

# Working Towards Wellness

Accelerating the prevention of chronic disease



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# Foreword



## Acknowledgements

This report was prepared by PricewaterhouseCoopers and the *Working Towards Wellness* initiative of the World Economic Forum.

This report is the product of a collaboration by many individuals and organizations, including those who generously agreed to be interviewed for the case studies. It has also benefited greatly from comments and contributions by Dianne Culhane and David Brown of The Coca-Cola Company; Mary Catherine Toker of General Mills; Jennifer Bhide and Mary Sophos of the Grocery Manufacturers Association; Helen Darling of the National Business Group on Health; Christine Hancock and Paul Mayer of the Oxford Health Alliance; Louise Finnerty of PepsiCo; Dorian Dugmore of Wellness International; Renee Moorefield of Wisdom Works and Janet Voute of the World Heart Federation. We would like to thank you for your invaluable support.

## Purpose

This report calls on business executives to lead the fight against chronic disease in the workplace. It describes the trends of chronic disease around the world, highlights the likely impact on the productivity of staff, and outlines wellness strategies for a multinational organization.

The report was developed in conjunction with the World Economic Forum's *Working Towards Wellness* initiative to stimulate business to help prevent chronic disease. For more information on the initiative, contact Helena Leurent at [Helena.Leurent@weforum.org](mailto:Helena.Leurent@weforum.org) or Xihong Ai at [Xihong.Ai@weforum.org](mailto:Xihong.Ai@weforum.org).

## Working Towards Wellness at the World Economic Forum

The World Economic Forum is committed to improving the state of the world. Every year the world's most influential companies launch initiatives with the World Economic Forum to tackle the most complex challenges facing humanity. In 2006 chronic disease was a key topic:

- Chronic disease is the leading cause of death and disability around the world. Increasingly it affects people in low to middle-income as well as in high-income countries.
- Multinational companies are affected by the reduced productivity and increased costs caused by chronic disease amongst workforces.
- Many chronic diseases can be prevented by tackling poor diet, smoking and lack of physical activity.
- The workplace can be used to drive the important changes in behaviour that are required, bringing benefits to the employer, employee and community.
- Many initiatives involving chronic disease are fragmented by their focus on one type of disease or on one region.
- Public-private partnerships are key to managing the crisis of chronic disease.

The initiative by partners of the World Economic Forum has three main goals:

- To persuade CEOs and other business leaders to commit themselves to promoting employee well-being.
- To help companies take practical steps to improve the health of employees.
- To make it easier for stakeholders to fight chronic disease.

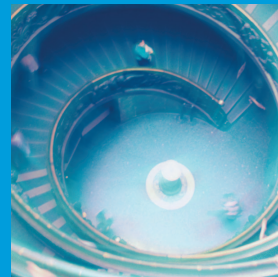
The Annual Meeting is an opportunity to reflect on these findings and to develop a plan of action for 2007.

## Additional sources of information for this paper

PricewaterhouseCoopers' Health Research Institute undertook to research the impact of chronic disease and to review best practices in developing, launching and maintaining wellness programmes in multinational organizations to prevent the spread of chronic disease. The research included:

- Interviews with Steering Board members of the World Economic Forum's *Working Towards Wellness* initiative.
- A review of current research by leading organizations including the Oxford Health Alliance, the International Labour Organization, the Wellness Councils of America, the National Business Group on Health, the Health Enhancement Research Organization, the European Network for Workplace Health Promotion and the International Business Leaders Forum.
- Interviews with leading multinational companies in Australia, Brazil, China, Europe, India, South Africa, the United Kingdom and the United States on best practice in wellness programmes.
- A review of 130 employer-based wellness case studies published by employers, coalitions, wellness groups and non-governmental organizations.
- A survey of multinational employers developed in conjunction with the National Business Group on Health; based in Washington, DC. Representing more than 3 million employees worldwide, the companies came from a range of industries, such as manufacturing, telecommunication, consumer and retail. The survey focused on the development and implementation of wellness programmes.
- Published research on wellness, including case studies and academic and business literature.
- Analysis of health, wellness, demographic and spending trends in individual countries from the World Health Organization and the Organization for Economic Cooperation and Development.

# Executive Summary



This report was developed in conjunction with the World Economic Forum's *Working Towards Wellness* initiative, a collaborative, multi-stakeholder effort to facilitate and stimulate greater business engagement to help prevent chronic disease.

Chronic disease is the leading cause of death and disability worldwide. Increasingly it affects people in low to middle-income countries as well as in high-income countries. Chronic diseases impair productivity and lead to associated costs. Multinational companies are using the workplace to promote long-term behavioural changes which will benefit employers, employees and communities.



## Key Findings

### The global challenge of chronic disease

- **Chronic diseases caused approximately 60% of deaths worldwide in 2005**, including cardiovascular disease (stroke and heart disease), cancer, chronic respiratory diseases and diabetes.
- **Deaths from chronic diseases will increase by 17% over the next 10 years**, from 35 million to 41 million, caused largely by population ageing and increasing numbers of people exposed to risk. Deaths from infectious diseases, maternal and perinatal conditions and nutritional deficiencies combined are projected to decline by 3% over the same period.
- **Chronic disease is not restricted to developed nations or older populations**: chronic disease is growing fastest in low-income countries; almost half of those who die from chronic diseases are younger than 70 years of age.
- **Only 3% of all health expenditure was directed at prevention and public health in 2004** in the member countries of the Organization for Economic Cooperation and Development (OECD). Many business leaders and policy analysts acknowledge that prevention is not adequately financed.

### Chronic disease and workplace wellness programmes

- **The workplace is an important location for successful prevention strategies** because employees today spend a growing amount of time at work and employers can influence behaviour by providing a supportive environment and leveraging existing infrastructure to offer low-cost but effective interventions.
- **Potential to increase productivity**: a conservative estimate of the benefits from improving the general wellness of a workforce indicates a likely annual return of three to one or more.
- **Winning the global war for talent**: Fortune magazine's annual ranking of the Best 100 Companies To Work For in the US shows that healthcare benefits, work-life balance and perks are important to companies which want to keep employees happy and to attract new talent. At the same time, wellness programmes can mitigate the risks of an ageing workforce.

- **Positive impact on brand**: employee and customer wellness is becoming a key component of corporate social responsibility reporting by multinational companies.
- **33% of companies surveyed are rolling out comprehensive wellness programmes in multiple countries**, while another 17% are rolling out a single wellness programme in multiple countries.
- **Challenges in implementation**: Employers say they face three main issues: evaluation and monitoring, use of incentives and the creation of a supportive environment.

## A call to action

### Take the pulse:

Business leaders should assess the health risks of employees. The metrics can provide a baseline to measure progress.

### Embed a culture of health:

The principles of healthy living must become integral to an organization. Wellness must be inseparable from business objectives and long-term mission.

### Manage the change:

Commit the appropriate resources to improve the health of the working population. Help employees to change and sustain improvements in their lifestyles by, for example, developing programmes for them to follow.

### Collaborate and consolidate:

Enhance the effectiveness of wellness programmes by collaborating with and supporting health programmes in the wider community.

### Lead by example:

Executives – starting with the CEO and through to department heads – can demonstrate their personal commitment to a healthy work environment by engaging with employees and their communities on health initiatives.

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# Chronic disease – a global challenge

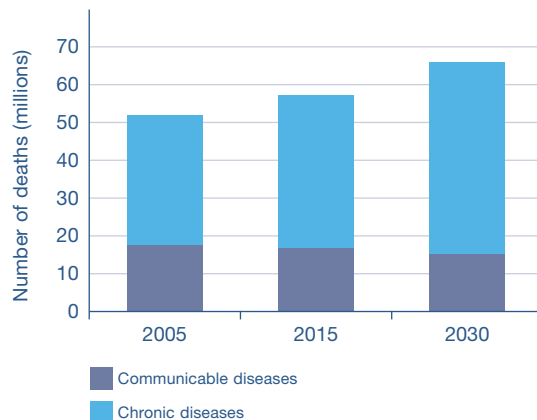




According to the World Health Organization (WHO), approximately 60% of deaths in 2005 could be attributed to chronic diseases, including cardiovascular disease (stroke and heart disease), cancer, chronic respiratory diseases and diabetes. An ageing population and exposure to risks, such as poor diet, lack of physical activity and smoking, mean that deaths from chronic diseases will increase 17% over the next 10 years from 35 million to 41 million. To put this trend in context, the figures for deaths from infectious diseases, maternal and perinatal conditions and nutritional deficiencies are set to decline by 3% over the same time period.<sup>1</sup>

Figure 1 shows that this trend is set to continue for the foreseeable future.

