



Mkt cap (million)	Company	Price (p)
	Banking & fi	
45,879.00	ABN-AMRO	2402 1/4 -101 3.3
294.30	Act Capital	142 1/2 -1 2.1
17.00	ADYVA	3 - 1/4 1.1
1,575.00	Albermarle Asset	211 - 6 1/4 2.7
102.30	Alm Cap Wgrt	449 - 3 1/2 6
		130 - 1 1/2 2
		36 1/2 - 1/4 1

Working Towards Wellness: Measuring Results

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Executive Summary

Wellness measurement is evidently important to organizations across developed and developing nations.

However, wellness is not a boardroom priority in most organizations.

Evidence suggests that this is due, primarily, to inadequate and inconsistent methods, approach and items of measurement used.

To achieve lasting, sustainable and consistent boardroom buy-in to wellness as a key strategic objective, organizations should aim to develop a strategy that is:

Simple	Embedded within culture and as easy to understand as profit and loss
Consistent	Global, local, regional delivery. Clinically and commercially validated
Actionable	Supports sustainable, measurable change within organization set KPI

Such a strategy should make use of:

Key Measures	Measurement Items	Chronic Disease
Lifestyle	Physical Activity	X
	Nutrition	X
	Weight Management	X
	Alcohol use	X
	Tobacco use	X
	Sleep	
	Behaviour Risk	
Psychological Health	Stress	
	Anxiety	
	Depression	
	Resilience	
Physical Health	Musculoskeletal	
	Cardiovascular	X
	Medical History	X
	General Health	X
Engagement	Commitment	
	Satisfaction	
	Advocacy	
	Pride	
	Workplace Factors	

Those items marked with a X are measures that are linked to having the greatest impact on chronic disease and are identified here to support the wider objectives of the paper. However, best practice recommends that a more thorough measurement base is applied, as indicated.

Data Collection and Management Methods

To enhance the richness and quality of organizational data and to ensure that any measurement service is inclusive of all, best practice dictates that measures are made across the whole organization, not just to individuals.

Data Collection should:

- Build an accurate picture
- Be proactive and employee-centric
- Use online assessments wherever possible

Effective organizational reporting and data management needs to be:

Technologically advanced	Online assessment methodology, dashboard reporting tools to track change and target effective interventions
Linked to KPI's	Measures linked to the bottom line and demonstrate improvements to KPI's such as absence, costs, productivity and talent attraction/retention, supports sustainable, measurable change within organization-set KPI's

Wellness Measurements

Introduction

Wellness appears to be an issue now on the agenda of many organizations across the world although few have taken the matter seriously at key strategic or operational levels. Is this a fad or a critical issue? Our contention is that wellness is important for the productivity and long-term sustainability of all organizations as well as an important area of social responsibility.

Right Management, a wholly-owned Manpower Inc. company, conducted recent research to investigate current wellness measures.

This paper reports their initial findings, and provides:

- 1) An understanding of why wellness is a significant issue for organizations throughout the world through a deeper understanding of the nature and extent of avoidable chronic disease
- 2) A review of existing wellness measurement systems in use across the globe
- 3) A best practice checklist for boards to apply within their organization

Research and Survey of Evidence-based Case Studies

Right Management undertook research into the current wellness measurement systems used within public and private sector organizations and NGO's operating in low, medium and high income nations.

The research included:

- A short questionnaire sent to local, national and multinational organizations in Brazil, India, China, sub-Saharan Africa, Europe and the US
- In-depth interviews with chosen organizations within the stated geographies
- A review of relevant, published and evidence-based case studies, programmes and research including, but not limited to, the Oxford Health Alliance, the World Health Organization, Manpower Inc, Deloitte Wellness Survey, NASA, Centers for Disease Control and Prevention, Buck Consulting, Wellness Councils of America, Health as a Human Capital Foundation, and peer-reviewed academic papers from relevant journals
- A review of measurement best practice recommendations

What is Chronic Disease?

