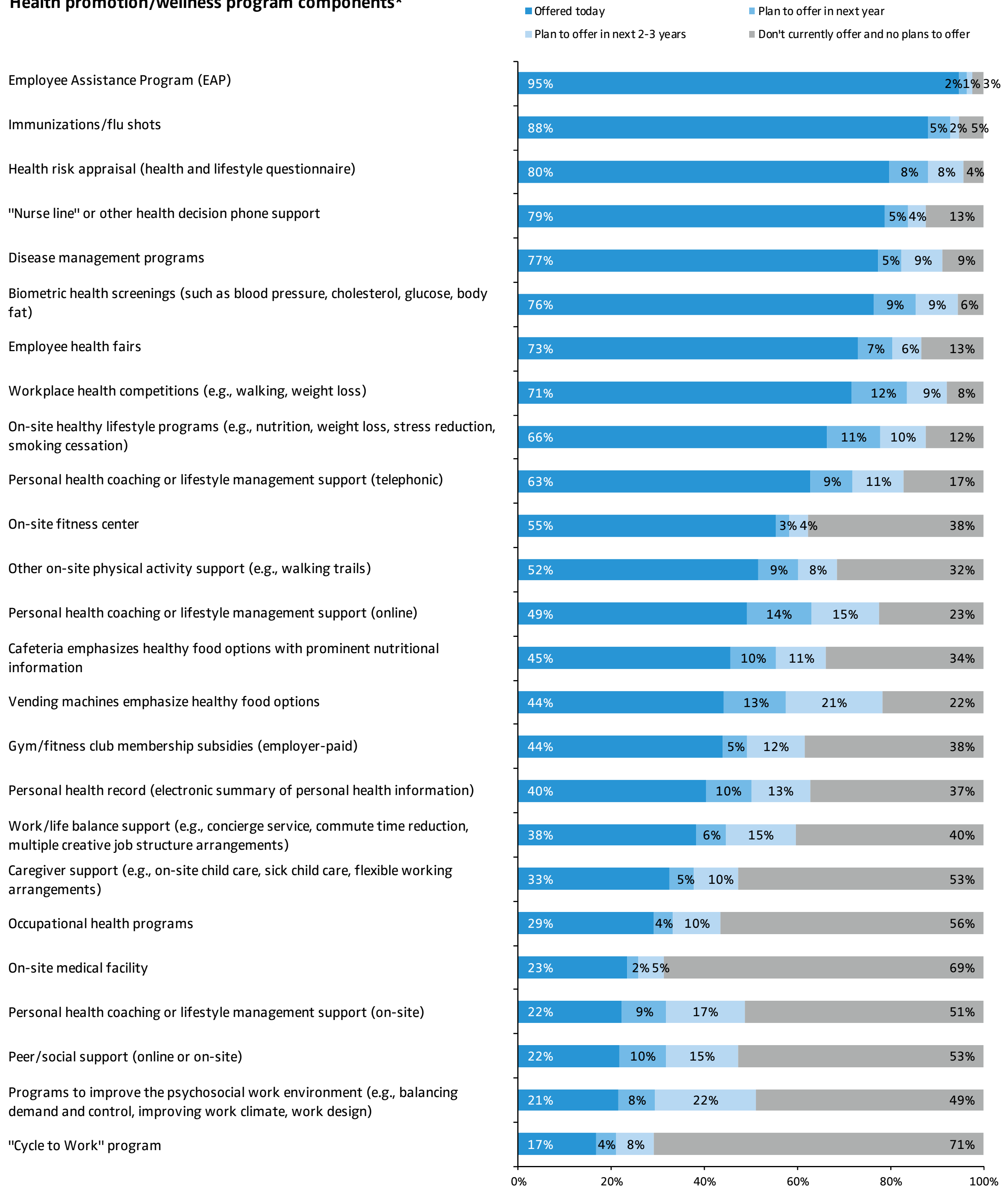
Program design

United States

Health promotion/wellness program components*



**Respondents were allowed to select more than one answer.*

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Program design

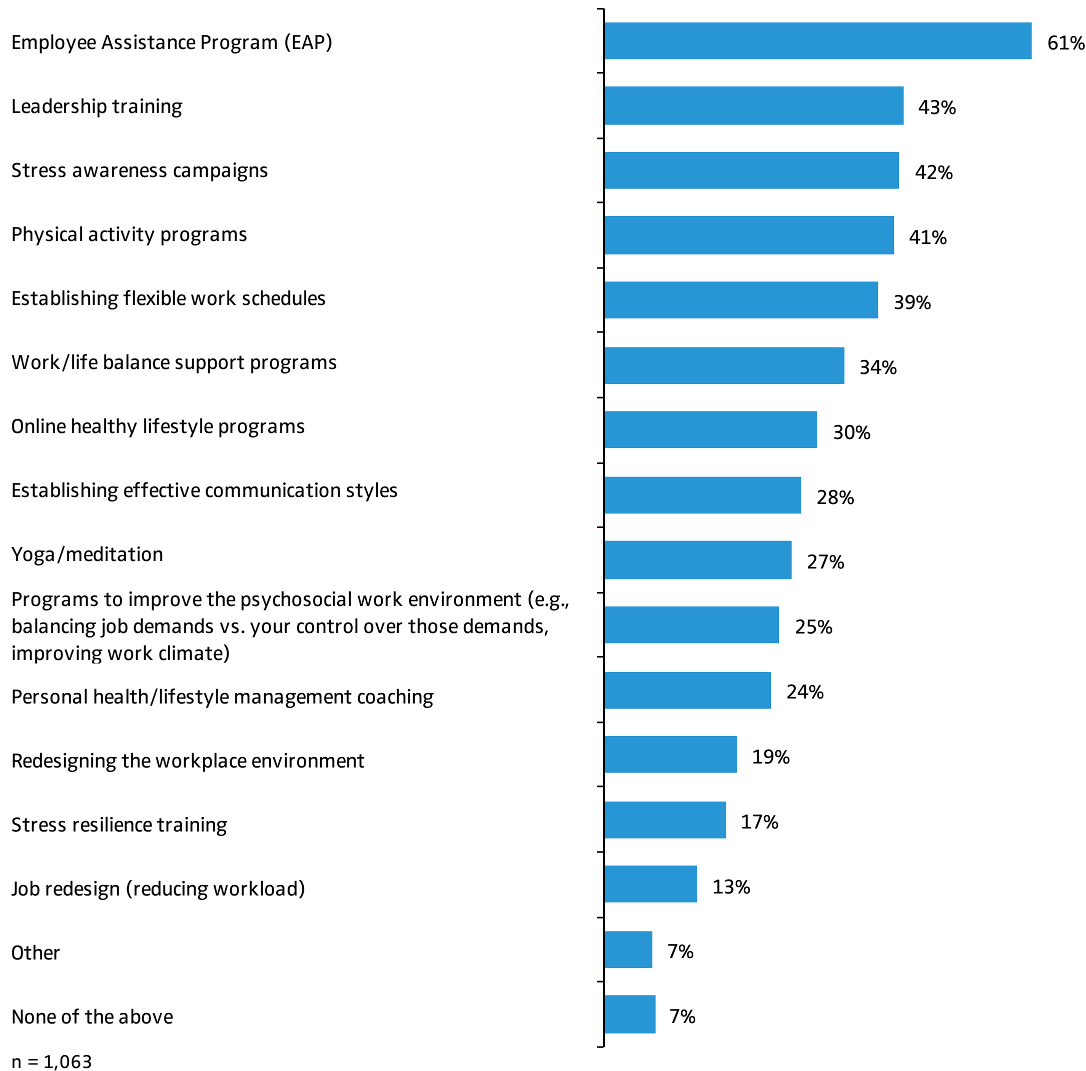
Stress

Top global priority. As indicated earlier in this report, helping employees manage stress is the top priority globally among participating employers, and they use a variety of strategies and programs to do so. Given this priority, it is somewhat surprising that as compared to the 2010 survey, fewer companies reported using almost all of these interventions. Lingering financial constraints from the recession may be the cause.

61%

combat stress, the number one wellness program objective, by offering an Employee Assistance Program.

Strategies/programs implemented to address stress-related health problems*



**Respondents were allowed to select more than one answer.*

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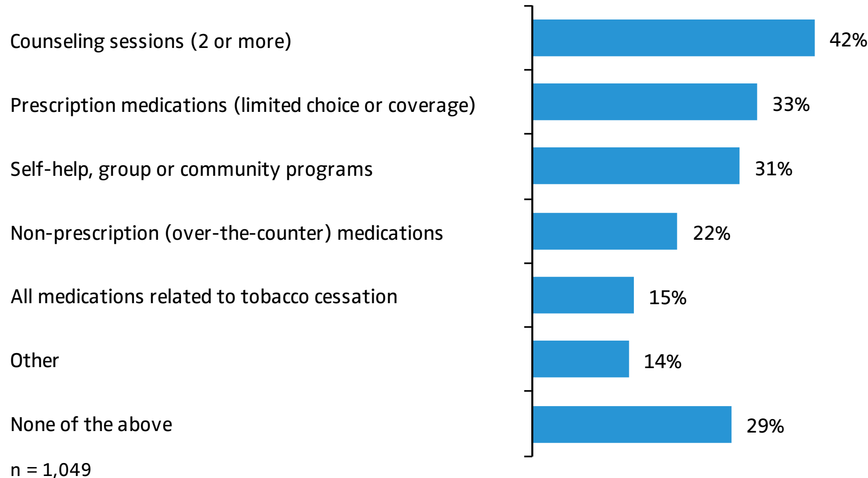
Program design

Tobacco cessation

Benefits provided to support tobacco cessation*



42%

of respondents provide counseling sessions to support tobacco cessation.

While counseling is the most prevalently reported component of a tobacco cessation program, this result is driven primarily by Australia/NZ and the United States. Prescription medication in a tobacco cessation program is the second most prevalently reported program component, driven by North America.

Benefits provided to support tobacco cessation – by region*

	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Counseling sessions (2 or more)	27%	26%	67%	37%	20%	25%	56%
Prescription medications (limited choice or coverage)	14%	8%	7%	50%	9%	13%	53%
Self-help, group or community programs	27%	25%	47%	18%	19%	19%	39%
Non-prescription (over-the-counter) medications	0%	8%	13%	11%	7%	3%	36%
All medications related to tobacco cessation	0%	6%	13%	13%	3%	7%	23%
Other	9%	17%	13%	11%	15%	17%	13%
None of the above	45%	45%	27%	29%	54%	45%	15%
n	22	185	15	38	98	155	535

**Respondents were allowed to select more than one answer.*

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Program design

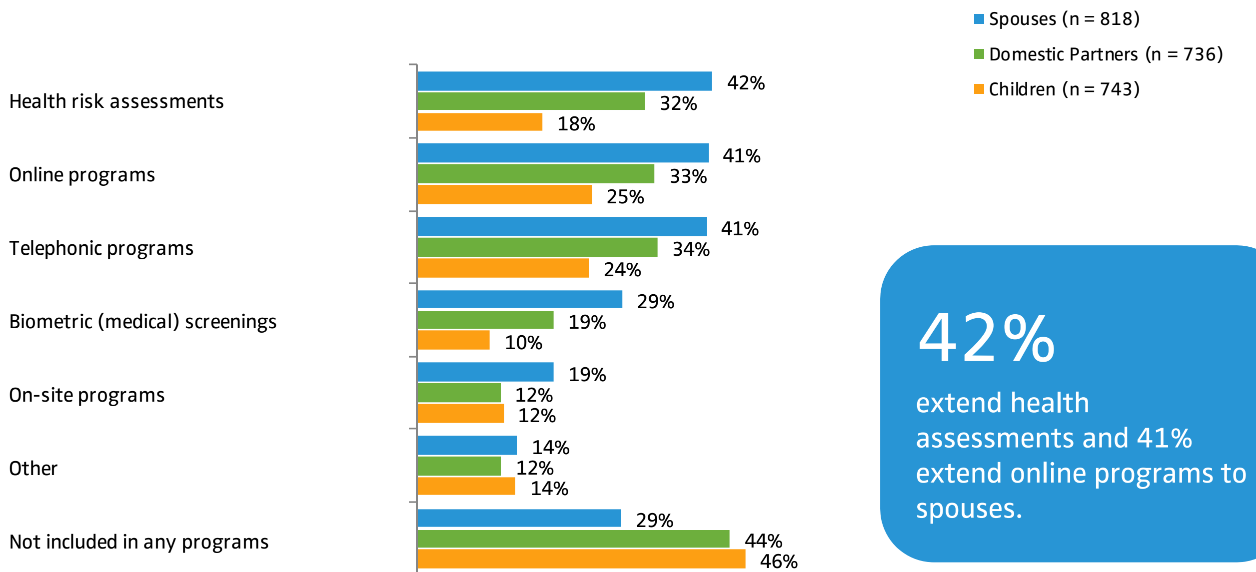
Initiatives extended to family members

Wellness programs and dependents. Worldwide, the most common program elements offered to family members of employees are health risk assessments, online and telephonic programs. Their prevalence may be, in large part, a product of the ease and cost-effectiveness with which web-based offerings can be made available to family members outside the workplace.

