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Employers are continuing to evolve in their rationale for offering wellness initiatives—transitioning away from merely controlling costs to improving overall worker health and well-being. This shift is evidenced by wellness offerings that extend beyond physical health to address community and social health, employee growth and purpose, and mental health.

These are among the findings in *Workplace Wellness Trends: 2017 Survey Results*, a new International Foundation report. The report is based on the results of a survey of members representing corporations, multiemployer trust funds and public employers/governmental entities across the United States and Canada. The membership bases of the International Society of Certified Employee Benefit Specialists (ISCEBS) and the National Wellness Institute also were surveyed.

The study examines the various types of wellness offerings organizations provide to their employees and plan participants and addresses the current status and approach of wellness programs, key initiatives, and wellness communication strategies and outcomes. Although the survey received a total of 530 completed responses, the following reflects the responses from the 431 U.S. survey participants.

Current Status and Approach

More than nine in ten organizations (91.6%) offer one or more wellness initiative. This figure varies by sector—public/governmental plans (97.1%), corporations (93.8%) and multiemployer benefit plans (7.4%). Organizations offer wellness initiatives for different reasons—72.7% offer wellness primarily to improve overall worker health and well-being, while 27.3% primarily aim to control/reduce health-related costs.

On average, organizations have had their programs in place for 7.4 years. More than three in five organizations (65.3%) have budgets devoted to wellness, and about half of those organizations (49.6%) expect their budgets to increase in the next two years. In addition, one in ten organizations without a wellness budget (9.5%) expects to adopt one in the next two years.

When asked what conditions had the most significant impact on health care costs, respondents most frequently cited diabetes (44.3%), cancer (35.4%), obesity (32.4%) and arthritis/back/musculoskeletal issues (30.4%).

Responding organizations face a number of barriers when incorporating wellness initiatives, including difficulty in workers finding time to participate (40.3%), dispersed worker populations (26.8%) and difficulty keeping momentum going (26.3%). Respondents also cite prohibitive costs (24.3%) and a lack of worker interest (24.3%) as significant barriers.

The 2017 version of this study took a deeper dive into the internal and external stakeholders that assist in wellness program operations. Four in five respondents (78.5%) tap benefits staff to help run wellness programs, followed by human resources department representatives (49.4%), a specific committee devoted to wellness activities (47.3%) and organizational leadership (41.5%). Externally, programs most commonly use benefits consultants (49.4%), insurance providers (49.1%) and wellness consultants (40.5%).

Initiatives

Respondents offer a wide range of wellness initiatives, including:

- **Screening and treatment.** Five in six (83.1%) programs offer free or discounted

benefits

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flu shots, which are followed in popularity by health screenings (66.6%), smoke-free work policies (65.7%), health risk assessments/appraisals (HRAs) (61%) and smoking-cessation programs (59.2%).

- **Fitness and nutrition.** Wellness competitions such as walking/fitness challenges (57.1%) were the most common offering, followed by healthy food choices (49%) and health coaching (48%). More than two in five (45%) responding organizations provide standing/walk stations for workers, followed by on-site or subsidized weight loss/management programs (43.2%) and organized group run/walk events (41.8%).
- **Social and community health.** The most frequently offered programs were community charity drives (61.7%), on-site events and celebrations (58.2%), community volunteer projects (56.4%) and blood drives (53.8%).
- **Workplace mental and behavioral health.** Employee assistance programs were most commonly offered (85.2%), followed by mental health coverage (67.7%) and substance abuse benefits/coverage (58.2%).
- **Worker growth and purpose.** Service recognition (72.6%), tuition reimbursement (66.8%), staff notification of internal job openings (61.5%), retirement celebrations (54.1%) and performance reviews that are tied to organizational mission (53.6%) were the most popular offerings.

Organizations are looking to increase the emphasis of a number of wellness-related offerings in the next two years, including wellness communication (58%), financial education (47.6%), health literacy education (44.5%) and the use of wellness incentives (39.4%).

Incentives

More than four in five organizations (81.3%) use some type of incentive to increase wellness program participation, with gift cards/certificates (42.5%) and noncash incentives (38.2%) the most prevalent. Other common incentives

include insurance premium deductions (33.4%), cash awards (28.1%) and gym/fitness center discounts/reimbursements (22%).

Respondents also were asked which of their wellness initiatives included incentives for participation. Overall, organizations attach incentives to health screenings (33.9%), HRAs (32.9%) and fitness programs/competitions (27.6%).

Communication

Respondents are placing an increased emphasis on communication to ensure that their messaging reaches their diverse workforces. The most common communication vehicles include e-mails (75.7%), health fairs (49.9%), wellness websites (48.1%) and seminars/speakers (42.5%). Almost all communication efforts target full-time workers (96.2%), followed by part-time workers (62%), spouses or domestic partners of workers (38%) and retirees (11.6%).

As organizations become more strategic in their communications, they are tailoring their messages to specific interest groups. Overall, one-half (50.1%) of organizations target those with common health risks such as diabetes, high cholesterol and obesity. Nearly the same amount target by generation/age group (49.9%), while close to one-third tailor messages to those affected by various life events such as parenting, retirement and caring for aging parents (31.4%).

Wellness communication is increasingly becoming a two-way endeavor, with organizations collecting information from participants. Roughly half (47.3%) of responding organizations survey their workforce, followed by the



use of databases for workers to track wellness activities and participation (39%). One in four (23.8%) offers automatic loading of fitness tracker and app data, while one in six (17%) incorporates gamification into its communication initiatives.

Outcomes

Organizations use a number of methods to measure the success of their efforts, including participation rates. Among commonly offered initiatives, the highest average participation rates are seen for health screenings (49%), flu shot programs (47.5%), HRAs (46.4%) and health fairs (40.3%).

Among responding organizations with wellness offerings, about one in four (27.9%) analyzes the return on investment (ROI) of wellness initiatives. Measurements are most often conducted by wellness vendors or providers (13.9%) or internal staff (9.4%). Most organizations with knowledge of their ROI report a return between \$1 and \$4 per \$1 spent—with an average ROI of \$2.28 per \$1 spent. Very few have discovered a negative wellness ROI.

Organizations use a variety of different methods/factors to calculate their ROI. Three in ten respondents (28.2%) use HRA/screening condition/risk trends in their calculation. The same proportion of respondents factors program ex-

penses into their calculations. One in five (19.1%) uses total health plan cost trend lines, while 18.2% compare wellness program participant health costs to nonparticipants.

Although only a small percentage of organizations calculate their program ROI, respondents track data in relation to wellness efforts. Almost one-half (46.6%) track health screening data, followed by health care cost data (46.3%), HRA data (45.8%), engagement/satisfaction/culture survey data (29.4%) and data addressing disease prevalence (28.4%).

Two in three respondents that tracked these measures found wellness programs improved engagement/satisfaction/culture (67.2%). A lesser proportion cited a positive impact on recruitment/job referral rates (63.9%), health screening data (60.9%), retirement plan participation, contribution and/or withdrawal rates (60.3%), overall organizational financial performance (59.7%) and productivity (58.7%).

Finally, respondents that tracked the ROI of their wellness initiatives were asked to rate the success of their efforts. More than nine in ten (93.7%) stated that their efforts were a success (either very or somewhat).

Workplace Wellness Trends: 2017 Survey Results is available free for members to download at www.ifebp.org/workplacewellness.

