

Winning Strategies in Global Workplace Health Promotion

A study of leading organizations



Contents

Introduction	3	Infrastructure	16
		Program components	16
Eight strategic recommendations	4	Employee communication strategies	19
		Enterprise community involvement	20
Participant profiles	6	Technology	20
Organizational characteristics	6	Vendors and suppliers	21
Program experience and longevity	6		
		Participant engagement	23
Health promotion terminology	6	Measuring participation	23
		Motivating participation	23
Organizational drivers	7	Inclusion of family members	25
Strategic objectives	7		
Senior level support	9	Measurement	25
Regional support	11		
Regional and cultural challenges	12	Success factors and emerging areas of focus	27
Ownership and governance	13	Conclusion	29
Globalization of strategy	14		
Influence of corporate culture	16		

Introduction

There is a strong, and growing, interest among multinational employers to globalize their workplace health promotion (also known as wellness or well-being) strategies and programs. Yet very few employers have successfully developed and implemented strategies on a broad, global basis. The purpose of this research is to investigate and learn from organizations that have achieved success in this area.

Over the past five years, the authors have led significant research into the global prevalence and associated trends of employers' health promotion strategies through the study *WORKING WELL: A Global Survey of Workplace Wellness and Health Promotion Strategies*¹. But understanding the prevalence and trends of health promotion strategies, while helpful in benchmarking, cannot provide a full understanding of which strategies and tactics have achieved the greatest success globally, nor represent all of the factors that have led to the successes (and/or shortcomings) of these programs.

Participating organizations

Chevron
Dow Chemical
DuPont
Eaton
Goldman Sachs
IBM
Intel
John Deere
Johnson & Johnson
MOL Group
Novartis
Novo Nordisk
Scania

This research builds upon the global survey, delving to a deeper level with a hand-selected group of organizations recognized as leaders in global health promotion, in order to surface insights, advice and success factors that can benefit others seeking similar success.

Thirteen multinational employers were selected to participate in the research and data was collected through a series of interviews (written and telephonic). All of the participating organizations have implemented global strategies and have been offering programs to their employees worldwide for a number of years. Many of these employers are known as leaders in health promotion, receiving international awards for their activities and documented successes. All have achieved admirable results by refining the strategy over time based upon measured outcomes coupled with hard work in promoting health and wellness throughout their organizations.

Our deepest appreciation goes to all of the participating organizations for generously sharing their time and knowledge. We hope that this encourages employers to develop or build upon their global health promotion initiatives, improve the health of their organizations, and enrich the lives of their employees, families and communities.

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Eight strategic recommendations

Our research discovered eight commonalities required to achieve success in global health promotion. We recommend employers address each of these themes within their global health promotion strategy.

1. Establish a shared global value proposition, in alignment with key business goals. Ensure metrics are globally consistent and locally relevant.

Senior leadership must buy into the concept that the health promotion program will help achieve their overall business goals, in order to achieve traction on a global basis. Global metrics, though often quite challenging to gather, must demonstrate that the program provides value to the business in all regions.

2. Articulate a value proposition that has sufficient emphasis on health and well-being factors, in addition to the financial business case.

While the promise of reducing health care costs is the leading driver for health promotion programs in the US (where health benefits are largely financed by employers), a successful global value proposition should recognize that employee health and wellbeing is itself a desirable corporate asset — one that impacts many aspects of organizational value such as employee productivity and engagement, recruitment and retention, and corporate social responsibility.

3. Spend adequate time and effort explaining to employees the reasons, goals and benefits for providing a health promotion program.

Lack of employee trust and buy-in is among the greatest potential impediments to a successful health promotion program. Organizations should recognize that not every employee accepts the notion that their employer should be concerned about their personal health and lifestyle. This is particularly true in some European countries where health benefits are provided by the state and workplace health promotion is a relatively new concept.

4. Drive a global strategy through a central or corporate function that provides guidance and technical support to local sites and business units.

Strong corporate advocacy is essential in order to consistently achieve successful outcomes. Corporate deployment of a solid global business case to promote global health using a strong recognizable brand is most effective, while still leveraging expertise, resources and ideas across countries and regions. However, a variety of different approaches and varying degrees of centralized coordination and oversight can be successful.

5. Engage local resources for cultural adaptation and implementation. Actively utilize local health professionals to help drive strategies regionally and function as a link between corporate and local sites and business units.

A successful program requires a balance between global strategy and local autonomy. Leveraging local expertise and influence adds immense value since health is a personal issue that is influenced heavily by culture and local norms. Programs managed by local staff with personal connections will outperform programs that are remotely driven and perceived as foreign.

6. Provide global access to a core suite of health promotion programs and policies.

Consistent programs and deployment of a baseline offering is necessary in order to support the global business case, achieve equity across regions, and to enable the establishment of global performance metrics.

7. Establish a healthy workplace index and/or menu of services toward which all sites should strive, and eventually be held accountable.

Local sites can be encouraged to implement a core set of programs through a combination of central guidance, creating a menu of offerings and instituting an index of standards. This can increase the number of global touch points, enforce a core level of consistency, and create a greater sense of urgency to implement health promotion services worldwide.

8. Analyze and address the psychosocial working environment, as well as how work is organized, in order to improve mental health and well-being of employees.

Mental health and well-being is one of the most significant health promotion challenges of the 21st century. Most employers focus on the individual and provide resources and guidance to help deal with work environment pressures and demands. Fewer employers focus on assessing and improving psychosocial factors; e.g., balance of demand-control or effort-reward, social support, role ambiguity, bullying, or harassment at work. When issues such as these are not addressed, employee health and productivity suffer.