Chronic disease is a limiting factor on length and quality of life, accounting for roughly 75% of healthcare costs each year¹ and 60% of deaths worldwide in 2005^{2,3}. Chronic disease is not simply a “disease of affluence” impacting wealthier nations. With the exception of sub-Saharan Africa, chronic diseases account for the majority of mortality rates. In the next few decades the burden is expected to grow most significantly in the developing world³.

When compared to more commonly reported diseases such as HIV/AIDS, chronic disease is strongly linked to individual lifestyle choices and can largely be considered at least manageable, if not preventable, through effective lifestyle/health behaviour change and promotion and access to easy-to-interpret information^{2,3,8}.

Why Wellness?

At the individual level wellness is “an active process through which people become aware of, and make choices towards, a more successful existence”⁹.

In the corporate environment, wellness is a broad term, often misunderstood, used as a catch-all to describe the ever-increasing range of health management services that companies offer, from onsite fitness centres and tobacco cessation classes to health risk appraisals (HRAs) and disease management programmes. Using the above definition at an organizational level, corporate wellness could be described as an active process through which organizations become aware of, and make choices towards, a more successful existence. For both the individual and the organization, the concept of wellness is one where active steps can be taken that reduce chronic disease and mitigate its debilitating impact on personal lives and organizational productivity.

Why the Workplace?

The workplace is one of the most important locations for the successful implementation of chronic disease strategies through wellness interventions.^{1,2,10} In terms of importance, the workplace is matched only by the education system as the most effective front line in tackling chronic disease and promoting wellness.¹ Economic growth, efficiency and development cannot be sustained without tackling the underlying causal factors driving chronic disease.^{3,7,14} Current health cost predictions are unsustainable and ultimately, unaffordable¹, impacting on

long-term sustainability and the competitive advantage not only of private and public sector organizations but, ultimately, nations.^{1, 13, 14} Studies clearly show that organizations struggle to fill vacancies, which in turn will enable them to optimize productivity.^{18, 14} Wellness within organizations will retain staff and may be seen as a positive aspect for both attracting and retaining people: effective wellness management also increases efficiency at work and raises levels of productivity. High levels of interest in wellness measurement and programmes are reported within our global survey findings echoing those of other survey's.^{5, 17} The need is to convert well-intentioned interest into simple, clear and effective actions.

Extent to Which Organizations Currently Measure Wellness

“Measure what is measurable, and make measurable what is not so.”

Galileo (1564-1642)

Paradoxically, organizations don't apply the same rigorous measurement approach to wellness programmes as they do to almost every other aspect of running their organization. Our recent research gives us only a snapshot, but at least from a global perspective. On a positive note, employee wellness is measured by some, though not all, organizations within each of the geographies that took part in the survey.

52% of surveyed organizations annually measure employee health and wellness.

The rationale as to why wellness is measured varies greatly, from pre-employment screening to improving the working environment. This divide is not just between developed and developing nations. Our results highlight distinct variations in approach among organizations in the same geography.

60% of respondents cited improving the working environment as the primary reason their organization measures health and wellness. 28% of surveyed organizations from developed countries currently measure health and wellness, while 11% of surveyed organizations target interventions at their high risk personnel.

Outside of North America, about one in five employers offer wellness programmes (Europe 25%, Asia 21%, Australia 20%, Central and South America 19%, and Africa and the Middle East 18%). Multinational employers that have developed a global wellness strategy are 50% more

likely to provide wellness programmes outside the United States than other employers in those geographies.¹⁷

Outside of the UK and US, wellness measurement is focused on the satisfaction of legislative compliance rather than proactive health promotion. Organizations report that, on the whole, there is no link between their interventions and defined organizational need. Most approaches to health promotion are not targeted. While compliance may be a useful starting point to any strategy, it is critical that organizations can see demonstrable and measurable benefit from measuring wellness for all staff. Our survey suggests that this is simply not the case in most organizations, whether in the developed or emerging employment markets.