Growing interest. Compared to 2010, dependents are increasingly eligible for program elements. As wellness programs continue to mature, it is likely that organizations will continue to expand their wellness initiatives to include dependents. This trend will help contribute toward employers' top objectives as dependents often influence employee health behaviors and decision-making and dependent illness can distract employees and result in absenteeism. Furthermore, in countries where employers pay for family health care, dependents account for a large portion of medical costs.

Compared to 2010, spouse access to biometric screenings had the largest increase: from 18% in 2010 to 29% in 2012. This increase is driven by US and African/Middle Eastern employers, with Asian employers also contributing to the trend.

Initiatives extended to family members*



Respondents were allowed to select more than one answer.

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Program design

Initiatives extended to family members

Initiatives extended to spouses – by region*

	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
On-site programs	15%	31%	17%	4%	5%	35%	29%
Health risk assessments	54%	18%	0%	21%	50%	24%	74%
Biometric (medical) screenings	77%	39%	0%	4%	18%	24%	46%
Online programs	46%	11%	50%	54%	23%	14%	74%
Telephonic programs	54%	10%	33%	68%	41%	22%	71%
Other	15%	30%	33%	36%	32%	22%	16%
n	13	71	6	28	22	51	392

Initiatives extended to domestic partners – by region*

	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
On-site programs	13%	16%	17%	4%	5%	29%	24%
Health risk assessments	38%	13%	0%	21%	50%	26%	72%
Biometric (medical) screenings	63%	34%	0%	4%	14%	21%	41%
Online programs	50%	19%	50%	54%	27%	15%	73%
Telephonic programs	75%	13%	33%	68%	41%	26%	71%
Other	13%	38%	33%	36%	27%	21%	18%
n	8	32	6	28	22	34	282

Initiatives extended to children – by region*

	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
On-site programs	25%	32%	33%	0%	5%	33%	22%
Health risk assessments	50%	13%	0%	12%	26%	20%	44%
Biometric (medical) screenings	75%	23%	0%	0%	11%	24%	18%
Online programs	42%	13%	33%	50%	21%	14%	63%
Telephonic programs	58%	12%	33%	69%	26%	22%	57%
Other	17%	35%	17%	31%	37%	24%	23%
n	12	60	6	26	19	49	228

**Respondents were allowed to select more than one answer.*

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Incentives

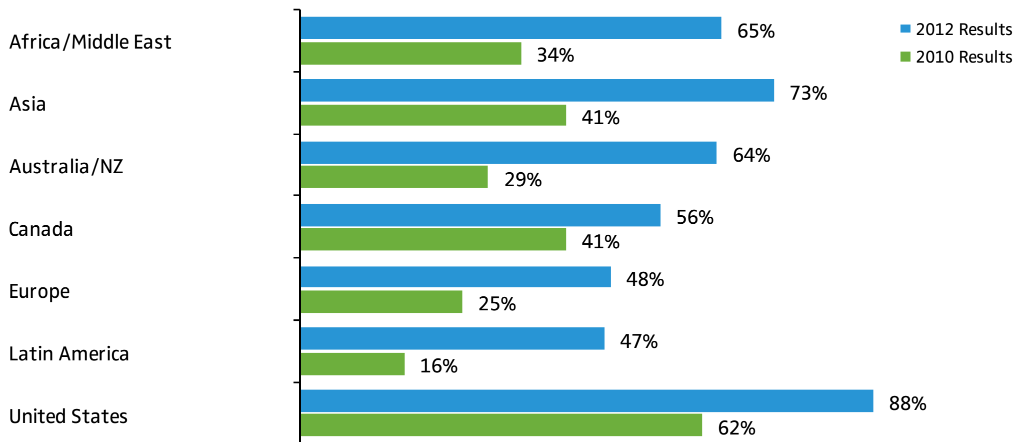
Program incentives. Many employers provide incentives as a component of their wellness programs. These rewards (or in some cases, penalties) are intended to motivate individuals to participate in wellness programs, or achieve measurable health status results. The rewards are most typically financial in nature, though some employers also offer non-financial rewards, such as merchandise and additional vacation days.

Global interest in incentives. Incentives, until recently popular primarily in the United States, are increasingly offered by employers in all parts of the world. Employers in all geographical regions reported significant growth in using incentives.

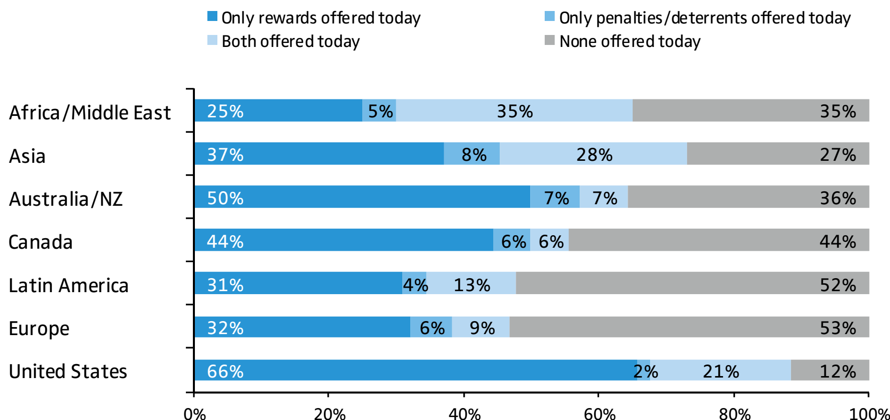
74%

of employers use incentives to encourage participation in health initiatives.

Organizations that offer incentives, including rewards, penalties, or both, to encourage participation in wellness initiatives – by region*



Types of incentives offered to encourage participation in wellness initiatives by region



**Question was asked differently in 2010 and 2012.*

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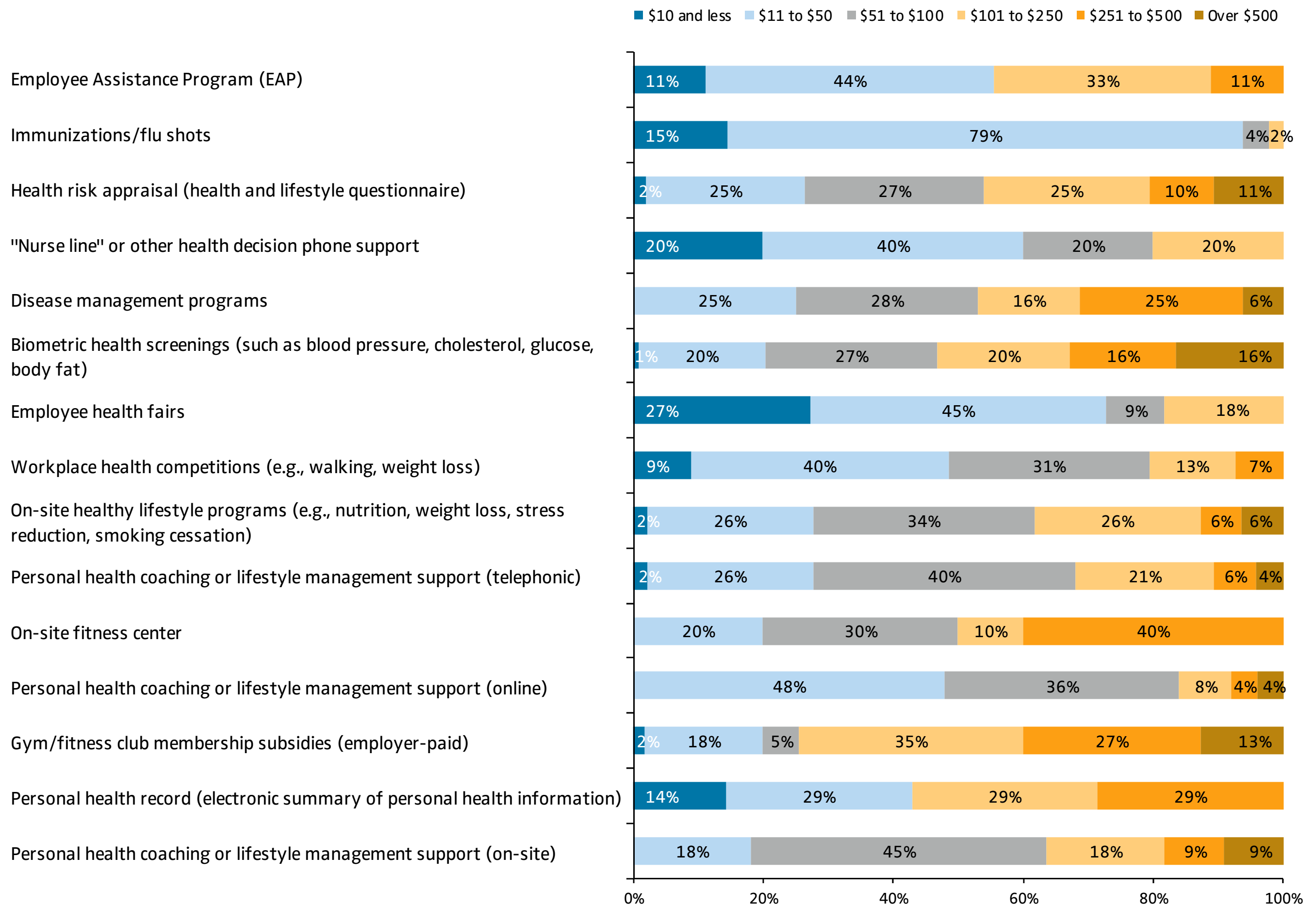
Incentives

2011 Employee incentive value for US employers (in USD)*



Employers assign the greatest incentive value to participation in biometric screenings, demonstrating the importance placed on helping employees 'know their numbers.'

**Calculations include only those employers that offer incentives. Only US data is shown due to prevalence of financial incentives. Program features sorted in order of prevalence.*

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Incentives

Annual employee incentive value for US employers in 2011 (in USD)*

	Average	Median	n
Employee Assistance Program (EAP)	$ 117	$ 50	9
Immunizations/flu shots	$ 30	$ 25	48
Health risk appraisal (health and lifestyle questionnaire)	$ 222	$ 100	204
"Nurse line" or other health decision phone support	$ 82	$ 25	5
Disease management programs	$ 218	$ 100	32
Biometric health screenings (such as blood pressure, cholesterol, glucose, body fat)	$ 300	$ 150	128
Employee health fairs	$ 65	$ 50	11
Workplace health competitions (e.g., walking, weight loss)	$ 97	$ 68	68
On-site healthy lifestyle programs (e.g., nutrition, weight loss, stress reduction, smoking cessation)	$ 172	$ 100	47
Personal health coaching or lifestyle management support (telephonic)	$ 143	$ 100	47
On-site fitness center	$ 187	$ 150	10
Personal health coaching or lifestyle management support (online)	$ 101	$ 75	25
Gym/fitness club membership subsidies (employer-paid)	$ 289	$ 240	55
Personal health record (electronic summary of personal health information)	$ 194	$ 250	7
Personal health coaching or lifestyle management support (on-site)	$ 191	$ 100	11

**Calculations include only those employers that offer incentives. Only US data is shown due to prevalence of financial incentives. Program features sorted in order of prevalence.*

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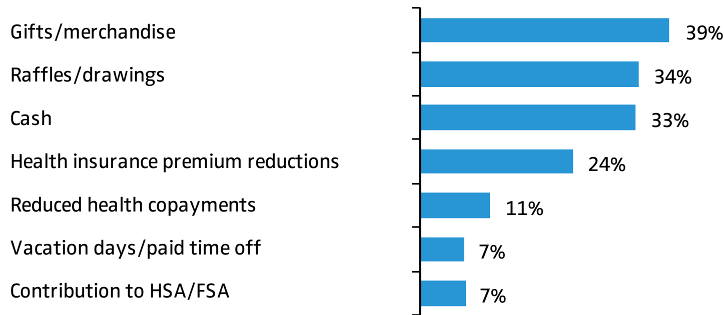
Incentives

Types of rewards offered*



n = 678

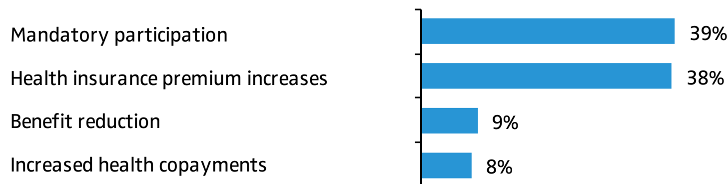
39%

offer gifts or merchandise as incentives.

33%

offer cash incentives.

Types of deterrents/penalties available*



n = 221

Globally, 39% of respondents who use deterrents/penalties require mandatory participation in some program elements. Biometric health screenings, occupational health programs, and health risk appraisals are the most frequently mandated activities.