**Figure 1: Trend in deaths from chronic and communicable diseases from 2005 to 2030**

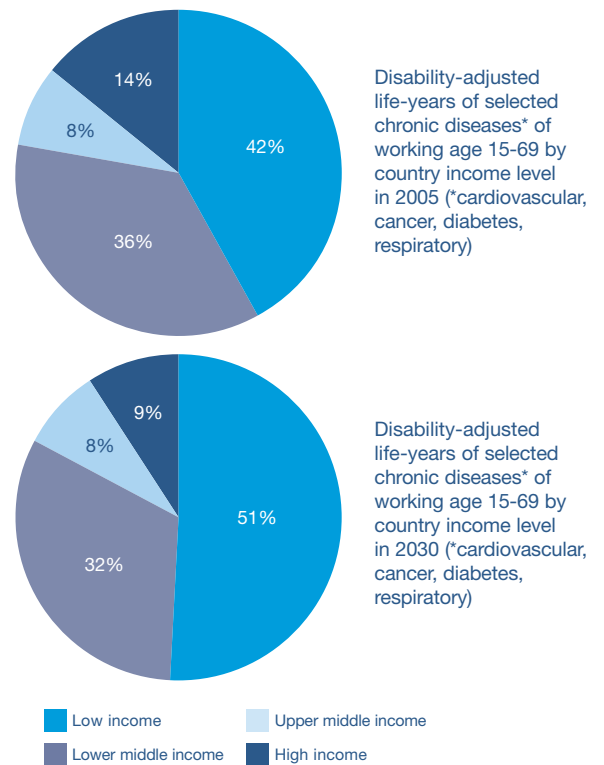


Source: World Health Organization

## A global issue

Globalization and urbanization are converging to make chronic disease a problem for most countries regardless of their level of income. As Figure 2 shows, the burden of chronic disease, as measured in disability-adjusted life-years, which is used by WHO to express how a healthy life is affected by disease (in terms of premature death and disability), is growing fastest in low-income countries.<sup>2</sup>

**Figure 2: Worldwide trend in the burden of chronic disease from 2005 to 2030**

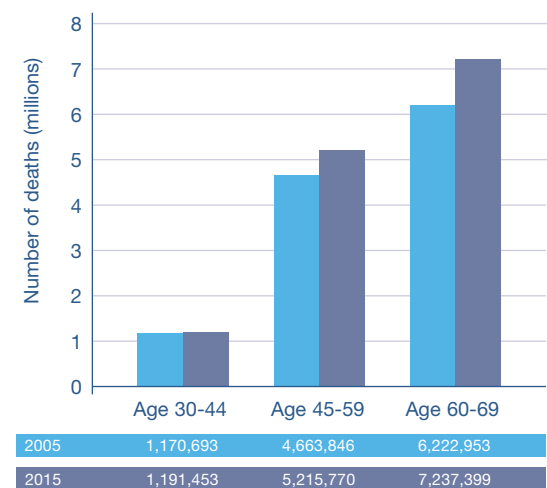


Source: World Health Organization

Working age adults are affected

Chronic disease is not simply an issue for older generations: almost half of those people who die from chronic disease are younger than 70 years of age. This is particularly true of low and middle-income countries. This is illustrated in Figure 3.

Figure 3: Deaths by selected chronic diseases\* by working age in 2005 and 2015  
(\*cardiovascular, cancer, diabetes, respiratory)



Source: World Health Organization Department of Measurement and Health Information, projections of mortality and burden of disease to 2030

Causes of chronic disease

The most important modifiable risk factors for chronic disease are poor diet, inadequate physical activity and tobacco use. These can cause a variety of problems, including raised blood pressure, raised glucose levels, abnormal blood lipids and obesity. These are some of the risk factors of chronic disease. The risk factors associated with chronic disease are summarized in Figure 4.

Economic cost of chronic disease

Given these trends it is projected that 388 million people will die worldwide from chronic disease in the next 10 years.<sup>3</sup> WHO estimates that 36 million of these deaths could be averted. Chronic disease is expensive to a country. For example, if there were a 10% reduction in mortality from heart disease and cancer, it could save the US \$10.4 trillion annually.<sup>4</sup> Similarly, the economic toll of chronic disease for developing and developed nations around the world is estimated at approximately 3% of gross domestic product (GDP).<sup>5</sup>

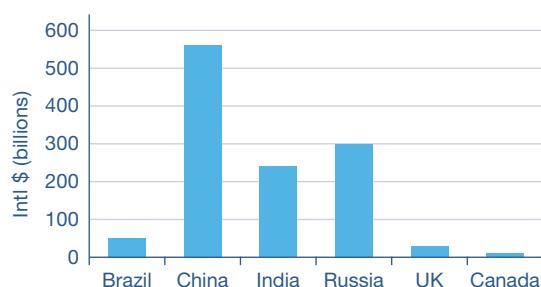
Figure 4: Summary of chronic diseases and associated risk factors

Chronic disease:	Modifiable risk factors					Intermediate risk factors			
	Smoking	Physical activity	Diet	Stress	Alcohol	High pressure	Raised blood levels	High glucose levels	Cholesterol Obesity
Chronic heart disease, stroke	■	■	■	■	■	■	■	■	■
Cancer	■		■		■				■
Diabetes		■	■			■	■	■	■
Respiratory disease	■								■

Source: PricewaterhouseCoopers Health Research Institute analysis

For example, China, India and Russia each stand to lose on average International\$ 200 billion to International\$ 500 billion in national income due to deaths from heart disease, stroke and diabetes from 2005 to 2015. This is illustrated in Figure 5.

**Figure 5: Accumulated national income losses (in billions of international dollars) from chronic disease, 2005 to 2015**



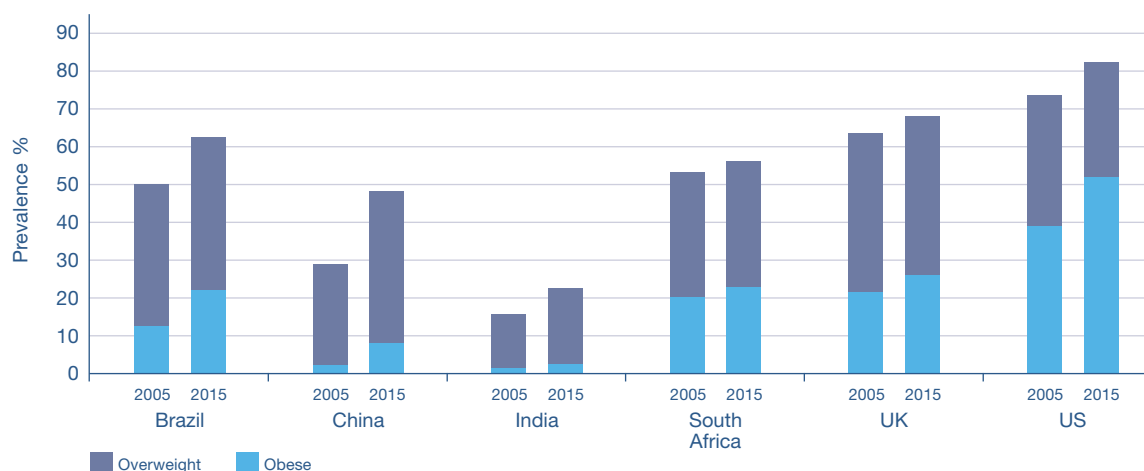
Source: An estimation of the economic impact of chronic non communicable diseases in selected countries, World Health Organization, 2005

## Prevention rather than cure

Preventing chronic disease requires reducing tobacco intake, eating a healthier diet and exercising regularly. There are no quick fixes; people must change their behaviour. To illustrate, obesity – which contributes to higher levels of cancer, heart disease and diabetes, and has been shown to limit substantially a person’s ability to work<sup>6</sup> – is on the increase as a consequence of poor eating habits and lack of physical activity. This has resulted in more than half the adults in Brazil, the UK and the US being overweight or obese, and this amount is forecast to increase<sup>7</sup> as illustrated in Figure 6.

Whilst individuals have the ultimate responsibility for ensuring that they do not suffer from the risk factors of chronic disease, they can be helped if they are given the right environment, incentives and tools.

**Figure 6: Percent of population who are overweight or obese (BMI ≥ 25 kg/m<sup>2</sup>) by country for those aged 15 or more years or more, estimates from 2005 to 2015**



Source: World Health Organization

# Behaviour change and the workplace

Traditionally governments, not employers, have been responsible for the health of people in terms of prevention as well as treatment. However, many business and policy leaders now believe that governments alone cannot prevent the spread of chronic disease due to persistent underspending on public health initiatives.

For instance in 2004, only 3%<sup>8</sup> of all health expenditure was directed at prevention in 2004 in the OECD member states. In addition, public health funding as a percentage of total health funding has dropped in about half of these countries, leaving even less to pay for prevention.

So, as more countries industrialize and participate in the global economy<sup>9</sup>, the workplace will become an increasingly important place to prevent chronic disease:

## ■ Targeting the working population

Employees are a large, discrete population who are relatively easy to target. The median number of employees at Fortune 500 companies in 2006 was 26,000. The active workforce also represents a large percentage of the global population (approximately 54%).<sup>10</sup>

Working adults spend more time at work – approximately one-third of their day – than in any other setting – so the workplace is an important place to institute changes in behaviour. This is particularly true for workers in developed economies, where the majority of workers are engaged in wage and salaried employment. By contrast, the majority of workers in the developing economies of sub-Saharan Africa and Asia continue to work as self-employed workers and contributing family workers.<sup>11</sup> However, as these countries develop, more workers are likely to be drawn into formal employment.

## ■ Work is increasingly sedentary

The sedentary nature of much work today increases the risk of chronic disease amongst employees. The service sector employs three-quarters of all workers in developed nations and is expanding rapidly in the traditionally low-income economies, according to the International Labour Organization (ILO).<sup>12</sup> In 2005, 38.9% of all employees globally worked in the service sector – up from 34.5% in 1995 – and the ILO reports that service companies are expected to overtake agriculture as the largest employment sector globally. Service-sector employment has been increasing most rapidly in India and other developing nations with strong information technology (IT) businesses.

## ■ Making the most of the workplace setting

Employers often have an existing infrastructure, which they can leverage, to enable them to offer relatively low-cost but effective interventions.

Overall, the expansion of corporations around the world has created a need for chronic disease prevention strategies that are both global in scope and customized to local values and health needs.

# Wellness initiatives at home and abroad

Attempts to improve wellness at the workplace in developed countries have tended to focus on preventing chronic diseases by tackling their associated risk factors: physical inactivity, poor nutrition and smoking. Each factor reduces productivity and can lead to serious and expensive health problems.