40% of responding organizations are unaware of whether their health and wellness measure is validated.

Reliability and Validity of Current Measurements

Most organizations use a variety of tools to measure employee wellness. Most are dependent on one-to-one clinician-led or paper-based measurement tools. Very few organizations use web-based solutions as part of their health and wellness tools. Current methods are limited in their scope, application and linking to organization-wide metrics or benchmarks.

Traditional clinician-led approaches to healthcare generally lead to segregated, rather than integrated, health programmes. To maximize impact, a modern knowledge-based organization needs a more sophisticated approach than that traditionally used in occupational health.⁴

Only 6% of respondents in developed countries used online measurement tools.

Without consistent tools and consistent measures even within regions, it is impossible to consolidate data into global norms or benchmark wellness measures. Meaningful comparisons become impossible. There is no single accepted global standard to which wellness measurement effectiveness can be benchmarked. Many are using in-house tools, which have limited scope, reliability and application at board level in influencing decision-making on wellness investment and programme sustainability.

Only 21% of overall respondents stated that their health and wellness measurement was clinically validated.

Over 75% of respondents cited the use of two or more methods of health and wellness assessment.

Only one organization had an agreed and accepted global competence framework for employee health and wellness. Several organizations cited that their wellness measures were limited to “fitness for work”, looking no further than the current physical health of the employee as a guide to their capability in a particular role.

The identified and recognized major modifiable lifestyle behavioural factors linked to chronic disease are physical activity, nutrition and tobacco use.^{1,2,3} The most popular items of health and wellness measurement cited by respondents are medical history (82%), weight management (71%) and cardiovascular (76%), with little differences between developing countries and developed countries.

Similarly, the components of global wellness initiatives vary significantly by geography. The most frequently used worldwide are employee assistance programmes, health risk assessments and immunizations (such as flu shots).¹⁷

Clearly there is a major disconnect between what is being measured and what research shows are the critical factors that should be measured.

Data Interpretation and Reporting

Regardless of geography, data is rarely used beyond the immediate department or team undertaking the analysis. Measurement outcomes do not form part of wider organizational objectives, metrics or key performance indicators and it is rare that any form of health measurement finds its way into any audited annual reporting programme. Few indicated that the issue received executive or board-level attention.

50% of responding organizations in developed countries noted wellness as an important board/senior management team agenda item.

In short, ineffective and inadequate measures (often failing to address the issues most closely related to modifiable chronic disease) lack credibility and, as a consequence, receive scant attention and fail to become embedded in an organization’s measures of productivity or performance. 40% of responding organizations are unaware of whether their health and wellness measure is validated

Measuring Return on Investment

40% of respondents from organizations in developed countries were unable to present a measurable return on investment (ROI) when implementing wellness services. 60% cited insufficient resource and capabilities as the major limiting factor.

43% of respondents look to a third party provider to conduct their health and wellness assessment, with a marked difference between organizations in developed and developing countries

Emerging Findings

Clearly more systematic and extensive research is required, beyond the scope of the initial survey; such research will be of critical importance. Some clear issues emerged from the smaller-scale survey that warrant further exploration:

- 1) Inconsistent tools are used to measure “wellness” with no common definition of the term or methods of gathering the information. Benchmarking or comparative analysis becomes impossible. Only 10% of organizations use an external provider with specialized knowledge and experience in measuring wellness.
- 2) Heavy reliance on clinical interventions fails to address the relationship between clinical factors and work performance or the wide context of the workplace. Such measures are too narrow in scope to be of interest to organizations and companies planning workforce initiatives.
- 3) No evidence was found that current measures were aligned to the clinical research on which measures are important to impact on chronic illness. The suggestion is that what is being measured bears little relationship to what really matters or where changes can be made.
- 4) Target groups tend to be high-risk populations rather than the population as a whole, focusing therefore not on productivity as a whole but on illness within a smaller sub-group.
- 5) Few organizations take results seriously. Little evidence has emerged of executive or board-level attention to the issue beyond a superficial acknowledgement in the right direction. With inadequate definitions, data collection, or connection made between “wellness” and “productivity” the return on investment of such interventions has not been shown.