**Respondents were allowed to select more than one answer; charts show prevalence among employers that offer incentives*

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Incentives

Types of rewards offered – by region*

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Gifts/merchandise	39%	33%	62%	88%	28%	18%	33%	35%
Raffles/drawings	34%	17%	8%	25%	50%	12%	33%	41%
Cash	33%	17%	21%	0%	17%	21%	25%	40%
Health insurance premium reductions	24%	25%	5%	0%	6%	9%	10%	32%
Reduced health copayments	11%	25%	18%	13%	6%	9%	10%	10%
Vacation days/paid time off	7%	25%	22%	0%	6%	15%	8%	2%
Contribution to HSA/FSA	7%	0%	6%	0%	6%	0%	2%	9%
n	678	12	101	8	18	33	63	442

Types of deterrents/penalties offered – by region*

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Mandatory participation	39%	75%	68%	—	—	42%	58%	17%
Health insurance premium increases	38%	25%	11%	—	—	17%	17%	62%
Benefit reduction	9%	13%	9%	—	—	8%	21%	6%
Increased health copayments	8%	13%	7%	—	—	0%	13%	8%
n	221	8	56	2	4	12	24	115

Ranked 1st | Ranked 2nd | Ranked 3rd

Respondents were allowed to select more than one answer; tables show prevalence among employers that offer incentives

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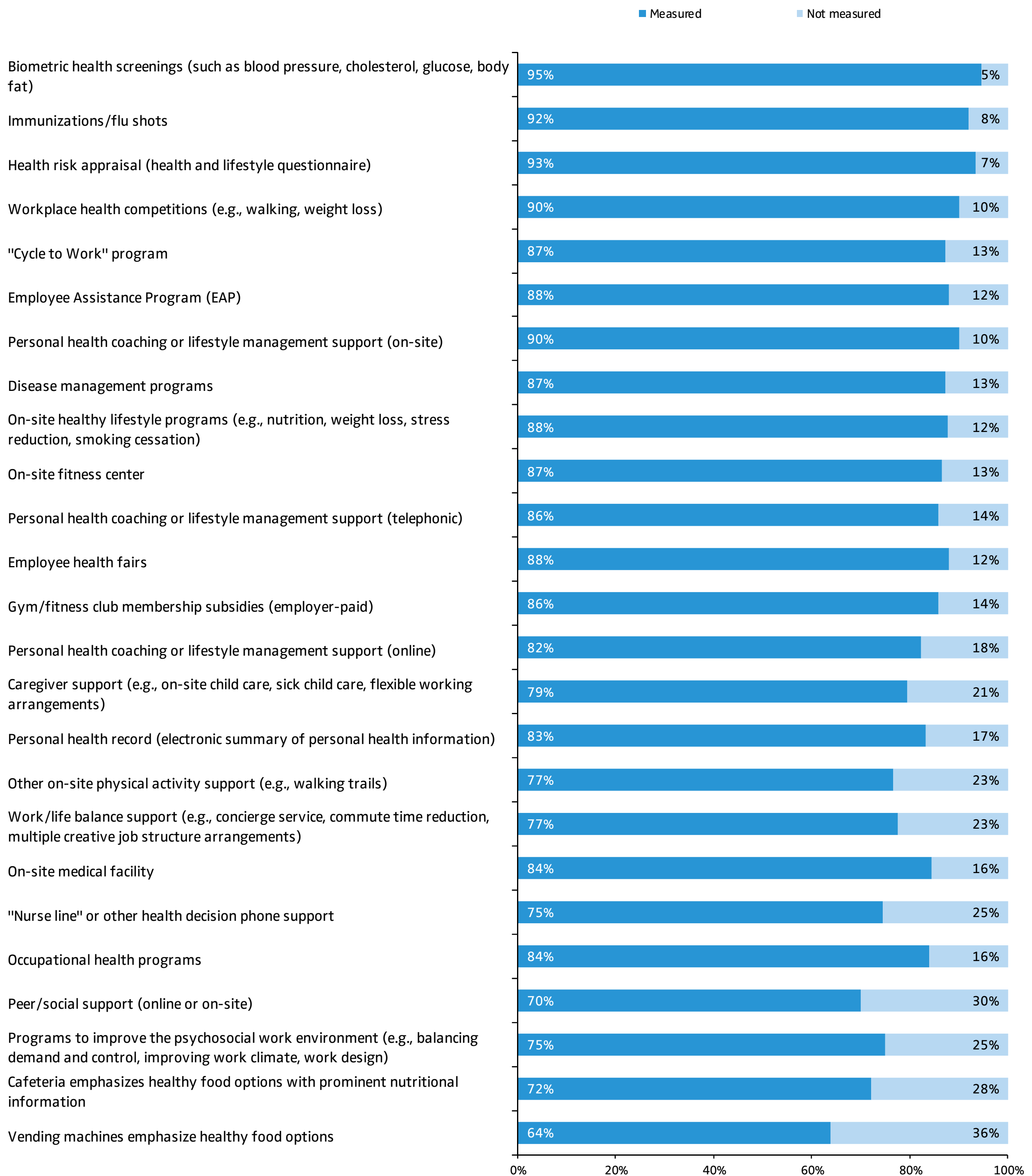
Participation and satisfaction

Respondents that measured prior year's (2011) participation rate



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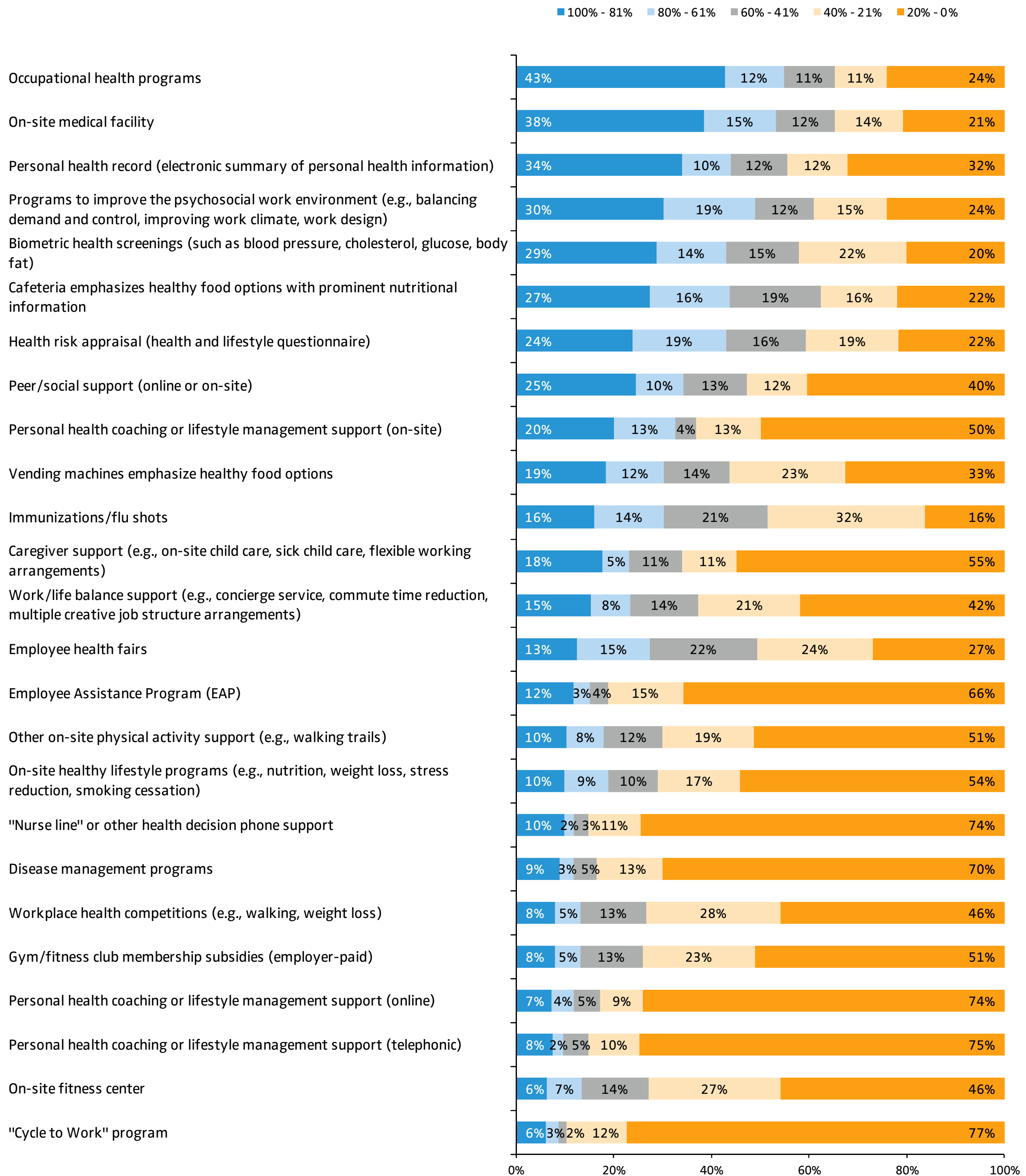
Participation and satisfaction

2011 Participation rate by program component



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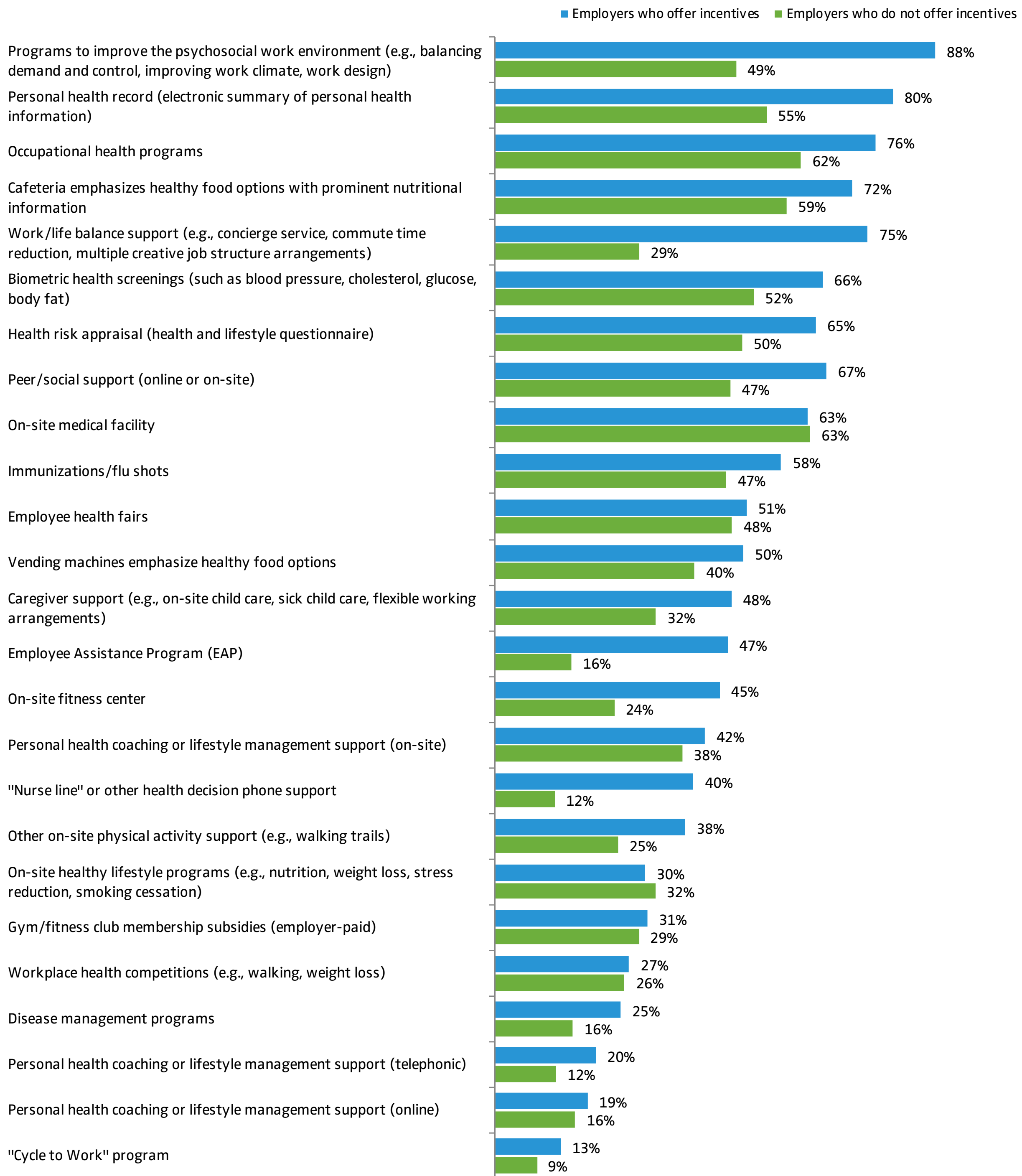
Participation and satisfaction

In almost all cases, incentives increase the level of program participation.