There are two main types of wellness programme:

## ■ Management of specific diseases

This is appropriate if the target population consists mostly of high-risk individuals. A programme is developed to tackle such illnesses as type 2 diabetes and heart disease. The programme also helps individuals manage and reduce their risk factors.

## ■ Management of behavioural risks (or risk factor reduction)

This is a more broad-based approach. It focuses on unhealthy lifestyle choices such as smoking and lack of exercise and can include workshops, newsletters and sports competitions.

Many companies tailor wellness programmes to suit different types of employee. They will run a programme that focuses on specific risk factors for senior management and a more broad-based approach for other employees. In both instances a regular employee health assessment, paid for by employers, can greatly inform individuals and the employer about risks to health – and what should be done to reduce the risk of chronic disease. Figure 7 illustrates the types of wellness programmes currently offered by US companies.

Figure 7: Type of wellness scheme offered by 365 US companies

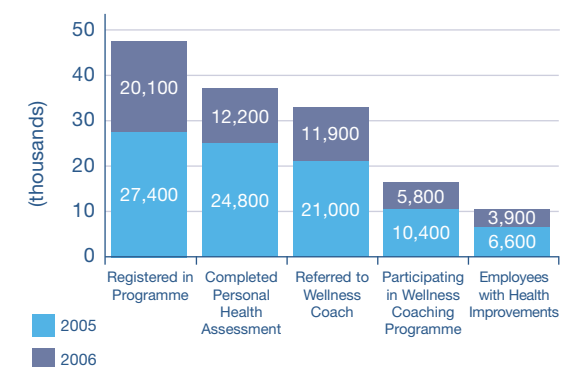


Source: ERISA Industry Committee 2005

Some major employers have longstanding and sophisticated wellness programmes. For example:

- Cadbury Schweppes, the UK food and beverage firm, have encouraged employee wellness since the company's foundation in 1783. The company has wellness activities in 41 markets that focus on the main causes of chronic disease, such as physical inactivity, poor nutrition and smoking. 21 of these markets are in developing countries and here programmes extend to HIV/AIDS and malnutrition prevention. The flagship programme in the UK is called Fit for Life and covers all 6,000 employees.
- PepsiCo's HealthRoads programme focuses on reducing the risks of chronic disease. Employees are paid US\$ 100 to fill out a health risk appraisal that measures the risk factors for chronic disease, such as weight, diet and levels of physical activity, stress and blood pressure. As shown in Figure 8, about 90% of employees who completed the assessment were found to be at risk and were referred to a health coach. This programme began in the US in 2004, expanded to Canada in 2005, and then to Australia, Malaysia, the Philippines and Singapore in 2006.

Figure 8: Participation of PepsiCo employees in HealthRoads programme



Source: PepsiCo

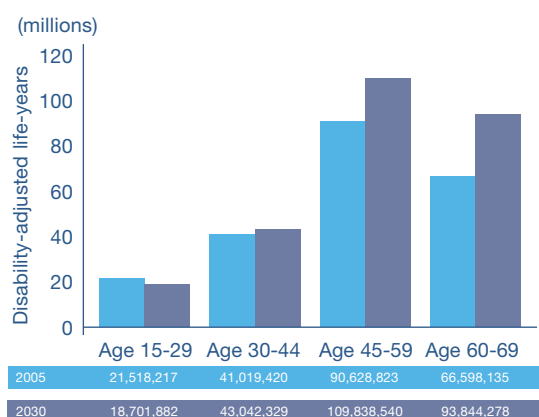
Companies can also offer incentives to employees to reduce the risk of chronic disease. For example, American Standard Companies US, reduced health insurance payroll contributions of employees who agreed to appropriate preventive health screenings, exercised more and ate more healthily.

Employers' wellness schemes in low to middle-income countries have focused primarily on the prevention of infectious disease. However, employers in these countries recognize that chronic disease is a growing threat to their workers. For example, in India, the share of deaths from chronic disease is expected to increase from 40% in 1990 to 67% in 2020. One result is that spending on cardiac-related treatments is expected to grow by 13% annually.<sup>13</sup>

Also, as Figure 9 illustrates, the global burden of chronic disease is greatest and growing most rapidly among the most experienced employees – those between 45 and 59 years of age.

**Figure 9: Burden of chronic disease**

Disability-adjusted life-years of selected chronic diseases\* by working age in 2005 and 2030 (\*cardiovascular, cancer, diabetes, respiratory)



Source: World Health Organization

As a result, a small but growing number of multinational corporations are expanding their wellness schemes to combat chronic disease around the world. Of the multinationals surveyed by the National Business Group on Health (NBGH) and PricewaterhouseCoopers, 33% reported they are rolling out comprehensive wellness programmes in multiple countries, while another 17% are rolling out a single wellness programme in multiple countries. More than half of corporations expect to invest more in wellness initiatives in the next five years.

As they spend more on wellness, companies must be sure these programmes are effective.

There have always been many variations in wellness programmes – and how employees have regarded them. For example, in a PricewaterhouseCoopers survey of US-based multinationals, only 19% of respondents thought that their programmes were above average.

These are the key, and interrelated, areas in wellness campaigns that employers want to improve:

**Education:** People must be taught how to lead healthy lives. They must be shown how to avoid the behaviour that causes the risk of chronic disease. These lessons must be practiced, reinforced and rewarded. Whatever is taught must take into account employees' environment and culture.<sup>14</sup>

**Involvement:** In some instances, less than 10% of the employee population have enrolled in their company wellness programmes and those who participate are not always those most at risk. However, some programmes are attracting over 70% of the workforce. This has been accomplished by offering incentives, by better communications and through the support of a company's international and local management.

**Changing behaviour:** Enrolment in a wellness programme does not always change a person's behaviour. Employers are exploring ways to encourage employees and their families to live the lessons learned during these programmes. By focusing on incentives for employees and their families, companies can improve the impact of wellness programmes.

**Making it stick:** The changes brought by wellness programmes can only last if they become part of the culture of the company and the wider community. Employers must coordinate these efforts inside and outside the workplace. The leading companies in wellness programmes have executed "from the top" strategies. Results are short-term if changes in behaviour are not embedded in the culture of the company and the community.

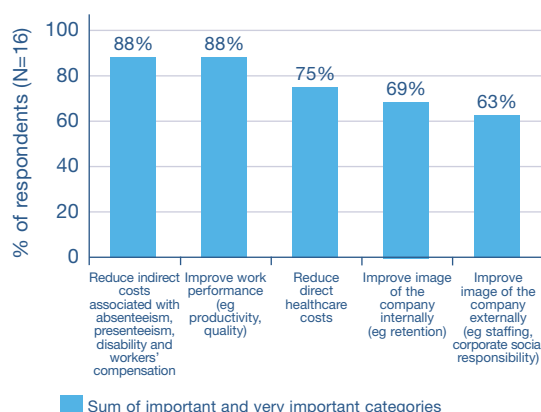
Next in this report we look at the business rationale for wellness programmes and how wellness programmes should be implemented in accordance with the **eight key gold standards**.

# Wellness programmes are good for employers

Employers run wellness programmes because they want to:

- Improve performance and productivity and reduce indirect costs such as absenteeism and presenteeism (on-the-job effectiveness). As shown in [Figure 10](#), employers interviewed in the NBGH and PricewaterhouseCoopers survey indicated that improved productivity and reduction of indirect costs are the primary reasons for investment in wellness programmes.
- Cut the healthcare costs of employees.
- Be more attractive places for people to work.
- Be more socially responsible and to improve their corporate image.

**Figure 10:** Results showing the ranking in importance of the following factors as a rationale for promoting wellness



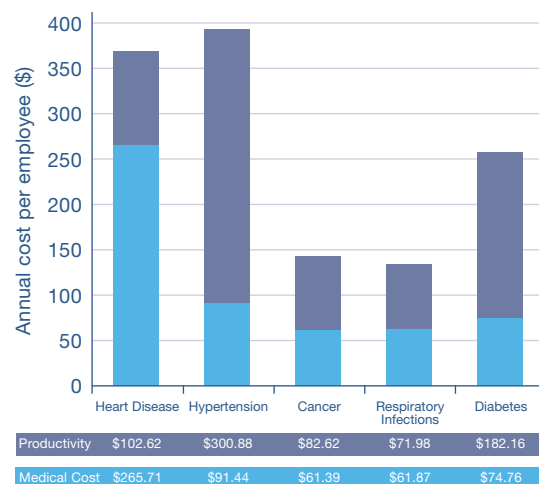
Source: National Business Group on Health and PricewaterhouseCoopers, 2006

## Productivity

### Healthy employees are more productive.

About 2% of capital spent on workforce is lost to disability, absenteeism and presenteeism caused by chronic diseases, and an equal amount is spent on the direct costs of healthcare. Different diseases have different impacts. As [Figure 11](#) shows, hypertension (or high blood pressure) and diabetes have the greatest impact on productivity, while heart disease is the most expensive to treat.