Best Practice Recommendations

For wellness to be a valid construct of sustainable interest to organizations throughout the world there is a critical imperative at Board level to ensure:

- Measures are clinically valid and relate to emerging research on the factors most closely associated with chronic illness
- Whole populations, rather than sub-groups, are the focus of attention
- Consistent measures are developed and used that enable comparative analysis and benchmarking
- Regular re-measurement takes place to measure the impact of steps taken
- The information gathered is seen to be of organizational significance in improving efficiency and productivity, thus commanding the attention and focus of executives and senior management with access to specific data and measures¹⁵.
- Measurement leads to action, not simply analysis. Simple and realistic steps in well-integrated wellness programmes which can lead to lasting benefit for both the individual and the organization.

While these should perhaps be considered the bare minimum in the purest of measurement terms, they are not on their own sufficient to ensure success. To be effective, leadership at all levels must be aligned with stated wellness programme objectives and have access to specific data and measures¹⁵.

Furthermore, effective lasting solutions should be linked to defined metrics and they should integrate service provision across internal and external providers^{4,10,16}.

A systems approach to data management should be implemented to ensure both consistent data practices and the effective tracking of data across the organization as a whole⁴.

References

1. Centers for Disease Control and Prevention 2003, The Power of Prevention; Reducing the Health and Economic Burden of Chronic Disease
2. World Economic Forum 2007, Working Towards Wellness; Accelerating the Prevention of Chronic Disease
3. Oxford Health Alliance 2007, Chronic Disease; An Economic Perspective
4. Institute of Medicine 2005, Integrating Employee Health; A Model Program for NASA, 1st Edition (paperback), National Academy Press
5. Deloitte 2005; 2005 Wellness Survey
6. *David Hunnicutt comments taken from Wellness Councils of America, 2007
7. *Health as Human Capital Foundation entry www.hhcfoundation.org
8. Mills et al 2007, Impact of Health Promotion Programme on Employee Health Risks and Productivity, Am J Health, Promot 2007
9. *US National Wellness Institute website www.nationalwellness.org portal quotation
10. Stokes et al. 2003, Increasing the Health Promotive Capacity of Human Environments, AM J Health Promot 2003
11. Garcia 2001, An Assessment of Wellness Programs among Municipalities within the Austin – San Antonio Corridor
12. Anielski 2001, Measuring the Sustainability of Nations: the Genuine Progress Indicator System of Sustainable Wellbeing Accounts, The Fourth Biennial Conference of the Canadian Society for Ecological Economics August 2001
13. Rahman et al. 2003, Measuring the Quality of Life across Countries: A Sensitivity Analysis of Well-being Indices, WIDER International conference on Inequality, Poverty and Human Well-Being, May 2003
14. World Health Organization 2005, Preventing Chronic Disease; a Vital Investment
15. National Business Group on Health, Improving Health; An employer toolkit www.businessgrouphealth.org
16. Wattles et al. 2003, The Relationship between Fitness Levels and Employers' Perceived Productivity, Job Satisfaction and Absenteeism, ASEP Volume 6 Number 1 February 2003
17. Buck Consultants October 2007, Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies
18. Manpower Inc. March 2007, Confronting the Talent Crunch, www.manpower.com

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Bekaert	People's Republic of China
Bristol Myers Squibb Farmacêutica SA	Brazil
Constellation Energy	USA
Convergys IMG do Brasil Ltda	Brazil
Devonshire Financial Services Ltd	United Kingdom
Discovery Health	South Africa
Draft FCB	South Africa
Forte Land	People's Republic of China
Hollard Life	South Africa
International Truck and Engine Corporation	USA
Investment Quorum Ltd	United Kingdom
JA Solar	People's Republic of China
KHD Humboldt Wedag India Pvt. Ltd	India
MATRIX Public Health Solutions	USA
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