Prevalence of medium to high program participation (41%+) by program component



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Participation and satisfaction

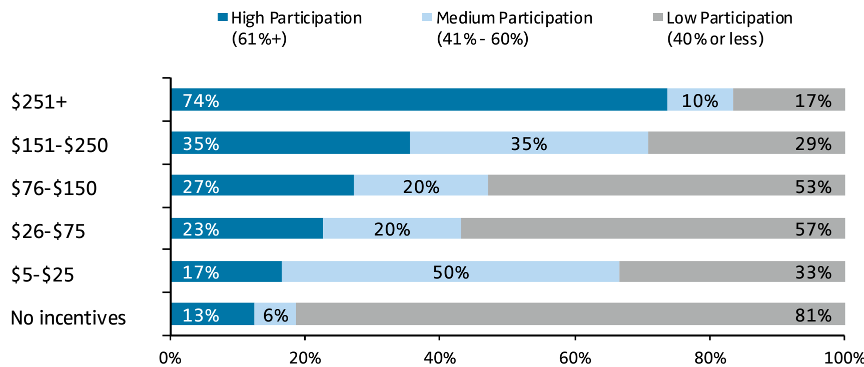
Incentives and participation (US). The five most prevalently incented activities among US respondents include:

- health assessments
- biometric screenings
- on-site health competitions
- gym/fitness club memberships
- on-site healthy lifestyle programs

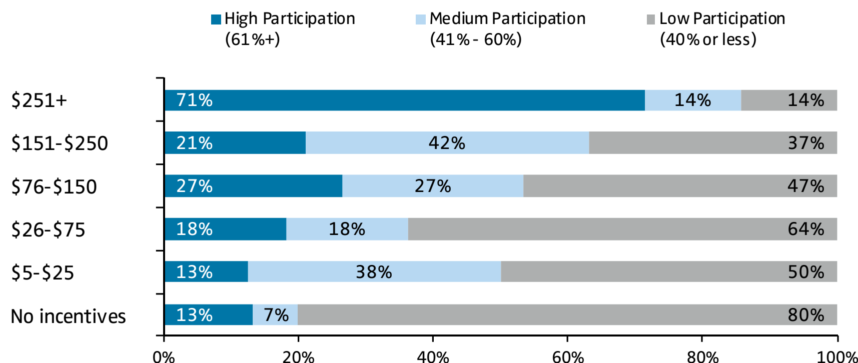
As shown on the prior page, as incentive levels increase, participation in these wellness initiatives generally increases, as well. However, a more detailed analysis shows some interesting results.

The correlation between level of incentives and program participation is high for health assessments, biometric screenings and, to a lesser degree, gym/fitness memberships. It is much lower for health competitions and onsite healthy lifestyle programs. This can be attributed to the inherent long-term behavior and lifestyle changes these fitness activities call for, which cannot solely be impacted by monetary rewards and/or penalties.

Health risk appraisal (health and lifestyle questionnaire) incentive levels by program participation rate (US)



Biometric health screenings (such as blood pressure, cholesterol, glucose, body fat) incentive levels by program participation rate (US)



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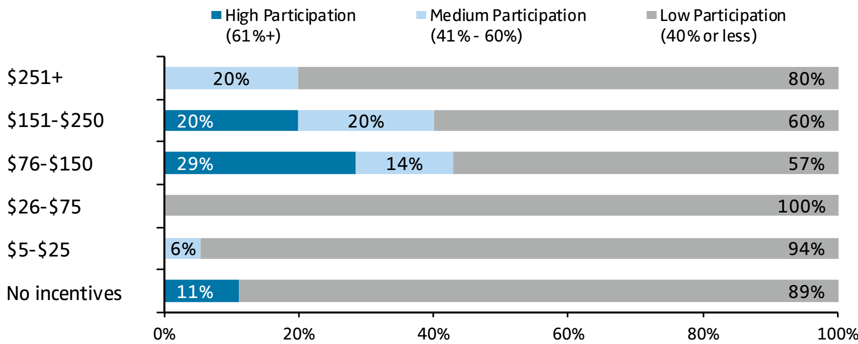
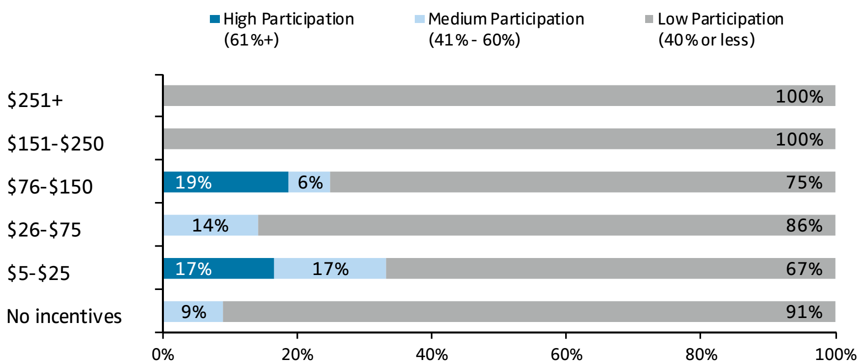
Participation and satisfaction

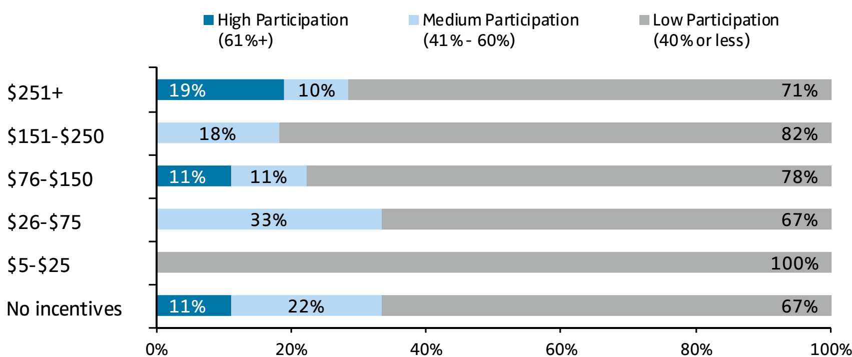
Workplace health competitions (e.g., walking, weight loss) incentive levels by program participation rate (US)



On-site healthy lifestyle programs (e.g., nutrition, weight loss, stress reduction, smoking cessation) incentive levels by program participation rate (US)



Gym/fitness club membership subsidies (employer-paid) incentive levels by program participation rate (US)



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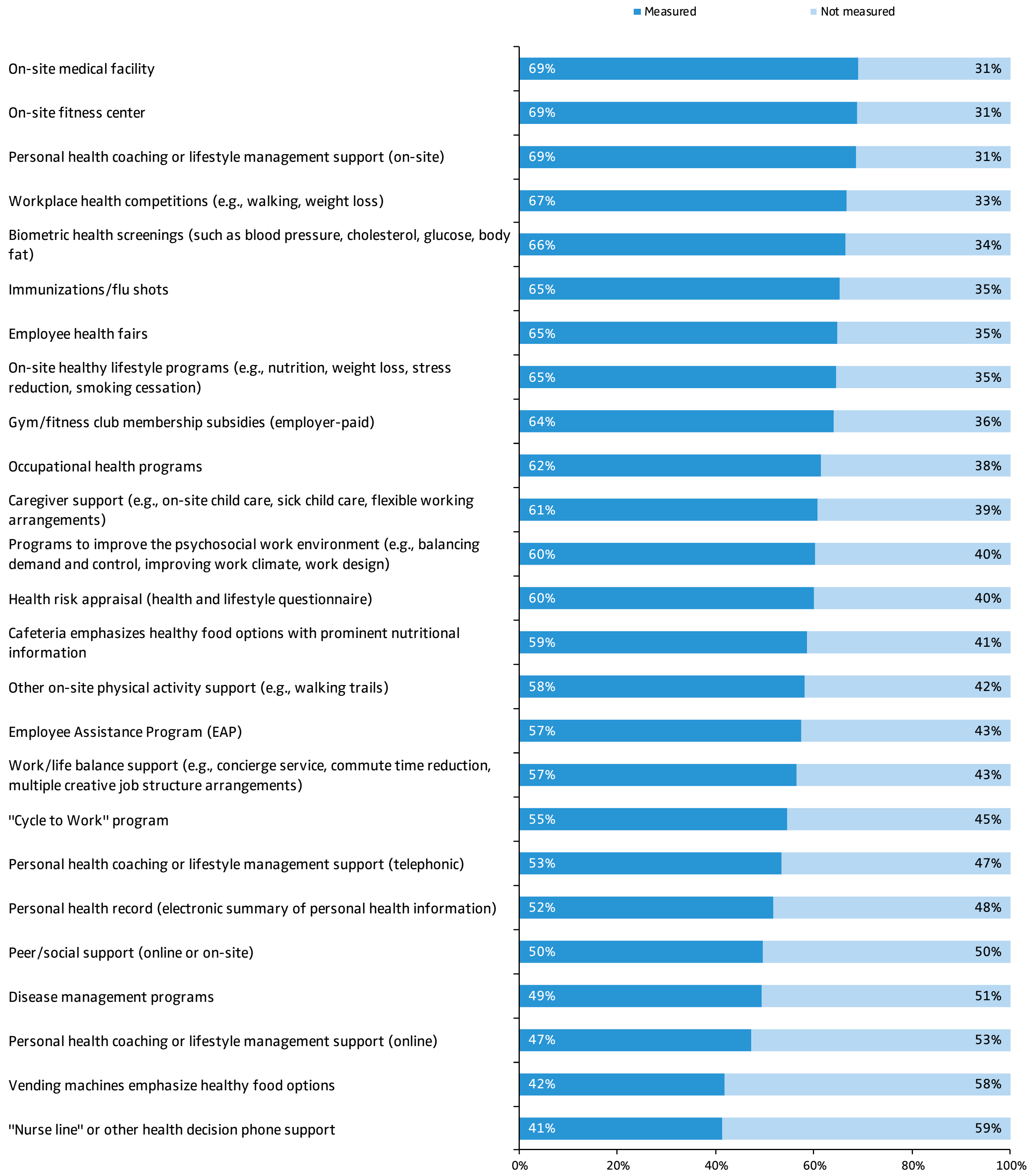
Participation and satisfaction

Respondents that measured prior year's (2011) employee satisfaction



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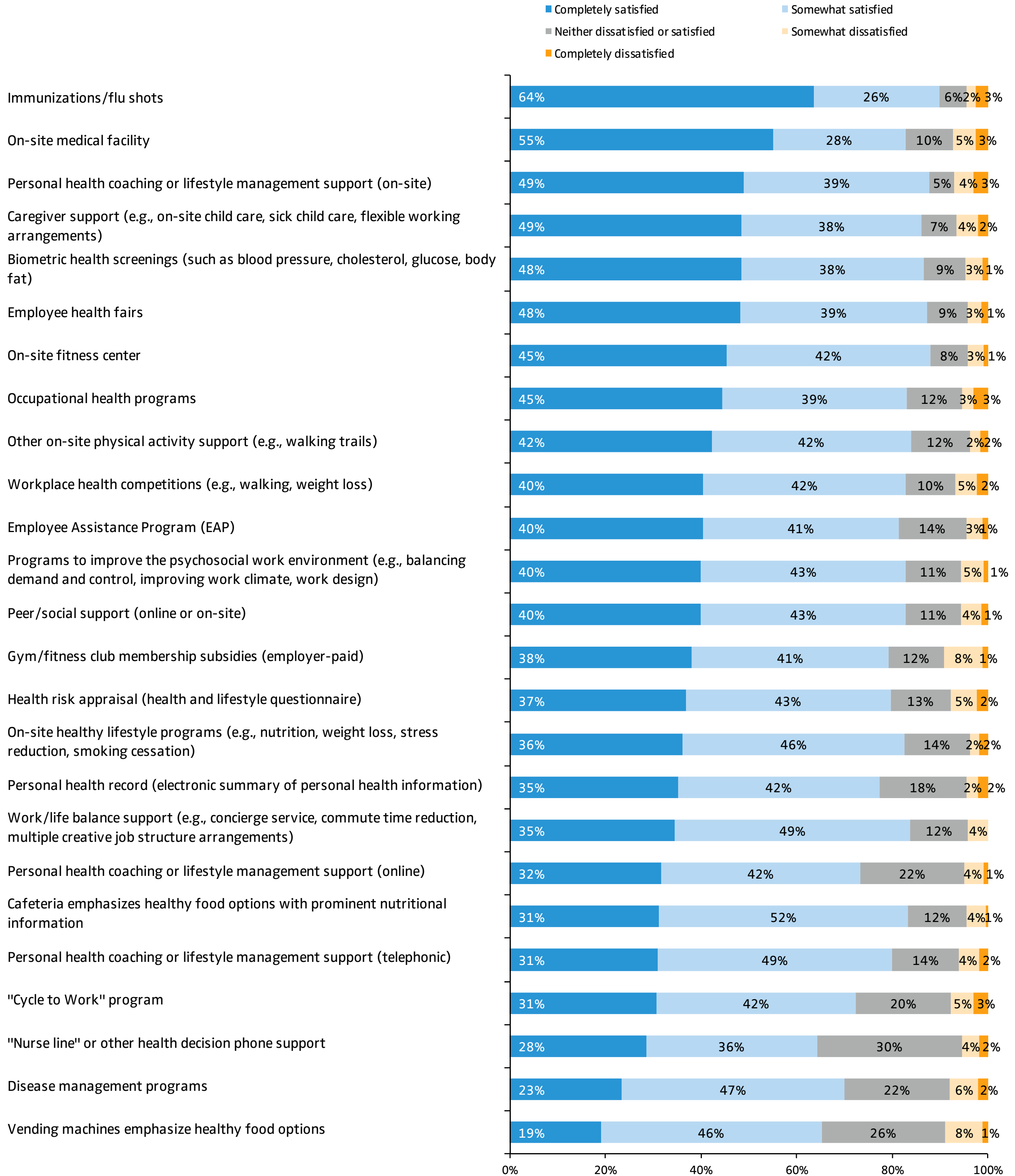
Participation and satisfaction