**Figure 11:** Costs of chronic disease in productivity and medical costs



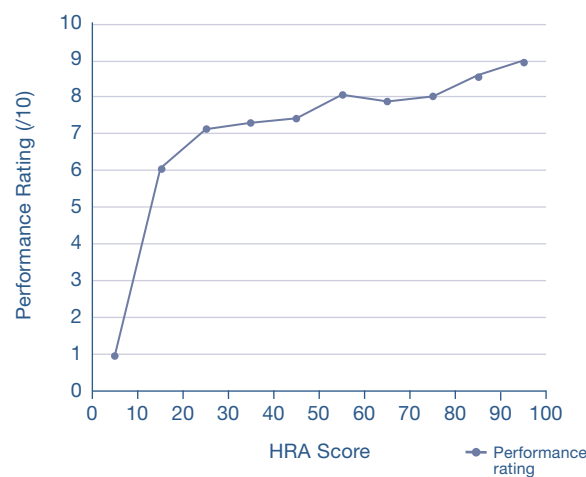
Source: Goetzel et al, Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental conditions affecting US employees, JOEM, 2004; 46:398-412; (using average impairment and prevalence rates for presenteeism component and US\$ 23.15/hour wage estimate)

Most of the companies interviewed focused their wellness efforts on healthy eating and physical exercise, which are important strategies to reduce the risk of these conditions.

A recent UK study by Unilever measured the difference in productivity between healthy and unhealthy employees. It showed how employees who had a low score on their health risk assessments also performed at a lower level over time. This is illustrated in [Figure 12](#). Unilever also showed that a concerted effort to prevent chronic disease can improve productivity. A group of staff, helped by Unilever to manage stress, to cope with pain and to sleep more soundly, were 8.5% more efficient at work – and less liable to take time off. Meanwhile, absenteeism rates amongst staff in a control group, who had not been helped in this way, rose. A conservative estimate of the business benefits derived from such health improvements indicates a likely annual return from a programme like this to be 3.73 Pounds sterling for every Pound sterling spent.<sup>15</sup>



Figure 12: Performance rating for Unilever employees in health promotion programme



Source: The vielife/IHPM Health and Performance Research Study

The cost of healthcare

Spiraling healthcare costs are a major concern to US companies. As Figure 13 shows, healthy employees cost less than those who are unfit or ill.

Figure 13: Healthcare costs for employees

	Well members	Low risk	Moderate risk	High risk	Complex & intensive care
% of employees	50%	25%	20%	4%	1%
% of healthcare costs	10%	10%	25%	30%	25%

Source: “Seven Ways to Demonstrate ROI: A Sherpa Model”, by Michael Samuelson, MA, Vice President, Health & Wellness Services, Blue Cross and Blue Shield of Rhode Island, Achieving Return on Investment for Wellness Conference, San Diego, October 23-25, 2006

The positive impact of wellness programmes on reducing healthcare costs is well documented. One recent analysis of wellness programmes showed that they had led to reduction of 26.1% in healthcare costs.<sup>15</sup>

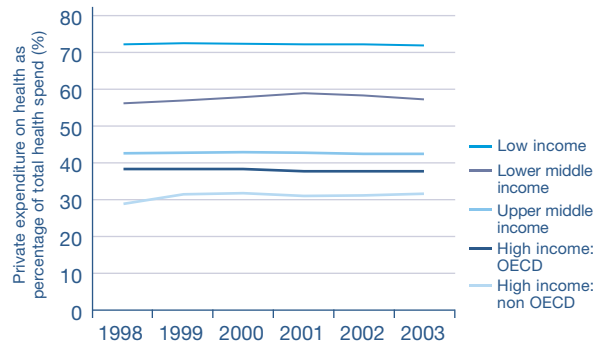
For example, the cost of healthcare for employees at American Standard was rising by over 12% per year. The company began a phased wellness programme in 2004. In the first year it focused on creating awareness of the risks to health, in the second around changing behaviour with incentives, and in the third on accelerating the development of participants. The programme resulted in a 13% reduction in employee absences in 2005 as well as substantially

reducing healthcare costs. American Standard employees pay less for their health insurance if they agree to appropriate preventive screenings, exercise more and eat sensibly. The overall aim is to have a programme that has tangible and sustainable benefits for the company and its employees.

As healthcare costs have increased for US employers, many have reduced their exposure forcing the public sector to pick up an increasing share of the costs of care. However, in other OECD countries, where governments have not increased spending on health at the rates they once did, some employers are offering private health insurance to attract and retain employees. Between 1985 and 2004 spending on private healthcare increased, as a proportion of the total healthcare spend, in two-thirds of OECD countries. For example, in Canada, private healthcare accounted for 30% of all health spending in 2004, compared to 25% in 1985. During the same period in Spain, the figure was 19% to 29%. In France, where most individuals receive private health insurance through their employers, the percentage of the population covered by private health insurance has risen from 50% in 1970 to 92% in 2004.<sup>16</sup> In developing countries private healthcare is increasingly important. For example, in China, spending by employers and individuals on private healthcare increased from 64% to 83% of all health spending between 1980 and 2003.<sup>17</sup> Overall, as illustrated in Figure 14, low to middle-income countries rely more on private healthcare than higher income countries.

Finally, there are many consequences of increased healthcare costs. Business shoulders heavier tax burdens, threatening competitiveness. Public investment in building schools and roads, and technology infrastructure is hit.

Figure 14: Private expenditure on health as a percentage of the total health spend from 1998 to 2003



Source: World Health Organization

## Make the workplace more attractive

In an increasingly competitive labour market, employers need to distinguish themselves to attract new staff as well as ensure that older workers remain healthy. For instance, there are indications that tomorrow's workforce is likely to be more suspicious of multinationals and the corporate environment, as indicated by the 5% per annum growth in one person run businesses in the US.<sup>19</sup> At the same time, as the baby-boomer generation retires, companies will lose large numbers of experienced workers.<sup>20</sup> Yet, the population in the developed world is also ageing and in response, a number of Western European countries are planning to extend the retirement age, which would mean more elderly workers suffering from chronic diseases.

Companies will have to fight harder for young talent and learn to tap and manage more effectively new and existing talent sources. A wellness programme is one way of attracting and retaining employees as well as helping to keep the ageing talent pool more healthy. A survey by the American Association of Occupational Health Nurses in 2003 found that 60% of employees regarded wellness programmes as a good reason to remain with their current employer. Other studies have shown that wellness programmes raise staff morale, enhance work-life balance, and persuade people to stay with an employer.

Fortune magazine's annual ranking of the US Best 100 Companies To Work For<sup>21</sup> shows that healthcare benefits – and a commitment by a company to achieving work-life balance for staff – are important to keep employees and attract new ones. Fourteen companies on the 2006 list pay 100% of their employees' healthcare premiums while others have devised innovative ways to support their employees' health.

Similar packages were offered by the Sunday Times' Best 100 UK Companies To Work For.<sup>22</sup> This survey also identified culture (type of leadership and mentoring) and trust (credibility and respect) were the factors most valued by employees – factors inherently congruent with a culture of wellness. "Employees are more likely to be attracted to, remain with and value a company that obviously values them," said Ellen Exum, director of Wellness and Prevention at PepsiCo.

For Boral Ltd in Australia – which was suffering the twin pressures of an ageing workforce and the difficulties of recruiting younger people – extending the working life of the existing workforce was a key aim of its B Well wellness programme.

## Corporate Social Responsibility

For many years European companies have regarded wellness programmes as a duty of corporate social responsibility. Many multinationals now share that attitude and include wellness in their annual reports on social responsibility. Of the 20 largest multinational companies, 75% published corporate responsibility reports online in 2006. Of those that published reports, 93% emphasized their commitment to improving the health of employees. This reflects the view of the World Business Council for Sustainable Development, a network of more than 50 national and regional business councils. The council says that corporate social responsibility is about "improving the quality of life of the workforce and their families as well as of the local community and society at large."

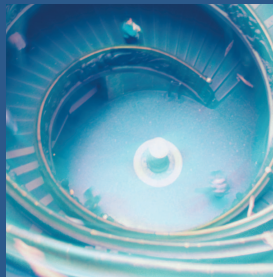
The Global Reporting Initiative (GRI) also emphasizes the importance of caring for the health of employees as well as customers. GRI guidelines for reporting corporate responsibility include employee as well as customer health. The GRI's advice is followed by a growing number of multinationals.

The sheer cost of caring for employees who are unfit or ill also worries companies. The rising cost of healthcare has topped the list of executives' greatest cost pressures over the past two years, according to a survey by the Business Roundtable, an association of US corporations with a combined workforce of more than 10 million employees.

Pharmaceutical, health services, food and beverage, and fitness companies, whose products and services are closely linked to health, have been especially active in promoting wellness schemes for their employees as part of their social responsibilities strategies. For example, The Coca-Cola Company has used its position as a global employer to drive local public health initiatives. In China, where pollution is a major health threat, Coca-Cola China is collaborating with the Chinese government to plant trees. In Denmark, where cars are increasingly being replaced by bicycles, Coca-Cola Nordic has launched a programme with the Danish Cyclists Association to encourage one quarter of a million Danes to cycle. These examples show how public-private partnerships can benefit communities and companies.

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# The gold standards: a framework to prevent chronic disease



# 2

Preventing chronic disease requires a strategy that starts with gold standards for structuring and measuring success. There are four elements: **Leadership, Culture, People and Process.**

These gold standards require a coordinated approach. For example, active leadership is crucial, but it alone will not guarantee success. It must be coupled with interventions, incentives and measurements.

