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The definition of *workplace wellness* has expanded beyond the concept of physical health to encompass multiple aspects of worker well-being. As a result, wellness benefits have evolved from time-tested offerings like physical fitness, nutrition and health screening initiatives to include offerings that target mental health, financial health, and growth and individual purpose.

The COVID-19 pandemic heightened the importance of this evolution as many workers faced new challenges to their physical, mental and economic well-being.

A new International Foundation study, *Workplace Wellness and Financial Education Programs: 2022 Survey Results*, reveals details about these initiatives as well as organizational status and approach, communication methods, incentives, the use of data/metrics and outcomes. The Foundation has surveyed benefits practitioners about their workplace wellness initiatives for more than a decade. The 2022 edition of the survey includes financial education under the umbrella of workplace wellness for the first time, combining information about these initiatives into one comprehensive report.

The study collected responses from 361 corporations, multiemployer trust funds and public employers across the United States and Canada. This article explores the initiatives offered by 314 U.S. survey participants.

Status and Approach

Organizations offer wellness initiatives for different reasons—69% offer benefits primarily to improve overall worker health and well-being, while 31% primarily aim to control/reduce health-related costs. When asked what conditions had the most significant impact on health plan costs, respondents most frequently cited cancer

(49%), musculoskeletal issues (48%), diabetes/metabolic syndrome (46%), hypertension/high blood pressure (32%) and cardiovascular/heart disease (31%). Respondents were also asked about company culture issues that are impacting workforce productivity. Top issues include stress (65%), those specific to the COVID-19 pandemic (39%), difficulty recruiting new workers (29%), poor work-life balance (27%) and morale (25%).

Responding organizations face multiple barriers in their efforts to implement wellness initiatives. The top barriers include a difficulty in workers finding time to participate (37%), prohibitive costs (30%), a lack of worker interest (28%), dispersed worker populations due to the nature of work (25%), difficulty maintaining momentum (25%) and a new challenge that reflects our current reality—dispersed population due to the COVID-19 pandemic (21%).

Programs utilize both internal and external stakeholders to assist in wellness program operations. About three in four respondents (73%) use benefits staff, followed by representatives from the human resources (HR) department (47%), organizational leadership (32%), a specific committee devoted to wellness activities (31%) and workers with an interest in wellness (30%). Externally, programs tap benefit consultants (52%), insurance providers (45%), wellness vendors (34%), health care providers (19%) and health care professionals (19%) such as nurses and doctors. About one in six organizations (16%) does not use external stakeholders in wellness program operations.

Initiatives

Respondents offer wellness initiatives in a broad range of categories, including the following:

- **Fitness and nutrition:** Popular initiatives include standing/walking workstations (60%), wellness competitions such as walk-

ing/fitness challenges (46%), ergonomic training/sup-ports (46%), on-site fitness equipment/centers (38%) and activity/exercise breaks that are encouraged during work time (36%). Responding organizations stated that these initiatives have been effective (either very or somewhat) at increasing physical activity (78%) and improving healthy eating (66%). In the past two years, 32% of responding organizations have increased their communication emphasis on these initiatives.

- **Screening and treatment:** More than three in four (78%) programs offer free or discounted flu shots, followed by health risk assessments/appraisals (50%), smoking-cessation programs (50%) and health screenings (48%). In the past two years, 36% of responding organizations have increased their communication emphasis on screening and treatment initiatives.
- **Social and community health:** On-site events and celebrations are the most common initiatives (59%), followed by community charity drives (56%), cultural/diversity initiatives or training (49%), community volunteer projects (48%), blood drives (42%) and team-building activities (42%). In the past two years, 34% of responding organizations have increased their communication emphasis on these initiatives.
- **Mental and behavioral health:** Recent International Foundation research has shown that these initiatives have gained importance, particularly in the face of the COVID-19 pandemic. Employee assistance programs (EAPs) (90%), mental health coverage (86%) and substance use disorder benefits/coverage (67%) are popular programs across all respondent sectors. Also common are access to mental health mobile apps (41%) and educational/informational sessions hosted at the workplace (40%). In the past two years, an overwhelming 73% of responding organizations have increased their communication emphasis on mental and behavioral health offerings—another indicator of current challenges.
- **Financial education:** About nine in ten organizations (89%) provide some sort of financial education initiative. Some of the most popular include voluntary

classes and workshops (56%), retirement income calculators (55%), projected retirement account balance statements and/or pension benefit statements (44%), free personal consultation services (42%) and new-hire/participant orientations (40%). Respondents identified voluntary classes/workshops (49%) and free personal consultation services (40%) as the most effective education methods.

- **Worker growth and purpose:** The most common worker growth and purpose-related offerings are flexible work arrangements (64%), service recognition (64%), tuition reimbursement/tuition assistance (63%), professional memberships that are paid for by the organization (62%) and vacation/time off that is encouraged (61%). In the past two years, 29% of responding organizations have increased their communication emphasis on these initiatives.

Wellness Incentives

Three in five organizations (60%) are using some type of wellness incentive either through their own organization (48%), through a vendor or health care provider (21%), or both. Gift cards/certificates (48%) and insurance premium reductions (43%) are the most prevalent, followed by non-cash incentives/prizes/raffles (32%), cash awards (30%) and contributions to health accounts such as health savings accounts (HSAs), health reimbursement arrangements (HRAs) or flexible spending accounts (FSAs) (21%). Incentives are most commonly attached to participation in health risk assessment/appraisals (52%), health screenings (46%), fitness programs/competitions (40%), smoking-cessation programs (30%) and flu shot programs (25%).

Use of Data/Metrics in Wellness Programs

More than one-half (53%) of responding organizations have a budget specific to wellness. On average, those respondents spend \$207 per plan participant per year, with figures slightly higher in the corporate/single employer sector.

Organizations use several data sources/metrics to guide their wellness offerings. The most common sources include

health claims data (35%), EAP data (33%), worker surveys (33%) and health assessments (24%). More than one in five organizations do not use data/metrics to guide their wellness offerings. Respondents also use data to track wellness-related activities. These most frequently include attendance and/or participation in wellness-related events (49%) as well as reports from a wellness vendor/company (40%) or health insurance company (34%).

It can be difficult to measure the return on investment (ROI) of wellness initiatives because improvements in worker health, morale, productivity, absenteeism and turnover can be influenced by a combination of factors. Among responding organizations with wellness initiatives, 14% analyze ROI. Even fewer respondents (11%) measure the value on invest-

ment (VOI) of initiatives, which takes into account intangible benefits, such as impact on worker morale, in addition to ROI.

Wellness Outcomes

While determining the financial benefits of organizational wellness efforts is difficult, respondents stated that wellness initiatives were either very or somewhat effective at improving organizational attraction (82%), worker professional development (80%), worker morale (80%), worker productivity/engagement (79%) and organizational retention (77%).

Workplace Wellness and Financial Education Programs: 2022 Survey Results is available free to members at www.ifebp.org/research.



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