2011 Employee satisfaction by program component



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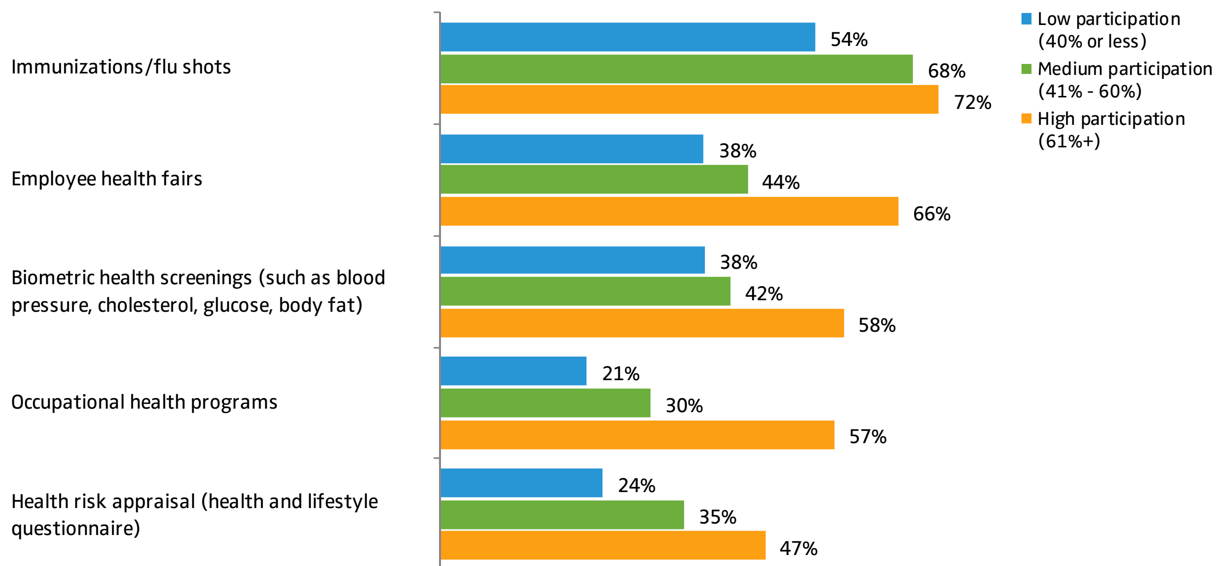
Participation and satisfaction

Satisfaction and participation. Survey data show that the five activities with the highest participation (61% and above) in terms of total number of respondents are:

- health assessments
- biometric screenings
- immunizations/flu shots
- health fairs
- occupational health programs

A comparison of satisfaction levels shows a correlation between "highly satisfied" responses and participation levels.

Employees reporting "completely satisfied" – by program participation rate



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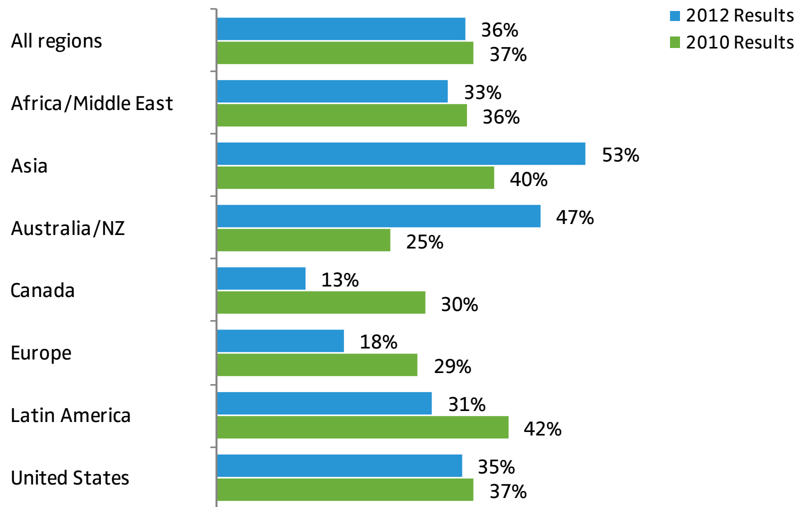
Measurement and outcomes

Measuring results. Most organizations implement wellness strategies with certain objectives in mind and expect a return on investment. However, the majority of these companies still do not measure specific outcomes as related to their wellness strategy.

Have measured specific outcomes from health promotion programs – by region

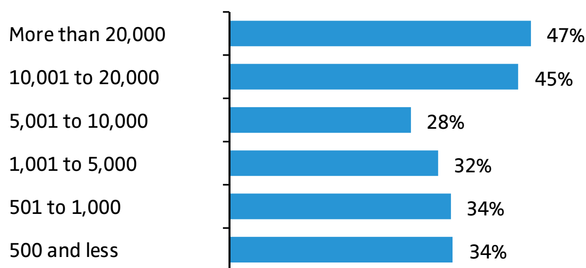


36%

of respondents indicate that they have measured any kind of specific outcome.

Large employers are more likely to measure program outcomes than small employers. However, organizational size is not a significant driver of measurement, as seen by the small variance of 13% between large and small employers who evaluate outcomes.

Have measured specific outcomes from health promotion programs by number of employees



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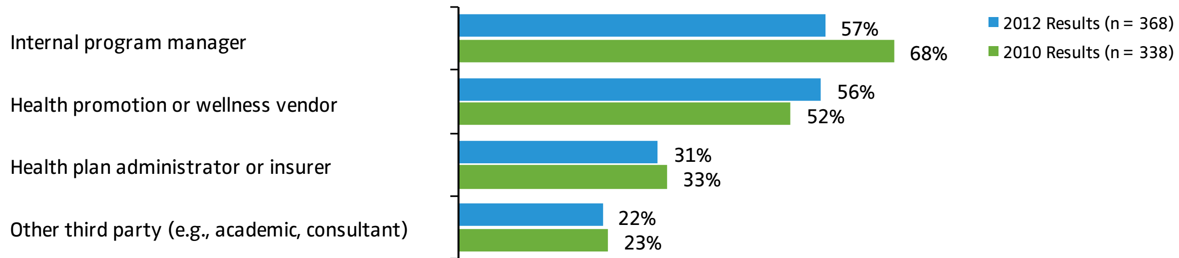
Measurement and outcomes

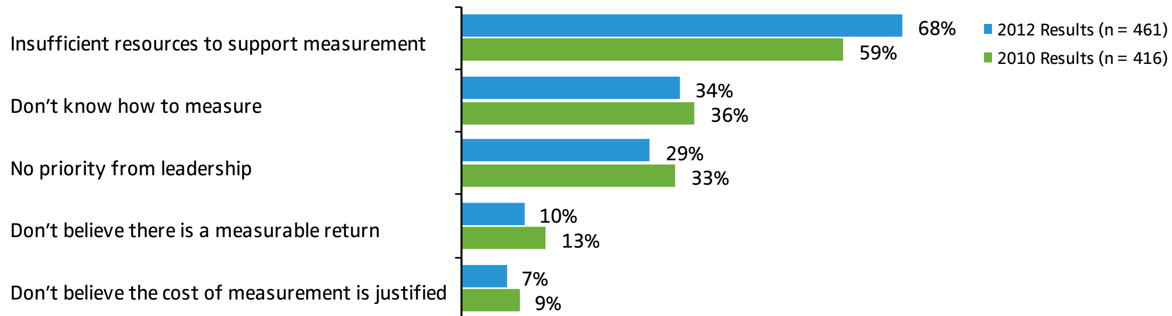
For most employers, outcome measurement is either performed internally by a wellness program owner or outsourced to a wellness program administrator/vendor. Employers are, however, shifting measurement responsibility away from internal program managers to external program vendors when compared to 2010.

Entity that measures outcomes of health promotion and wellness programs*



Lack of resources (a jump of 9% over 2010) and not knowing how to measure outcomes are the leading reasons that respondents gave for not measuring outcomes.

Top reasons outcomes are not measured*



**Respondents were allowed to select more than one answer.*

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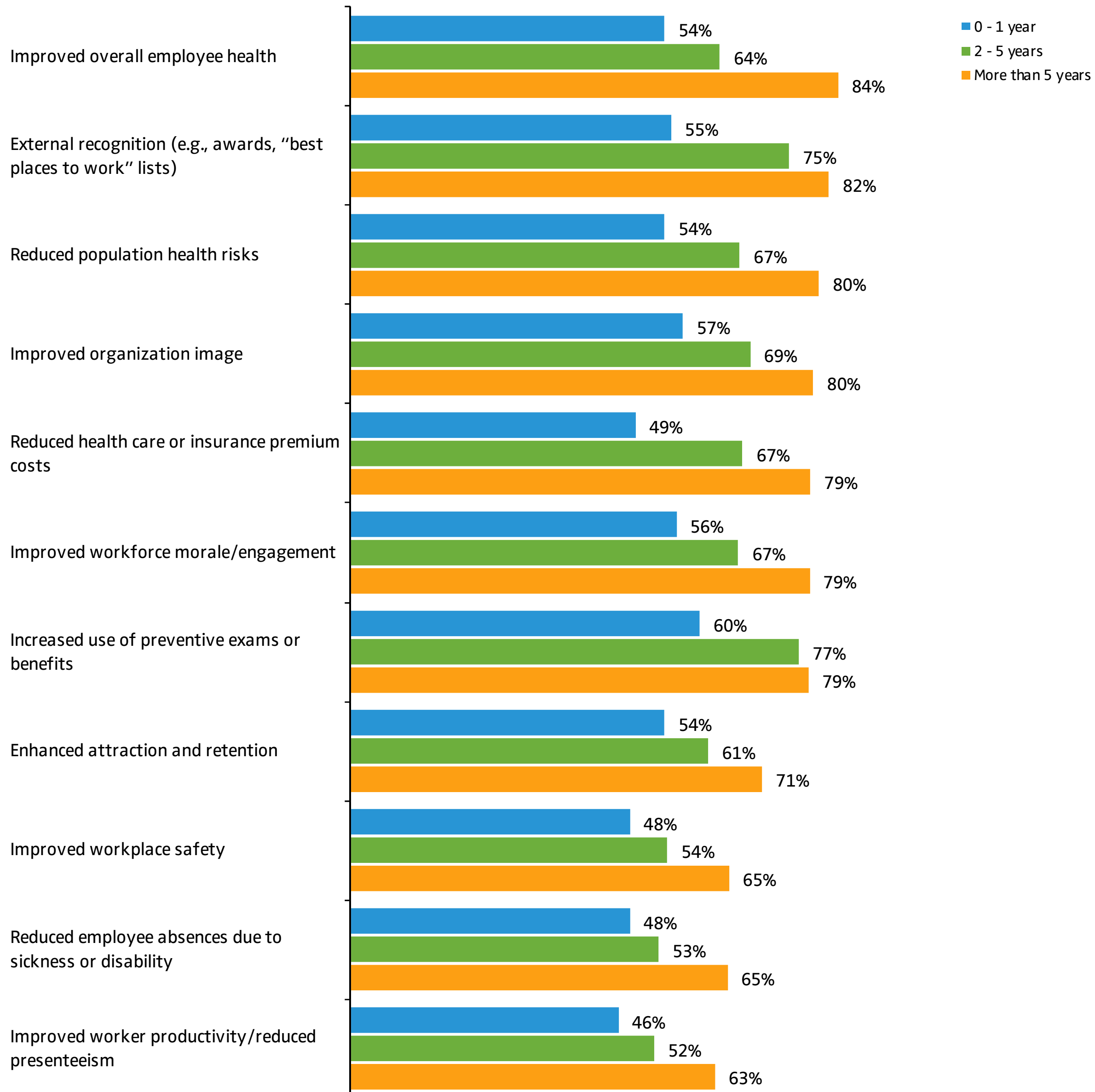
Measurement and outcomes

Measuring outcomes. Roughly 26% to 38% of respondents do not know the impact that the various wellness initiatives shown below have on their organization. This is a decrease from 2010 when 31% to 45% of respondents did not know the impact of their wellness programs.