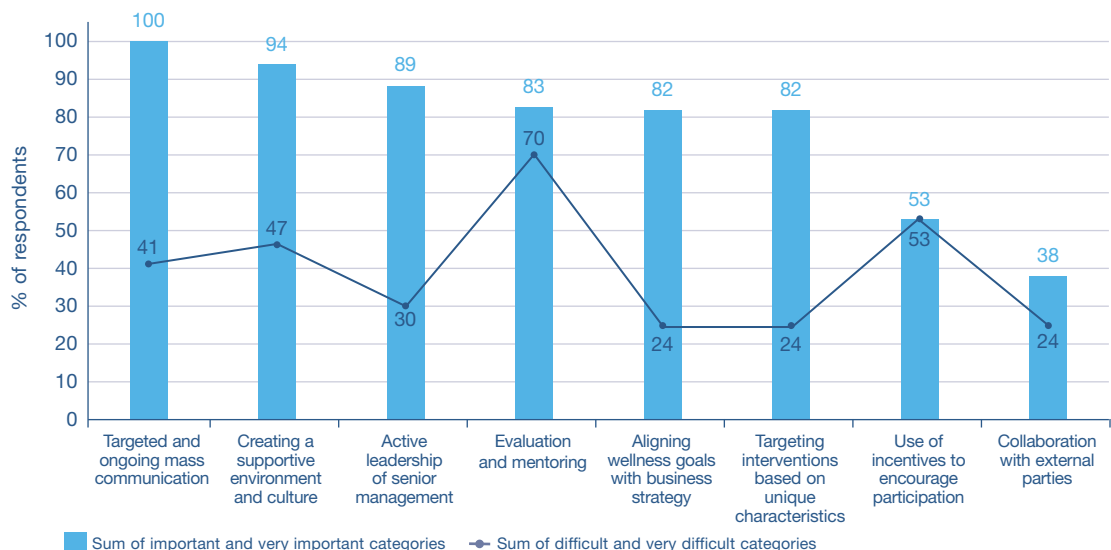
<b>Leadership</b>	Promote active leadership of senior management in wellness initiatives
<b>Culture</b>	Align wellness goals with business strategy Create a supportive environment and culture focused on wellness
<b>People</b>	Target interventions based on unique characteristics of employee population Offer incentives to encourage participation and better outcomes Use targeted and ongoing mass communication
<b>Process</b>	Collaborate with external parties through public-private partnerships Establish evaluation and monitoring programmes to measure change, outcomes and financial impact

The survey by the NBGH and PricewaterhouseCoopers showed that companies did not always find it easy to run effective wellness programmes. 83% of companies said “evaluation and monitoring” of employees’ health was important or very important, but 70% said it was difficult or very difficult to implement. [Figure 15](#) describes the difficulties faced by companies in executing the gold standards of wellness.

[Appendix 1](#) gives examples of common, best and leading-edge practice for each of the wellness gold standards, including illustrative case studies.

Next, each of the gold standards is considered in more detail to understand the main challenges associated with implementing effective wellness programmes on a global stage.

**Figure 15: Importance and difficulty of execution framework**



Source: National Business Group on Health and PricewaterhouseCoopers, 2006

## Leadership

Leadership is often the nexus between culture, people and process. Leaders can shape the culture of a company and institutionalize ideas into systems. The Coca-Cola Company group director Dianne Culhane says: “They not only create healthier workplaces, but they model healthier practices in their own lives and leadership.”

### Promote active leadership of senior management in wellness initiatives

- Leaders can be an inspiration. The wellness initiative at South African bank, ABSA continues to be given strong support under the current CEO, who took over two years ago. His enthusiasm about wellness inspired the senior management team which now broadcasts on the bank’s internal television network on the benefits of wellness. It is no exaggeration to say that the CEO’s enthusiasm for health and fitness has spread throughout the bank.
- Adidas UK’s Know Your Numbers programme examines employees’ cholesterol, glucose and blood pressure. It also looks at cardiac risk and scores lifestyle. When the first 200 Adidas UK employees went through the programme, the company found most ate fatty diets, were overweight and had dangerously high cholesterol. “That really grabbed the company’s attention,” said Dorian Dugmore, director of Wellness International, who works with Adidas UK on these initiatives. To underline the company’s commitment to encouraging the wellness of its staff, in 2005 the CEO of Adidas UK announced the company’s health results at the same time as disclosing the company’s financial position to its employees.

## Culture

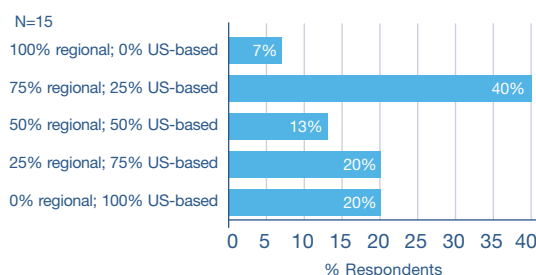
Wellness must extend beyond working hours. By embracing family, behaviour change becomes more sustainable.

### Align wellness goals with business strategy

- The availability of sufficient resources both financial and non-financial is essential. “The company needs to be living its values; therefore it makes sense to start with our employees. You can then say a business strategy is that we would like to be seen as a partner in providing society with healthy choices,” said Asger Bjerre, human resources manager of Coca-Cola Nordic.

- Also, creating a culture of wellness hinges on developing a plan which blends local direction with global strategy. As a consequence, wellness programmes have tended to be funded mainly from local sources. As Figure 16 shows, 40% of US multinationals said their wellness programmes were financed 75% locally and 25% from the US.

Figure 16: Approximately, what percentage of resources was US-based versus regional?



Source: National Business Group on Health and PricewaterhouseCoopers, 2006

### Create a supportive environment and culture focused on wellness

- For General Mills, which has 28,000 employees worldwide, encouraging employee wellness is an integral part of its corporate culture. For example, in addition to the extensive health and fitness resources on offer at the headquarter buildings, five manufacturing plants have outdoor walking paths and seven plants have fitness centres. Three on-site medical departments provide no-cost same-day medical appointments, flu shots, dermatology services, women’s and men’s health programmes, physical therapy, ergonomic evaluations preventative dental services, contact lens and eyeglass services and more. The on-site fitness centres and other employee services (concierge, a small grocery store, a credit union, a hair salon, coffee shop, take-out delicatessen, on-site tailor and on-site automotive service centre) are all part of the company’s commitment to helping employees manage the challenges of everyday living. The goal is to create convenient access to the services that help enhance the employee’s health and quality of life.
- Stress is a part of work but can also contribute to heart disease. Unilever, GlaxoSmithKline, Wipro and ABSA recognize that employees must be mentally resilient to cope with this stress. At PricewaterhouseCoopers in the UK, reducing stress is part of its Great Place to Work agenda. This includes Fit for Life workshops, where physiotherapy, reflexology, massage and meditation are offered.

## People

Employers often find that staff are reluctant to take part in new wellness programmes so companies must take a sophisticated approach to persuade them to participate.

### Target interventions based on unique characteristics of employee population

- Microsoft found that healthcare costs for obese employees were 35% to 40% higher than average. The company subsequently designed a personalized, physician-supervised programme for obese employees, which included nutrition counselling, an exercise programme and behavioural counselling. Enrollees must be diagnosed with obesity or be clinically overweight and have other chronic diseases. Microsoft realized that cost was an important consideration. To ensure that an employee is fully committed they must pay 20% of the cost of the programme. The company pays US\$ 6,000 per employee, which is approximately 80% of the total cost of a programme. The children of unfit and unwell employees are also encouraged to eat well and exercise.

### Offer incentives to encourage participation and better outcomes

- The dangers of chronic disease should be enough to convince employees to change their behaviour. But often it takes more than alarming statistics about heart disease, diabetes and cancer. That is why some companies reward staff for being more aware about their health. For example, several companies pay US\$ 50 to US\$ 1,000 to employees for completing a health risk assessment.
- To encourage more physical activity, Virgin Life Care – a South African company – and a US insurer have developed HealthMiles, where gift cards are given to employees who exercise regularly. The programme centres on using USB-enabled pedometers and the results of every exercise session are fed into a personalized Web page so that each employee can privately compare his or her performance with others of the same age and gender. Within six months in 2006, 30% of the employees who had taken part in the programme had significantly improved their fitness. In addition, 16% of those with hypertension had normalized their blood pressure.

### Use both targeted and mass communication

- Employers should use every method – such as the internet, newsletters, 24-hour help lines and management-led initiatives – to raise awareness about health and the risk of chronic disease with employees. For example, a large multinational healthcare product manufacturer's wellness programme provides free pedometers for employees. The company's senior management encouraged their use by leading a walk one afternoon each week. The scheme began in Singapore and is being extended to India and China.
- Wipro, an Indian IT services and technology company, has developed a project known as Mitra, which means 'friend' in Hindi. In this programme, 28 employees, all volunteers, were trained to counsel fellow employees to manage stress. "Mitra signifies to employees that they do have a friend in Wipro and that they should be able to confide and share their problems with us. We at Mitra can help them cope with their problems," said Wipro's Anil Jalali, head of compensation and benefits.
- ABSA and Cadbury Schweppes use wellness champions, employees who can encourage and inspire colleagues to lead healthier lives.

## Process

Processes that measure and monitor wellness initiatives strengthen the motivations of both companies and employees. For example, PepsiCo saw change in risk behaviours in only one year.

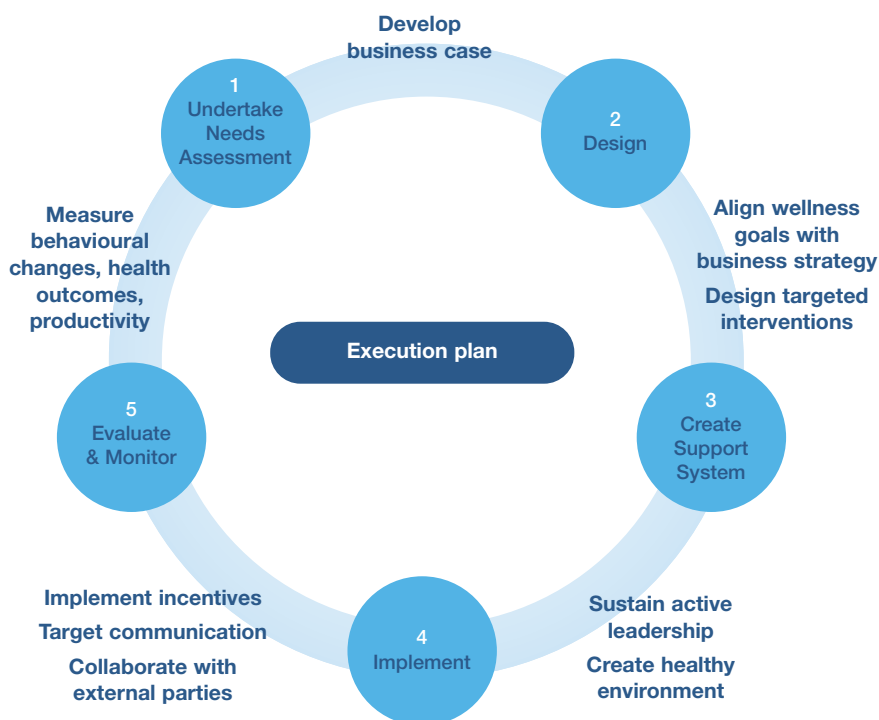
Figure 17 shows the key processes that make up the development and implementation of wellness programmes. Appendix 2 provides a summary of the key steps, challenges and strategies for implementing a wellness programme.

### Collaborate with external parties through public-private partnerships

- Companies have often worked with outside bodies to combat infectious diseases such as HIV/AIDS. Of those surveyed for this report, about one-third said they were working with local or regional government agencies, a third with non-governmental agencies and a third with patient advocacy organizations. For example, in India, PepsiCo worked with the ILO to raise awareness about HIV/AIDS with the company's own employees and those working for its business partners. This kind of partnership can be extended to fighting the spread of chronic disease.



Figure 17: Implementation lifecycle



Source: PricewaterhouseCoopers

- Employees often cannot or will not use health resources even when they need them. Either they cannot afford to take time off work, they do not know the best resources to use or they are too busy to leave work. For example, in Mexico the manufacturer American Standard brought in local clinicians to examine employees and their dependants.
- A large Indian IT company has rolled out prevention programmes in India, Australia and China using local resources. For example, the company works with Narayana Hrudayalaya, a hospital in Bangalore. Hrudayalaya's founder, Devi Prasad Shetty, holds workshops on chronic diseases for employees.

#### Establish evaluation and monitoring programmes to measure change, outcomes, and financial impact

Evaluation and monitoring are the **most difficult** aspects of the gold standards, according to multinational corporations surveyed. To quantitatively measure the impact of prevention programmes on chronic disease, employers need a baseline.

- A large healthcare product manufacturer uses a global profile tool to measure changes in health culture by examining the response to smoking cessation schemes, the participation in healthy eating programmes and attendance at fitness centres. It also measures behavioural change by benchmarking the percentage of employees with various risk indicators.
- As part of General Mills' wellness promotion called "Lose 10 Pounds in 10 Weeks," they partnered with the Mayo Clinic to measure and evaluate the impact of the programme on employees with a BMI of 25 or greater. The aim of the programme was to engage these overweight employees in losing weight in a healthy and sustainable way. The net result was:
  - 1,321 enrollees
  - 500 participants overweight at time of enrolment
  - 443 enrollees who lost weight
  - 2,990 lbs. = total weight loss
  - 6.7 lbs. = average weight loss per person
  - Average BMI went from 27.9 to 27.0



However, employees often worry that a wellness initiative, with health examinations and tracking a person's progress towards a healthier lifestyle, is a threat to their privacy. People are especially concerned that they will be penalized if they are classified as unhealthy. "Privacy is the number one concern for employees; people want to know what you're going to do with this information," noted a PepsiCo executive. Hence, companies have to emphasize the confidentiality of a wellness initiative, and use independent, external experts, who are trusted by employees. The information collected by these external experts is usually only available to companies as aggregated data, which does not allow individuals to be identified, but is necessary for monitoring and reporting wellness.

- Woolworths (SA) Pty Ltd has included a confidentiality performance metric for all of its providers of health-screening services to demonstrate to their employees that confidentiality matters.
- Microsoft found that privacy issues went beyond data issues. For example, in its weight loss programme, the company found that some people did not want to exercise with their colleagues. The company now ensures that employees have access to a number of fitness centres. So far, 2,000 people in 12 states have participated in Microsoft's weight loss programme. These people are already healthier: they use fewer prescription drugs and visit doctors less often.
- For Nestlé S.A., the importance of confidentiality and discretion makes evaluation complex. Different territories have different attitudes towards privacy but there is a general understanding that they do not follow individuals' results. As a consequence, understanding the overall impact of their programmes is a challenge. The company is likely to discuss this issue with business consultants to see if it can be resolved.

## Implementing the gold standards on a global basis

Wellness is international but health programmes must also take account of local conditions. There must be a balance between general objectives and methods and the specific requirements of employees in different parts of the world.

For example, in developing and undeveloped countries with little infrastructure, by necessity there will be more focus on basic health needs and education. In the United States and Western Europe, where expert healthcare is provided by insurers or government, companies address different problems amongst employees, physical as well as emotional.

Many companies are already aware of the need to balance the international and local components of wellness. Within the basic framework of a programme local executives take account of factors such as recruitment/retention, healthcare costs and productivity. For example, Coca-Cola Australia does not include questions about the use of seatbelts in its Health Risk Assessments because this is so ingrained in the culture that it would be considered foolish, or offensive, to ask.

- For three years a Wellness Unit at Nestlé S.A., where wellness is "part of the DNA of the company," has driven a programme across a network of 250,000 employees in 85 countries. The unit works with the company's local leaders to ensure that each programme fulfills local needs and satisfies local culture. All programmes are implemented locally; champions report to the local market leader, not to the headquarters.
- Nestlé S.A. also works closely with governments, public health authorities and patient advocacy organizations as part of its efforts to educate people about healthy living. For example, in Russia, Nestlé S.A. works with the Dietetics Institute on nutritional research; in France, it has a widely praised programme called Together, Let's Prevent Childhood Obesity, sponsored by the company but implemented by academics. They are also working closely with WHO on workplace wellness.

Appendix 3 provides demographic data for the companies included in the case studies.

# A call to action

# 3

Business leaders must act to fight the spread of chronic disease.

## **Take the pulse:**

Assess the health of employees across the world. The metrics will provide a baseline to measure progress.

## **Embed a culture of health:**

Build wellness into the mission, business objectives and policies of the organization.

## **Manage the change:**

Commit the appropriate resources to improve the health of employees. Engage with employees to develop wellness programmes that will produce long term results and which are consistent with the culture and goals of the organization.

## **Collaborate and consolidate:**

Communicate with employees and work with outside bodies where appropriate.

## **Lead by example:**

Executives – starting with the CEO – can encourage and inspire employees and communities by showing that they are dedicated to living well.

Fighting chronic disease will not be easy but success will bring huge rewards: a healthy, productive and vibrant workforce.

# Conclusions: Bringing it together

This report has looked at the global challenges facing business as a consequence of the growing epidemic of chronic disease and suggested a practical framework for it at work. [Figure 18](#) summarizes an analytical framework for *Working Towards Wellness*.

With the commitment of business leaders, workplace wellness strategies and collaboration of public-private partnerships, the epidemic of chronic disease can be managed effectively. In doing so, employers can enhance the productivity of the workforce, reduce the growing burden of healthcare costs, make the workplace more attractive and build a better and more healthy global community.

**Figure 18:** An analytic framework for *Working Towards Wellness*



Source: PricewaterhouseCoopers

# Appendix 1

## Examples of gold standards execution

### Leadership

**Purpose:** Promote active leadership of senior management in wellness initiatives

**Unilever, UK – Vitality programme:** The Executive component of this programme was initially introduced at London headquarters but is now being rolled out globally. A core component of the programme is personal coaching to help executives understand the importance of vitality – that is, how to become and remain energized and the impact of this on the workforce. As a consequence, visible health-related behaviour change in the executives was expected – such as their going to the gym at lunchtimes, having fruit and other healthy food at board meetings and so on. An important factor in senior leadership's buy in to this was that the programme was run as a business initiative, not a health initiative.

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"> <li>Endorsement of programmes (availability of funds/budget)</li> </ul>	<ul style="list-style-type: none"> <li>Visible endorsement of programmes such as via newsletters, the intranet and so on</li> <li>Nominated senior management wellness champion</li> </ul>	<ul style="list-style-type: none"> <li>Visible participation in programmes by leaders</li> <li>Wellness steering committee (or equivalent) led by board member/senior management</li> </ul>

### Culture

**Purpose:** Align wellness goals with business strategy

**Cadbury Schweppes, UK – Living our Values:** Cadbury Schweppes has five corporate goals and 10 corporate priorities around sustainability, of which wellness is an integral part. In particular, employees are asked to consider how they can contribute to the overall values of the business such as through team sport participation and community activities, and once agreed, this forms a contract between the employee and the line manager. As a consequence, there is accountability on both sides: by management to provide the appropriate level of support and by employees to modify their health behaviours.