Intrinsic value. Given the likely link between measurement and outcomes and continuing to invest in wellness programs, it initially seems surprising that more employers are not aware whether they are achieving their objectives. However, employers also may instinctively recognize the value of these programs, but know it will take time and resources to collect quantitative data conclusively proving effectiveness in reducing health risks and enhancing health. Also, given the global recession, some employers may have elected to not divert resources from actual programming to invest in measurement.

Awareness of areas impacted by wellness initiatives by number of years initiatives have been in place (all respondents)



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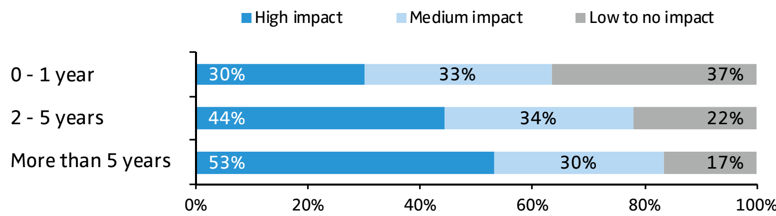
Measurement and outcomes

Impact of wellness initiatives on organization

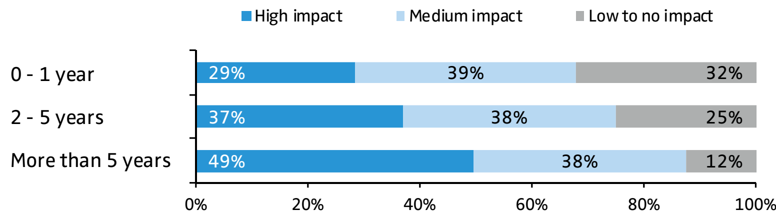
Adding value over time. While measurably positive results from a wellness program can take years to realize, some initiatives result in quicker payoff than others. For example, employers in their first year of a wellness program reported a high prevalence of improved organization image (medium to high reported impact: 68%), while external recognitions were the least affected category in year one (medium to high reported impact: 26%).

Reducing health risks is an area that respondents see as continuing to gain momentum as wellness efforts mature. While only 52% of organizations reported medium to high impact in year one, this statistic increased to 84% for wellness programs five years and older.

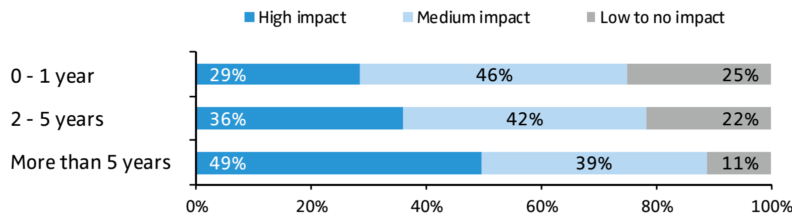
Increased use of preventive exams or benefits



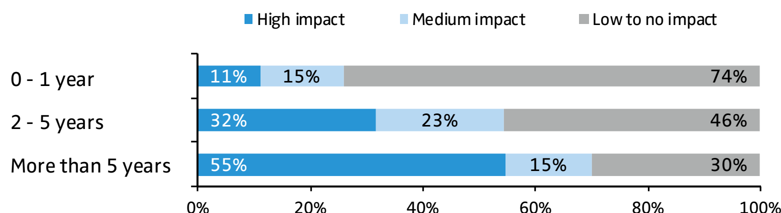
Improved organization image



Improved workforce morale/engagement



External recognition (e.g., awards, “best places to work” lists)



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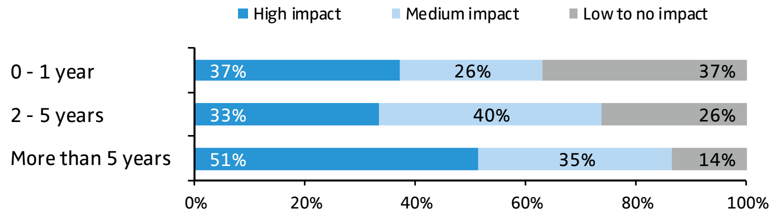
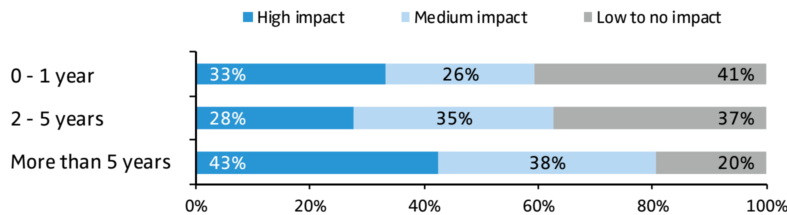
Measurement and outcomes

Impact of wellness initiatives on organization

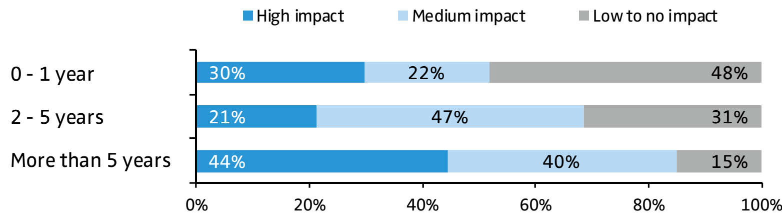
Improved overall employee health



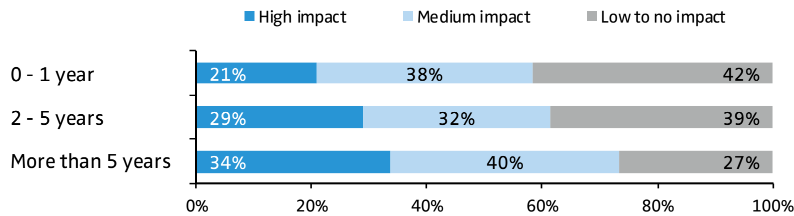
Enhanced attraction and retention



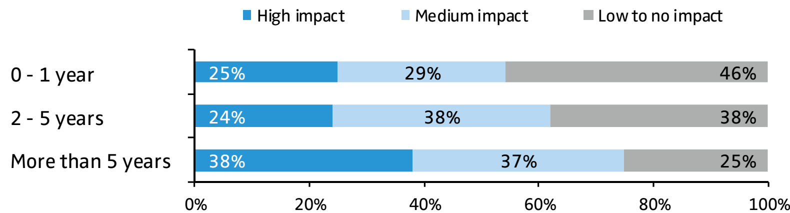
Reduced population health risks



Reduced health care or insurance premium costs



Reduced employee absences due to sickness or disability



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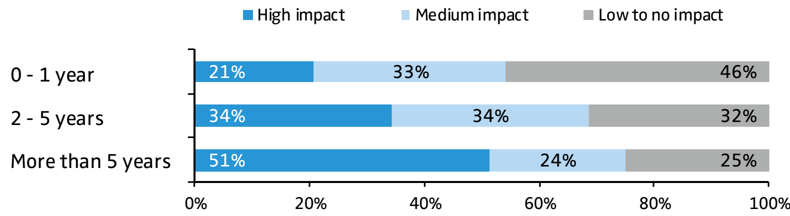
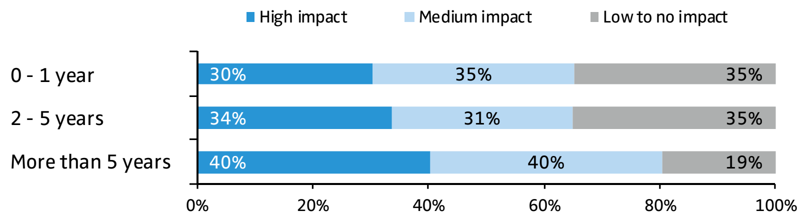
Measurement and outcomes

Impact of wellness initiatives on organization

Improved workplace safety



Improved worker productivity/reduced presenteeism



Organizations who have sponsored a wellness program over a longer period of time report better results, suggesting either a correlation with the maturation of their wellness efforts, or greater measurement efforts and thus confidence in their results.

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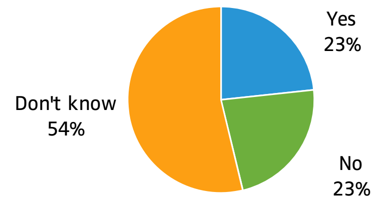
Measurement and outcomes

Among US employers, over half (54%) of respondents do not know if their wellness program impacted their health care cost trend rate.

23%

of employers indicate that their wellness program had an impact on trend.

Reduction in health care trend rate (US)



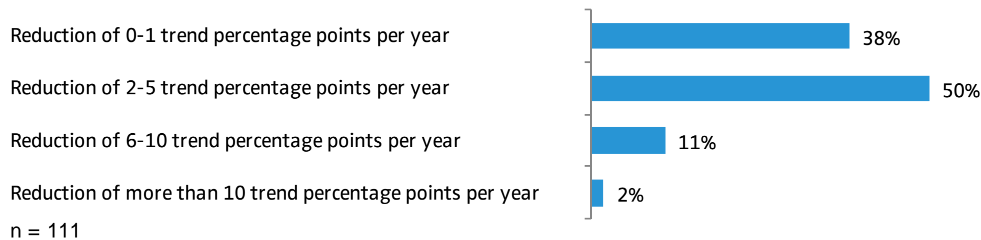
62%

of US employers who indicated their wellness program had an impact on trend, reported reductions of 2 percentage points or more.

13%

of US employers who indicated their wellness program had an impact on trend, reported reductions of 6 percentage points or more.

Average annual reduction in health care trend rate (US)



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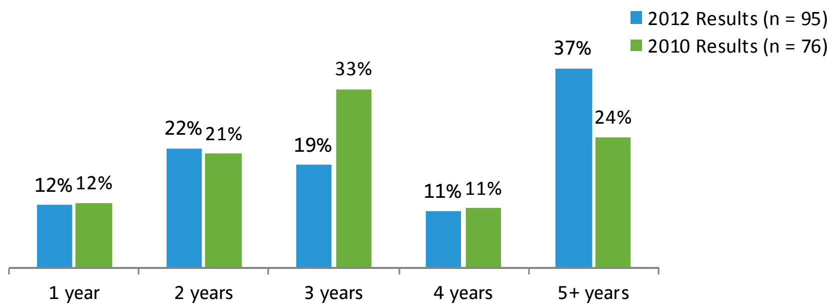
Measurement and outcomes

Measurement and longevity of wellness programs. Measurement efforts are no longer new, with nearly half (48%) of employers who measure impact of wellness initiatives on health care costs doing so for four or more years vs. only 35% in 2010.

37%

have measured trend impact for five or more years.

Number of years health care cost impact has been measured (US)

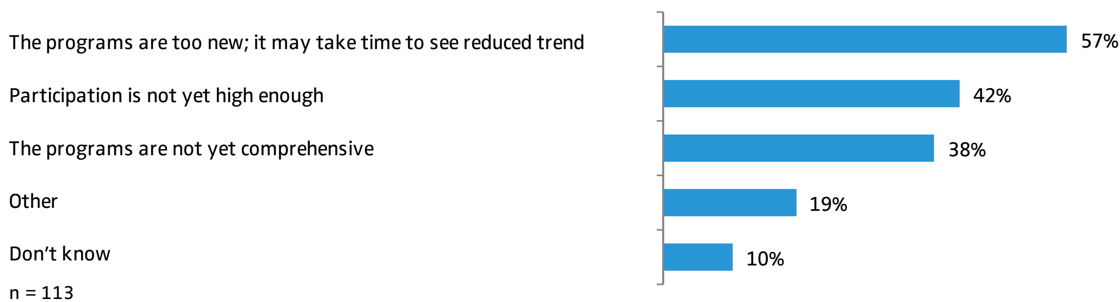


3 years

median number of years organizations have measured impact on cost trend.

Insufficient employee participation and the newness of the wellness program are the most prevalent reasons that respondents gave for not seeing reduced health care trend.

Reasons that wellness initiatives have not reduced organization's health care trend rate (US)*



**Respondents were allowed to select more than one answer.*

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Measurement and outcomes

There is little difference in the prevalence of top program components for organizations that experienced trend reduction. We can conclude that implementing certain programs does not guarantee results; other success factors such as incentive levels, communications and management support must be considered.