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"> <li>Stand alone wellness programmes</li> </ul>	<ul style="list-style-type: none"> <li>Health mission statement</li> <li>Coordinated programme of wellness initiatives</li> <li>Regular board monitoring of wellness programmes</li> </ul>	<ul style="list-style-type: none"> <li>Part of company's overall mission statement</li> <li>Fully integrated wellness approach</li> <li>Annual report on company's physical health</li> <li>Contract between line manager and employee</li> </ul>

**Purpose:** Create a supportive environment and culture focused on wellness

**ABSA, South Africa – I Know programme:** a multi-component programme focusing on (1) six monthly health risk assessments covering body mass index, blood pressure, physical activity, blood sugar and communicable diseases; (2) physical activity such as the pedometer challenge, by where pedometers were distributed to all members of staff, which created good competition among staff to do more steps; and (3) nutrition, wherein dietitians went to all the branches to help change the eating culture, such as no bread and the installation of blenders in kitchens to make smoothies. Important support and cultural change mechanisms included:

- Energy from local wellness champions and regional wellness coordinators
- Clear leadership buy in
- External alliances to up-skill staff and members of the community as service providers, such as counsellors
- Line managers trained in wellness issues
- Common wellness themes tailored to location: urban, regional or remote
- Ongoing communication via internal TV broadcasts, newsletters and the like

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"> <li>Educational sessions – such as lunch and learn – on prevention topics like weight loss, HIV/AIDS and stress</li> <li>Healthy food choices in vending machines and cafeteria</li> <li>Smoking cessation</li> <li>Fruit bowls and ready access to water</li> </ul>	<ul style="list-style-type: none"> <li>On-site gyms, subsidies for bicycling to work, free pedometers, relaxation technique classes, training of employee managers in wellness and quiet rooms</li> <li>Recognized health experts such as specialists, physiologists and allergists lead workshops</li> <li>Disease management programmes for chronic illnesses</li> <li>Top executives walk the talk on wellness</li> <li>Nutritionists on-site</li> <li>Blenders available in kitchens to make fruit smoothies</li> </ul>	<ul style="list-style-type: none"> <li>Multidisciplinary, individualized weight loss programme</li> <li>Ergonomic experts and spaces</li> <li>Cancer prevention programmes</li> <li>Hobby and game centres on-site</li> <li>Exercise breaks</li> <li>Programmes for spouses and children</li> <li>Dental checks</li> <li>Employees trained as psychological counsellors</li> </ul>

## People

**Purpose:** Target interventions based on unique characteristics of employee population

**Nestlé Indonesia – Obesity programme:** After an initial evaluation of employees, Nestlé Indonesia found that 28% to 30% were overweight. So the company set up a weight loss and nutritional awareness programme that included group exercise classes, a walking group and nutrition counsellors, culminating in a 100-day wellness challenge to see how much weight people could lose. To encourage participation, small incentives were offered like free gym membership. Of the 128 participants, 38% lost 5 to 12% of body weight in 100 days; the rest lost 1 to 5% of body weight. Nutrition counsellors continue to help employees remain aware of healthy eating and try to put it into practice.

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"> <li>Periodic health fairs for education and preventive tests</li> </ul>	<ul style="list-style-type: none"> <li>Partnering with local health systems and non-governmental organizations for screenings</li> <li>On-site clinicians such as a doctor, a nurse and a dentist</li> </ul>	<ul style="list-style-type: none"> <li>Programmes for spouses and children</li> <li>Round-the-clock counsellors available</li> <li>Regular psychological consultations scheduled</li> <li>Interventions are tracked and solved through interventions such as team-building</li> <li>One-on-one consultations with nutritionists and lifestyle advisers</li> </ul>

**Purpose:** Offer incentives to encourage participation and better outcomes

**Coca-Cola Nordic – My Choice:** A flexible benefits programme that has the aim of encouraging employees to achieve a more balanced and active lifestyle such as by spending more time with family. Benefits range from health-related benefits – such as a sports allowance, massage, physical therapy and fitness equipment – to practical sundry items such as housekeeping, laundry and gardening. Coca-Cola Nordic was first to introduce this idea in the Nordic region. The company realized that the one-size-fits-all concept simply did not work anymore. Lack of work-life balance was a significant issue, so the company wanted to provide employees with the option to tailor the benefits package to fit their health lifestyle needs.

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"> <li>Financial incentives for selected activities, such as filling out health assessment and taking public transportation to work</li> </ul>	<ul style="list-style-type: none"> <li>Subsidized gym memberships or recreation leagues</li> <li>Rewards programmes or flex dollars that allow employees to accumulate points throughout the year for healthy lifestyles and behaviours</li> <li>Online health assessments used for designing wellness programmes and incentives</li> </ul>	<ul style="list-style-type: none"> <li>Employees penalized for unhealthy lifestyle choices, such as getting fired or being charged more for health insurance</li> <li>Tobacco-free workplace</li> </ul>

**Purpose:** Use of targeted and ongoing mass communication

**GlaxoSmithKline, UK:** Company research showed that GSK employees with mental ill-health were likely to be absent from work 7.5 times longer than those with a physical illness, so mental well-being is the guiding principle for GSK's overall wellness approach. To do this, the company combines a personal and team-based resilience programme to build a culture that supports the well-being of employees. Targeted, appropriate and ongoing communications support these programmes via:

- A personal resilience programme offered following completion of health, work-life or team assessments
- A team resilience assessment and action planning initiative launched globally
- Annual team update sessions to ensure action is occurring
- Health professionals who are available at most sites to deal with health issues and provide health information as needed
- A 24-hour confidential help line available with additional counselling for individuals

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"> <li>Internet-based communication about wellness initiatives on employer portal</li> </ul>	<ul style="list-style-type: none"> <li>Customized messaging and communications</li> <li>24-hour health professional help lines</li> </ul>	<ul style="list-style-type: none"> <li>Personalized health records and health reminders</li> <li>Behaviour-based messaging</li> <li>Depression screenings</li> <li>Employee enrichment programmes and information on health, well-being, personal development and culture</li> </ul>

# Appendix 1

## Examples of gold standards execution

### Process

**Purpose:** Collaborate with external parties through public-private partnerships

**Nestlé Brazil:** Commenced an HIV/AIDS programme in 1986, which included education on unsafe sex practices and condom promotion. The programme was so successful that it came to the attention of the Red Cross and Red Crescent and turned into a formal collaboration. The programme has now expanded into a number of countries in sub-Saharan and northern Africa as well as Thailand, with nine more coming on board in 2007. Nestlé founded a coalition of businesses to implement the programme widely.

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"><li>• Small network of local partners</li><li>• Operational in nature, such as by operating a health clinic</li></ul>	<ul style="list-style-type: none"><li>• Regional network of partners</li><li>• Building a good foundation by spending time learning to understand each other</li><li>• Review and monitoring of the partnership to ensure it stays on track</li></ul>	<ul style="list-style-type: none"><li>• International network of partners, extending across a range of organizations from central and local government and non-governmental organizations</li><li>• Strategic and operational in nature</li><li>• Internal collaboration champions who can work effectively across the boundaries</li><li>• Broad range of performance measures for the partnership</li></ul>

**Purpose:** Establish an evaluation and monitoring programme

**American Standard Companies, US:** Wellness programme started in July 2004 to reduce the rise in healthcare costs through employee risk factor reduction and to establish an economically sustainable programme by creating an ongoing culture of wellness. Given the strong economic imperative, the impact of the programme has been closely monitored.

- 79% of eligible employees completed a personal scorecard
- 62% of employees participated in on-site health screenings in the US
- 45% of eligible employees completed a personal health assessment
- 6.2% of employees and their dependants have worked with a health coach, including 34.4% with chronic conditions
- 40% of employees and their dependants have registered at the one-stop shop for online health and well-being resources
- Dozens learned during local health events that they had skin cancer, diabetes, high blood pressure or elevated cholesterol
- There was a 13% reduction in employee absences in 2005

Common practice	Best practice	Leading-edge practice
<ul style="list-style-type: none"><li>• Measure participation rates in wellness programmes</li></ul>	<ul style="list-style-type: none"><li>• Benchmark productivity</li><li>• Measure employee satisfaction</li></ul>	<ul style="list-style-type: none"><li>• Measure effect on health outcomes</li><li>• Measure total wellness return on investment</li></ul>

# Appendix 2

## Execution phases and steps

Phase	Execution steps	Challenges	Overcoming challenges
Needs assessment	<ul style="list-style-type: none"> <li>Understand challenges and opportunities within company</li> <li>Determine programme content, scope and approach – from design to implementation to evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Resource intensive:               <ul style="list-style-type: none"> <li>Should be conducted regularly as part of evaluation</li> </ul> </li> <li>Employee participation</li> </ul>	<ul style="list-style-type: none"> <li>Leadership support</li> <li>Provides baseline health data for calculation of return on investment</li> <li>Ensure confidentiality of results and communicate it</li> </ul>
Programme design	Determine: <ul style="list-style-type: none"> <li>Programme goals</li> <li>Types of intervention</li> <li>Level of intensity</li> <li>Include concept of continuous improvement</li> </ul>	<ul style="list-style-type: none"> <li>Making it relevant and attractive to employees to ensure high level of participation</li> <li>Available resources may limit extent of programme</li> </ul>	<ul style="list-style-type: none"> <li>Align wellness goals with business strategy because:               <ul style="list-style-type: none"> <li>Wellness is an input</li> <li>Demonstrates to employees that the programme is taken seriously by senior management.</li> </ul> </li> <li>Tailor to employee needs/readiness to change such as:               <ul style="list-style-type: none"> <li>Disease management: high risk individuals</li> <li>Behavioural interventions such as smoking cessation tend to be more broad based</li> <li>Vary intensity</li> </ul> </li> </ul>
Creation of support system	<b>Active senior leadership</b> <ul style="list-style-type: none"> <li>Emphasize the importance of wellness as a firm-wide strategy and commitment of the company to achieving optimal health</li> </ul>	Barriers to leadership support: <ul style="list-style-type: none"> <li>Long-term time horizons</li> <li>Resource intensive</li> </ul>	<ul style="list-style-type: none"> <li>Coach/inform senior leadership of their own wellness before rolling out a broader wellness programme: cascade effect</li> </ul>
Creation of support system	<b>Healthy environment</b> <ul style="list-style-type: none"> <li>Change the physical work environment such as modifying vending machines and cafeteria menus and introducing ergonomic furniture</li> <li>Form the emotional aspect of a support system via a culture of health helps to in turn help gain trust and confidence of employees</li> </ul>	<ul style="list-style-type: none"> <li>Employee scepticism</li> <li>Limited resources</li> <li>Culture change that may take time</li> </ul>	<ul style="list-style-type: none"> <li>Develop a health mission statement that is closely aligned with the organization's overall mission<sup>23</sup></li> <li>Be consistent and honest. Do not communicate messages that cannot be achieved. Employees who trust the company to be doing the right thing for them are more likely to participate in wellness initiatives</li> </ul>



# Appendix 2

## Execution phases and steps

Phase	Execution steps	Challenges	Overcoming challenges
Implementation	<b>Employee engagement</b> <ul style="list-style-type: none"> <li>Listen to their opinions</li> <li>Translate into a more targeted and more effective programme</li> </ul>	Trade union/staff side mistrust around: <ul style="list-style-type: none"> <li>Confidentiality</li> <li>Employer motivations</li> </ul>	<ul style="list-style-type: none"> <li>Establish a dedicated committee of people with influence, passion and expertise across all lines of service/divisions/regions/job types<sup>24</sup></li> <li>Involve employees early in the planning process</li> <li>Appoint wellness champions to create linkages between employee health and the success of the organization</li> <li>Collaborate with external parties such as service providers to ensure confidentiality</li> </ul>
Implementation	<b>Communication strategy</b> <ul style="list-style-type: none"> <li>Create and maintain interest and participation in the programme</li> </ul>	<ul style="list-style-type: none"> <li>Employee disinterest/apathy</li> </ul>	<ul style="list-style-type: none"> <li>Personalized counselling such as one-to-one has been shown to increase participation fivefold in some worksites<sup>25</sup></li> <li>Tailor message according to need such as               <ul style="list-style-type: none"> <li>Pre-contemplators – awareness</li> <li>Contemplators – commitment and confidence</li> </ul> </li> <li>Develop “brand identity”<sup>26</sup> that ties together and communicates all aspects of the programme</li> </ul>
Implementation	<b>Use of incentives, disincentives and rewards</b> <p>The success or otherwise of the incentives used by companies is likely to vary according to:</p> <ul style="list-style-type: none"> <li>Purpose of incentives</li> <li>Programme design</li> <li>Target population</li> </ul>	<ul style="list-style-type: none"> <li>Short-term participation as opposed to long-term behaviour change</li> </ul>	<ul style="list-style-type: none"> <li>Financial incentives are the most effective motivator for short-term participation</li> <li>Other short-term incentives include merchandise such as pens and T-shirts, internal competitions</li> <li>Long-term behavioural changes like quitting smoking and losing weight require internal motivation and true commitment (personal ownership) of the issue</li> <li>As a consequence, companies approach the use of incentives very differently from each other</li> </ul>

Phase	Execution steps	Challenges	Overcoming challenges
Evaluation and Monitoring	<b>Measurable metrics</b> <ul style="list-style-type: none"> <li>Establish a set of measurable metrics at programme outset to evaluate: <ul style="list-style-type: none"> <li>Financial outcomes</li> <li>Health outcomes</li> </ul> </li> <li>Include key indicators that: <ul style="list-style-type: none"> <li>Capture critical aspects of participation</li> <li>Measure both short and longer term strategic aims of the wellness programme</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Lack of clarity regarding strategic aim of wellness and health activities</li> <li>Difficult to measure soft metrics like performance</li> <li>The definitions of commonly used indicators can vary greatly both within and across companies</li> </ul>	<ul style="list-style-type: none"> <li>Set out strategic goals of the wellness programme at the outset</li> <li>Keep it simple and consistent. Measure (with clear definitions) the key short-term and long-term indicators the company wants to measure</li> </ul>
Evaluation and Monitoring	<b>Data management</b> <p>Technology:</p> <ul style="list-style-type: none"> <li>Provides new means for monitoring</li> <li>Can facilitate consistency in evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Technology creates new privacy issues</li> <li>Ready access of usable data</li> <li>Limited available resources</li> </ul>	<ul style="list-style-type: none"> <li>Make the monitoring system easy to use for all people providing input and accessing data</li> <li>Use aggregated de-identified data for monitoring and reporting purposes</li> <li>Outsource data collection and/or evaluation to specialist third party service providers</li> <li>Use of third party service providers can reassure employees of confidentiality</li> <li>Include privacy, security and access to data as performance metrics for service provider</li> </ul>
Evaluation and Monitoring	<b>Ongoing evaluation</b> <ul style="list-style-type: none"> <li>Evaluate structure and process to refine the programme to reach maximum effectiveness and remain relevant.</li> <li>Conduct needs assessment periodically to help the programme adapt to changing interests and concerns</li> <li>Assess continuous improvement</li> </ul>	<ul style="list-style-type: none"> <li>Limited available resources</li> </ul>	<ul style="list-style-type: none"> <li>Leadership support and commitment as demonstrated through: <ul style="list-style-type: none"> <li>Making available sufficient resources</li> <li>Ongoing reporting of wellness programme at board level</li> </ul> </li> <li>Inclusion of informal feedback mechanisms from employees to maximize reach</li> </ul>

# Appendix 3

## Table of country statistics

Statistic	China	India	US	Mexico	UK
Population (2004)	1,315,844,000	1,103,371,000	298,213,000	107,029,000	59,668,000
GDP per capita	5,581	1,830	39,901	10,158	31,308
Median age	32.7	24.9	36.5	25.3	39.3
Chronic condition: cerebrovascular disease deaths per 100,000	NA	NA	39.9	53.1	63.3
Chronic condition: respiratory system deaths per 100,000	NA	NA	61.5	NA	75.8
Chronic condition: diabetes deaths per 100,000	NA	NA	20.9	NA	7.5
Overweight, % of total population with 25<BMI<30 kg/m²	NA	NA	34.1	38.1	39.0
Obese, % of total population with BMI>30 kg/m²	NA	NA	32.2	24.2	23.0
Case Study Company	Coca-Cola	Wipro	American Standard Companies PepsiCo Microsoft	PepsiCo	Unilever GSK PepsiCo Adidas UK Cadbury Schweppes

Sources: Population, GDP – World Health Organization;  
Median Age – Global Health Facts; Chronic Conditions, Overweight,  
Obese – Organization for Economic Cooperation and Development

South Africa	Australia	Sweden	Switzerland	Denmark	Finland	Norway	Iceland
47,432,000	20,155,000	9,041,000	7,523,934	5,431,000	5,249,000	4,620,000	295,000
8,506	31,454	30,336	32,300	31,664	30,415	38,813	32,590
24.1	36.9	40.9	40.1	39.8	41.3	38.4	34.2
NA	43.9	53.1	31.7	56.9	53.7	NA	43.8
NA	44.3	36.2	30.9	65.1	34.7	NA	39.0
NA	13.1	11.6	12.9	17.1	7.0	NA	6.3
NA	NA	32.8	24.9	NA	35.0	NA	NA
NA	NA	NA	7.7	NA	14.1	8.3	NA
<b>ABSA Woolworths</b>	<b>Boral Ltd PepsiCo</b>	<b>Coca-Cola</b>	<b>Nestlé S.A.</b>	<b>Coca-Cola</b>	<b>Coca-Cola</b>	<b>Coca-Cola</b>	<b>Coca-Cola</b>

# Appendix 4

## List of Interviewees

Company	Location	Interviewee
ABSA	South Africa	Lukas Fourie
Adidas UK	UK	Dorian Dugmore
Alcan	Switzerland	Rolf Kohler
American Standard Companies, US	US	Joseph Checkley
Boral Ltd	Australia	Cate Hathaway
Cadbury Schweppes	UK	Alex Cole, Yumna Hari Singh
CEMIG	Brazil	Ricardo Luís Dinis Gomes
Coca-Cola Company	US	Dianne Culhane
Coca-Cola Australia	Australia	Janine Frew
Coca-Cola China	China	Jonathan Taylor
Coca-Cola Nordic	Denmark	Asger Bjerre
Compass	Australia	Peter Cinelli
GlaxoSmithKline	Asia-Pacific	Kay Campbell
Husky Injection Moulding	Canada	Dimitri Ronsse
International Health Consulting	Germany	Wolf Kirsten
Matria	US	Lee Dukes
Microsoft	US	Cecily Hall
Nestlé S.A.	Switzerland	Gayle Crozier-Willi PhD, Edward-Brian Fern PhD
National Business Group on Health	US	Jayne Lux
Nissan	South Africa	Neesha Rajoo MD
PepsiCo	US	Ellen Exum, Louise Finnerty
PricewaterhouseCoopers UK	UK	Stephen Boley, Veronica Frohock, Carolyn Wilkinson
PricewaterhouseCoopers US	US	Marjorie Mayerson
Suzanne Goodband Ltd	UK	Suzanne Goodband
Telstra	Australia	Richard Coleman
Unilever	UK	John Cooper MBBS, FFOM
vielife	UK	Diana Nye, Howard Gough, Peter Mills MD
Virgin Life Care	US	Jeremy Nicol
Wipro	India	Anil Jalali
Woolworths (SA) Pty Ltd	South Africa	Katy Hayes

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