Prevalence of program components for organizations experiencing trend reduction (Top 10 US)

	All organizations	0-1 percentage points	2-5 percentage points	6+ percentage points
Employee assistance program (EAP)	95%	95%	95%	100%
Immunizations/flu shots	88%	95%	95%	93%
Health risk appraisal (health and lifestyle questionnaire)	80%	86%	89%	86%
Nurse line or other health decision phone support	79%	67%	80%	93%
Disease management programs	77%	83%	85%	93%
Biometric health screenings (such as blood pressure, cholesterol, glucose, body fat)	76%	83%	78%	100%
Employee health fairs	73%	81%	87%	71%
Workplace health competitions (e.g., walking, weight loss)	71%	67%	93%	86%
On-site healthy lifestyle programs (e.g., nutrition, weight loss, stress reduction, smoking cessation)	66%	76%	75%	79%
Personal health coaching or lifestyle management support (telephonic)	63%	67%	71%	64%

Ranked 1st | Ranked 2nd | Ranked 3rd

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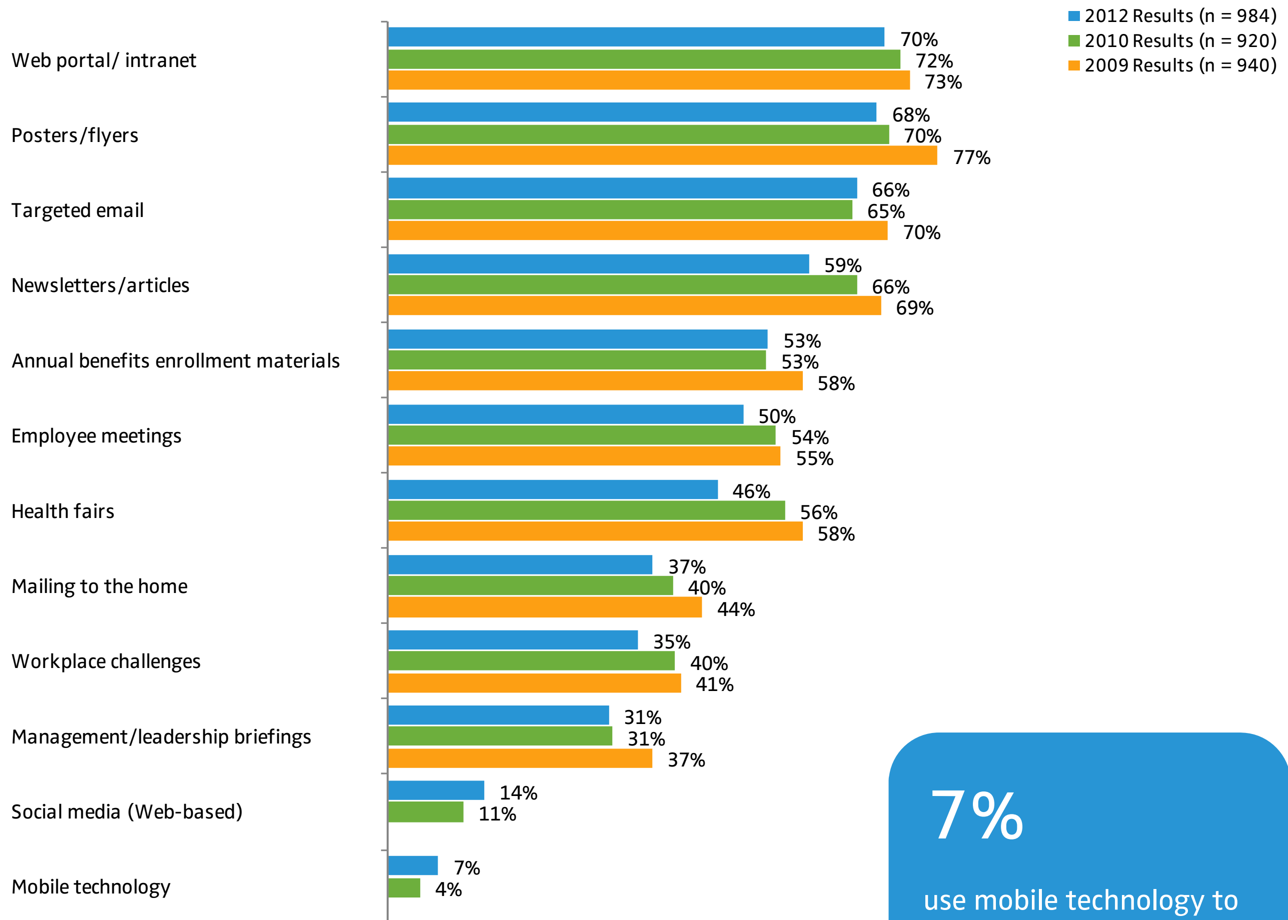
Communications and culture

Communication channels. Employers are learning from experience that effective and engaging communications are critically important in order to get employees' attention and motivate ongoing participation in wellness activities. Most employers use a variety of communication channels. Perhaps due to economic conditions, use in 2012 of most channels was basically flat or sometimes lower than in 2010, with the exception of increases for social media and mobile.

Social media and mobile technology. Social media and mobile technologies continue to increase while other traditional modes of communication, such as newsletters, health fairs, and management briefings, continue to decline in priority.

Traditional tactics. Use of traditional tactics slightly declined, but remain prevalent. Newsletters and articles saw one of the biggest declines, likely due to use of targeted emails and the web, and to save money.

Tools and channels used to communicate wellness programs*



7%

use mobile technology to communicate wellness programs.

**Respondents were allowed to select more than one answer.*

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Communications and culture

Home-based mailings. Home mailings are still prevalent in the US, much more so than in any other region. This may reflect inconsistencies in employer confidence in reaching some subgroups online, and/or a desire to include spouses and domestic partners in health engagement and decision-making. Also, other geographies' high emphasis on workplace safety would logically include fewer home-based mailings in contrast to the more personal, lifestyle-based US focus on health risks.

Tools and channels used to communicate wellness programs – by region*

	All regions	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Web portal/ intranet	70%	55%	44%	93%	69%	72%	38%	86%
Posters/flyers	68%	64%	48%	93%	69%	56%	62%	79%
Targeted email	66%	59%	58%	87%	44%	54%	63%	72%
Newsletters/articles	59%	73%	37%	87%	53%	54%	42%	71%
Annual benefits enrollment materials	53%	36%	15%	20%	58%	33%	9%	83%
Employee meetings	50%	50%	52%	73%	36%	30%	35%	56%
Health fairs	46%	36%	23%	47%	47%	29%	22%	64%
Mailing to the home	37%	5%	7%	20%	19%	20%	14%	60%
Workplace challenges	35%	27%	11%	53%	28%	15%	9%	54%
Management/leadership briefings	31%	36%	27%	67%	17%	36%	20%	34%
Social media (web-based)	14%	23%	12%	27%	6%	9%	8%	16%
Mobile technology	7%	14%	5%	7%	6%	1%	1%	10%
Other	4%	0%	4%	0%	3%	3%	7%	4%
n	984	22	183	15	36	89	130	508

Ranked 1st | Ranked 2nd | Ranked 3rd

70% use a web portal to communicate their wellness program.

68% use posters and flyers to communicate their wellness program.

66% use targeted emails to communicate their wellness program.

**Respondents were allowed to select more than one answer.*

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Communications and culture

Personalized communication. Personalized or targeted messages account for over 50% of participating organizations' tactics. Significant opportunity remains to move from "one-size-fits-all" messaging to more targeted, and, it is hoped, more effective, communication approaches.

Branding. A program identity remains a priority, as only 37% have no identity. Forty-one percent, up from 38% in 2010, have a distinct wellness brand.

Employee privacy. The perception that employee privacy is being invaded when communications target individuals based on health scores or history remains a challenge. However, such outreach can be initiated by an independent third party, shielding the employer from any inappropriate access to individual employees' personal health information. Employers' challenge is to reassure their employees and build trust.

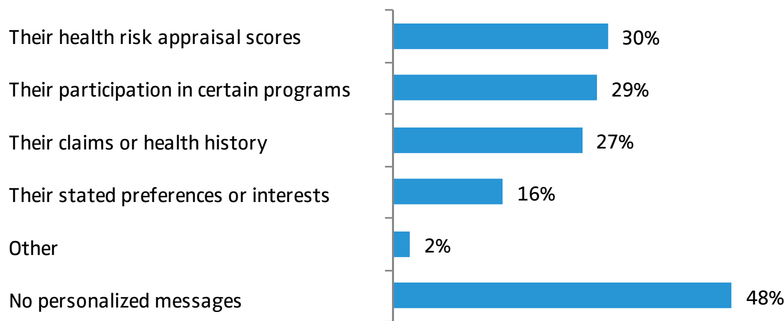
48%

do not personalize or use targeted messages when communicating their wellness program.

41%

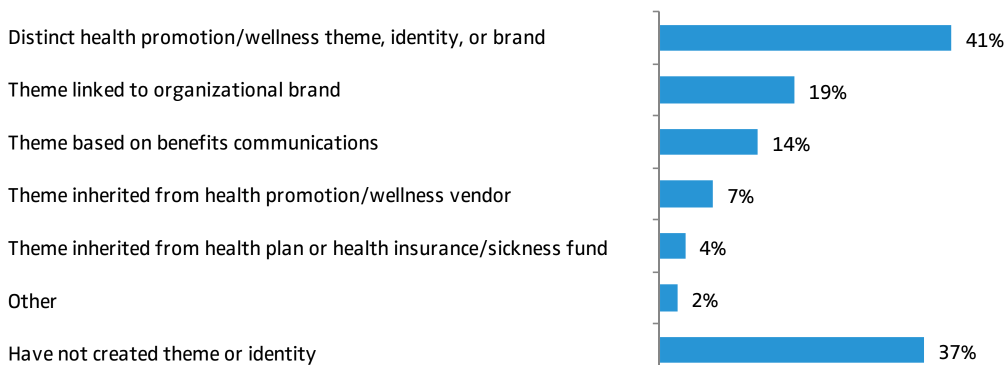
have created a distinct wellness theme, brand or identity to promote program participation.

How personalized messages are used to communicate*



n = 946

Theme or identity created for wellness program*



n = 976

Respondents were allowed to select more than one answer.

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Communications and culture

There is little difference in the prevalence of top communication tools for organizations that experienced trend reduction. It's reasonable to assume that the use of certain communication methods does not guarantee trend reduction; other factors such as incentive levels, program components and management support must be considered.

Prevalence of communication tools for organizations experiencing trend reduction (US)

	All US respondents	0-1 percentage points	2-5 percentage points	6+ percentage points
Web portal/ intranet	86%	90%	89%	100%
Annual benefits enrollment materials	83%	93%	91%	93%
Posters/flyers	79%	88%	93%	93%
Targeted email	72%	79%	82%	86%
Newsletters/articles	71%	76%	89%	86%
Health fairs	64%	74%	73%	57%
Mailing to the home	60%	60%	78%	86%
Employee meetings	56%	60%	76%	79%
Workplace challenges	54%	62%	73%	79%
Management/leadership briefings	34%	38%	51%	57%
Social media (web-based)	16%	19%	24%	29%
Mobile technology	10%	12%	15%	29%
Other	4%	7%	9%	7%

Prevalence of communication message for organizations experiencing trend reduction (US)

	All US respondents	0-1 percentage points	2-5 percentage points	6+ percentage points
Their health risk appraisal scores	40%	55%	48%	57%
Their participation in certain programs	36%	50%	48%	64%
Their claims or health history	30%	45%	31%	36%
Their stated preferences or interests	19%	29%	23%	36%
Other	3%	0%	0%	14%
No personalized messages	40%	29%	35%	21%

Ranked 1st | Ranked 2nd | Ranked 3rd

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Communications and culture

Electronic means of communications are less prevalently used in industries such as Manufacturing, Materials and Mining in which many employees may not have regular computer access as part of their jobs. It is not surprising, then, that personalized messaging is also not as prevalent within those industries due to potential barriers to customizing and distributing non-electronic communications.

Prevalence of communication tools by industry (Top 3)

	All industries	Manufacturing, Materials & Mining	Healthcare Providers & Services	Financial Services
Web portal/ intranet	70%	62%	73%	87%
Posters/flyers	68%	69%	71%	71%
Targeted email	66%	59%	72%	69%
Newsletters/articles	59%	57%	73%	65%
Annual benefits enrollment materials	53%	44%	57%	72%
Employee meetings	50%	55%	51%	43%
Health fairs	46%	41%	51%	52%
Mailing to the home	37%	38%	47%	38%
Workplace challenges	35%	28%	54%	41%
Management/leadership briefings	31%	30%	45%	41%
Social media (web-based)	14%	6%	27%	13%
Mobile technology	7%	5%	9%	10%
Other	4%	5%	1%	0%

Prevalence of communication message by industry (Top 3)

	All industries	Manufacturing, Materials & Mining	Healthcare Providers & Services	Financial Services
Their health risk appraisal scores	30%	31%	44%	33%
Their participation in certain programs	29%	26%	37%	30%
Their claims or health history	27%	32%	21%	26%
Their stated preferences or interests	16%	16%	15%	13%
Other	2%	2%	1%	7%
No personalized messages	48%	42%	36%	46%

Ranked 1st | Ranked 2nd | Ranked 3rd

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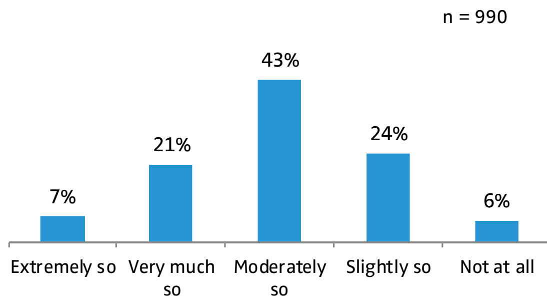
Communications and culture

Culture of Health. A "culture of health" can be defined as an organizational climate that promotes healthy lifestyle choices. Building blocks for an ideal culture of health include senior leaders that champion health promotion and act as role models, frequent communication with employees (including collecting feedback), support from all levels of the organization including middle management and line employees (with grassroots initiatives often taking shape), program elements that holistically address physical and psychosocial well-being, and a workplace environment and organizational policies that support healthy lifestyles.

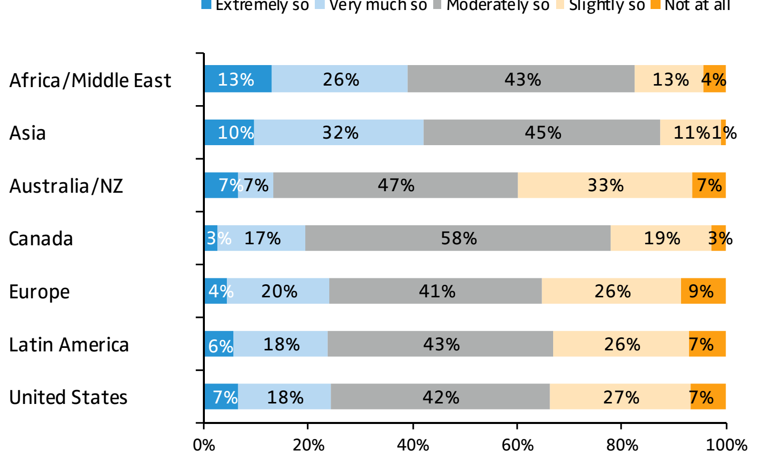
> **28%**
>
> of respondents have a strong culture of health today and 79% intend to pursue a culture of health for the future.

Extent to which the organization currently has a culture of health

n = 990

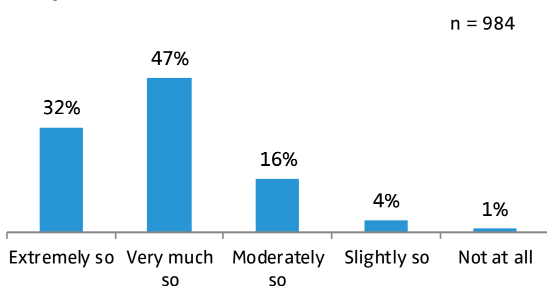


Extent that the organization currently has a culture of health by region

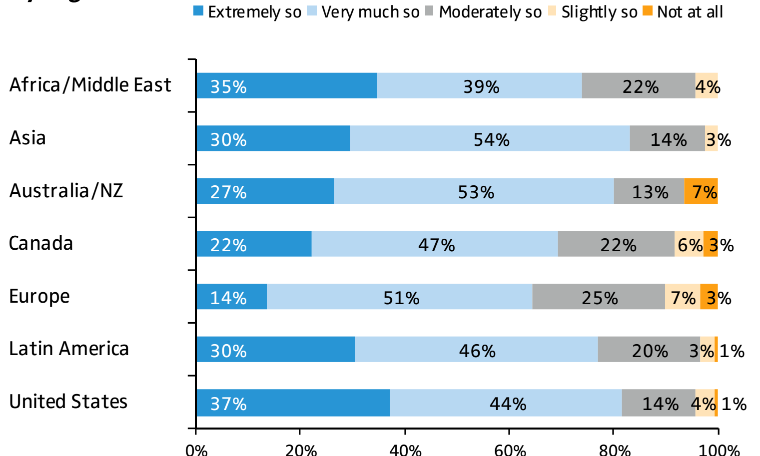


Extent to which the organization plans to pursue a culture of health for the future

n = 984



Extent that the organization plans to pursue a culture of health by region



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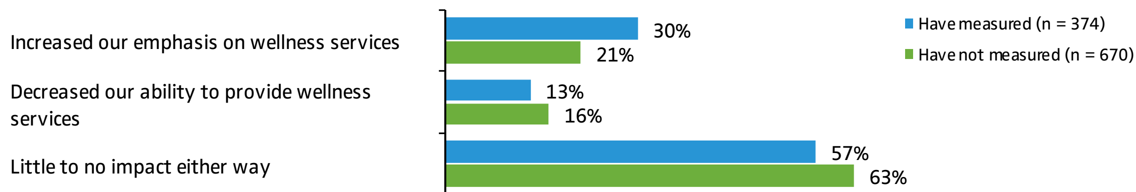
Impact of economic downturn

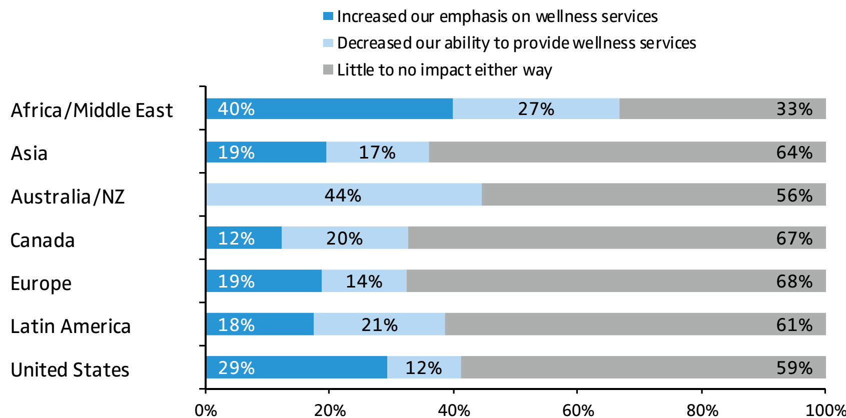
Staying the course. The disparity between employers' reaction to the economic downturn with respect to investing in their wellness initiatives becomes apparent when comparing those who measure results and outcomes and those who do not. Employers who measured outcomes of their wellness programs were less deterred by the difficult fiscal outlook and more likely to have increased their investment in health promotion. Employers who did not measure outcomes, on the other hand, more often reported a decrease or no change in their commitment to wellness, citing the economic downturn as a reason to do so. The likely conclusion is that employers who measure program outcomes do so with a greater focus on driving business results and thus especially understand the value of continuing their wellness initiatives during hard economic times.

> **24%**
>
> of overall survey respondents increased their emphasis on wellness services during the recent economic downturn.

How the current economic downturn has affected investment in health promotion initiatives by whether organization measures results



How the current economic downturn has impacted investment in health promotion initiative - by region



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Successes and vision

Greatest successes and long-term vision. At the conclusion of the survey questionnaire, three open-ended questions were posed:

- 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.

More than half of the participants responded—a very high response rate for write-in questions—further demonstrating the continuing and rising passion around workplace health promotion.

Greatest successes. Respondents cite a variety of successes, including high participation rates in programs, as well as increased employee awareness, engagement and accountability. Some mention specific programs that are highly successful due to their popularity among employees. Some participants cite success in achieving awards and other recognition for their health promotion programs. Others mention getting their leadership's support as a key success factor.

Others share individual success stories, such as early detection (through screening programs) of serious health conditions and life-threatening illnesses.

"Formal and informal acknowledgement that wellness is a corporate cultural norm and business priority."

"Health and wellness happens organically — we offer onsite yoga and other fitness classes; massage; free, healthy food — so, it's part of the environment and office space. Our challenge is putting it all under one umbrella of wellness so that employees recognize the importance of a balanced, healthy life at work and at home."

"Flat health spend trend past two years, Best Places to Work awards."

"Development of a brand and key objectives, unified and integrated health management services across carriers and business segments."

"Reversal of metabolic syndrome by 42% through program participation; increased treatment plan adherence, reduction in health care costs for members with chronic diseases."

"Working with our key stakeholders in our business segments to bolden the effort to achieve best-practice healthy work environments. Currently, key sites at all of our key business segments are getting 'graded' and developing action plans to improve in 2013."

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Successes and vision

Measurable goals. A large number of participants share very specific, measurable goals they hope to achieve in future years. Given the low percentage of respondents that indicate they have previously measured specific outcomes, this signifies a growing intent to quantify the success of health promotion programs.

"Ability to measure claim cost trends through our own data warehouse information rather than relying on vendor. Same for clinical outcomes for metabolic syndrome, diabetes, heart disease."

"Better year-round participation and engagement that reduce healthcare costs specifically related to lifestyle conditions."

"Offer more options and various options for the different populations we employ."

"Monitor healthcare spend of those who participate in wellness vs. those who choose not to. Also monitor our overall health care cost trends."

"We hope to continue our participation at 80% for receiving our discounted health premiums."

"We hope to eventually move to outcomes-based rewards with our biometrics and see improvements specifically in BMI. We have introduced new tobacco cessation programs and will eventually go tobacco free campus and we hope to see reduced tobacco use. We hope to be able to measure that our health care costs are decreasing because of the programming."

"Lowered unscheduled absenteeism, reduced health utilization, raised morale, [helped] attract and retain employees."

"People with chronic conditions are managing their health, i.e.; fewer ER/urgent care visits, EBM [evidence based medicine] being practiced, etc."

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Successes and vision

Long-term vision. Respondents described their vision for the future of their health promotion programs. Many touched on the strategic role of wellness as a key organizational value in creating a culture of health.

"Wellness brand is solidly established and recognized globally. Health and wellness programming and assessments are offered and delivered on a common global platform."

"To create a culture of wellness that is supported and promoted by upper level management 'walking the walk.' To create a culture that cares about being healthy and enthusiastically utilizes the company's programs to increase wellness."

"To establish a true health and wellness culture throughout the organization with employees who consciously choose healthy lifestyle habits such as a significant reduction in the number of employees who are smokers, overweight, and where a majority of our employees actively engage in some regular form of exercise during breaks and on non-work hours, healthy food options are routinely selected for all company-sponsored events, employees positively impact the health habits of their families."

"Enhance the health and well-being of employees and their families while improving quality of care, managing cost, and increasing employee engagement. "

"Employee health as a stated business value; local wellness teams; greater participation in consumer-driven health plan designs; advanced incentive designs; increased on-site screenings; integrated health, disability and absence management programs."

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Respondent profile

Industry

	Percent of total
Accommodations, Hospitality & Food Services	2.4%
Aerospace & Defense	1.6%
Agriculture, Forestry, Fishing & Hunting	0.9%
Associations & Membership Organizations	2.1%
Construction	2.7%
Consulting & Professional Services	6.3%
Educational Services	4.0%
Energy/Utilities	5.1%
Financial Services	9.1%
Government & Public Administration	4.6%
Healthcare Providers & Services	9.6%
High Technology	6.7%
Life Sciences	3.5%
Manufacturing, Materials & Mining	20.9%
Media & Information	1.5%
Real Estate	1.0%
Rental & Leasing	0.1%
Retail/Wholesale	4.8%
Telecommunications	2.0%
Transportation & Warehousing	2.9%
Other	8.3%

n = 1,356

Number of employees

	Percent of total
More than 20,000	12.4%
10,001 to 20,000	8.6%
5,001 to 10,000	8.4%
1,001 to 5,000	25.2%
501 to 1,000	9.5%
500 and less	35.9%

n = 1,216

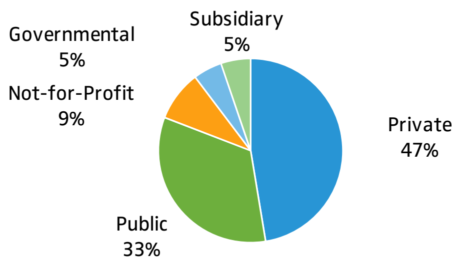
Annual revenue (USD)

	Percent of total
$10 billion and greater	19.1%
$3 billion to $9.99 billion	19.9%
$1 billion to $2.9 billion	27.9%
$100 million to $999.9 million	19.8%
Less than $100 million	13.3%

n = 933

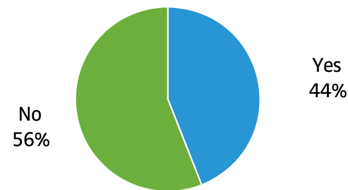
Respondents by organization type

n = 1,342



Workforce is in multiple countries

n = 1,356



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The production and printing of this report was supported by a grant from **Pfizer**®.

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