The remainder of this report delves more deeply into the issues of global health promotion, providing insights, examples and recommendations from the participating organizations. Throughout the report we have included, in call-out boxes, many direct quotes from interviews with the participating organizations.

Participant profiles

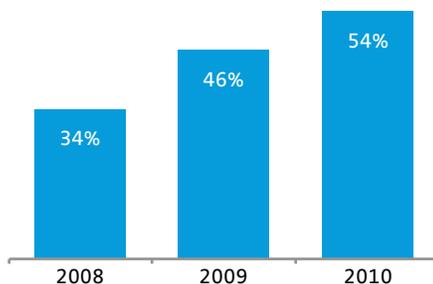
Organizational characteristics

The interviewed organizations are large multinational employers, collectively representing over one million employees globally, with populations ranging from 20,000 to over 400,000 employees. Various represented industries include automotive, chemical, financial services, information technology, health care, pharmaceutical, power management, oil and gas, and manufacturing.

The organizations' country headquarters vary, as does leadership and coordination of the health promotion strategy.

The population breakdown (e.g., age, gender, blue collar/white collar, skill level) varies widely. Most participating organizations feel challenged by the aging of their workforce, especially in Europe and North America. All participants have opened access to health promotion activities to all employees, but some of the global strategies have not yet reached all sites, being part of a phased-in approach.

Figure 1: Multinational employers with global health promotion strategy



Source: WORKING WELL: A Global Survey of Health Promotion and Workplace Wellness Strategies

Program experience and longevity

Striking similarities may be found among the participating organizations. All global health promotion programs are quite young — between two and 12 years. Most employers, especially those based in the US, have had health promotion programs in place in their home country much longer (since the 1980s) but have only recently begun taking a more global perspective. This finding reflects the trends documented by the Working Well global survey (see Figure 1): a growing number of international employers are crafting global strategies but most organizations, even those with leading practices and results, are still relatively new to a truly global approach.

Health promotion terminology

Terminology can be very important in transferring a message or promoting a program. As the field is still relatively young, concepts and terms continue to evolve. The term “workplace health promotion” is the most recognized globally, and is used by the World Health Organization (WHO). Other commonly used terms include “wellness,” “health and well-being,” “integrated health,” “wellbeing,” “health promotion and wellness,” and “health and productivity.”

This diversity is reflected in the interviewed companies. Some of the US-based employers use “wellness” while many European-based employers shy away from this term. Health promotion is often used in conjunction with another term, e.g., “health promotion and wellbeing” or “health promotion and wellness.” “Wellbeing” has gained in popularity in recent years, especially in Europe. The term “wellness” should be communicated with caution as it has a different meaning in some regions of the world. For example, in German speaking countries it refers to spa and relaxation treatments and thereby lacks business credibility with employers.

Some employers side-step common terminology by developing a branded identity for communication purposes. Examples from the participating organizations include: “Good Health for the Whole Self,” “Health for Life,” “STEP – Take a Step for Your Health” and “Be Healthy.”

“The term ‘wellness’ should be communicated with caution as it has a different meaning in some regions of the world.”

A step further removed from traditional wellness and health promotion terminology, one participating organization has built their global program’s core around a specific health issue: cardiovascular health. They believe this approach more appropriately addresses their key workforce demographic (older males) and the primary risk factors they hope to impact in this population.

Organizational drivers

Strategic objectives

Traditional thinking suggests the greatest opportunity for health promotion lies in the US and other regions where employers have greater responsibility for healthcare costs. However, employers face worldwide health-related challenges that diminish their human and company potential:

- Widespread non-communicable chronic diseases are rising at a dramatic rate in emerging economies,
- The prevalence of mental and emotional health issues are of increasing concern to employers worldwide,
- Absence, presenteeism and other drivers of company performance and competitiveness are significantly impacted by employee health and sub-optimal levels of energy, resilience and vitality.

“Chronic disease is the biggest public health threat that society has ever faced. It’s preventable, it’s treatable, and the treatment is affordable. We can’t afford to do nothing!”

While the interviewed employers point out that the health and quality of life of their employees is their number one priority and driver for implementing health promotion programs, most also point to defined business-related drivers. Commonly objectives are productivity or performance, employee engagement, morale and satisfaction, employee functionality, being an employer of choice, attendance, accidents leading to sick leave, and turnover. These business drivers reflect the findings of the Working Well global survey (see Figure 2). The US is an outlier with a primary focus on health care costs, due to the uniqueness of the US health care delivery system in which employers typically subsidize 70% to 80% of the costs. For a health promotion initiative to be relevant globally, the focus must be broader and address more business issues than just health care costs.

Figure 2: Employer objectives driving health promotion strategy

	Africa/ Mid East	Asia	Australia	Canada	Europe	Latin America	United States
Productivity/Presenteeism	2	5	4	1	1	1	2
Morale/Engagement	1	2	2	3	2	2	4
Absence	5	6	3	2	4	7	3
Workplace safety	2	4	1	6	6	3	6
Work ability	4	1	5	4	5	4	7
Org. values/mission	5	3	8	7	3	5	5
Attract and retain	8	8	7	8	7	8	8
Promote image/brand	7	7	6	9	10	10	9
Health care costs	11	11	10	5	11	11	1
Social responsibility	9	9	9	10	9	6	10
Comply with legislation	9	10	11	11	8	9	11
Supplement gov't care	12	12	12	12	12	12	12

Source: WORKING WELL: A Global Survey of Health Promotion and Workplace Wellness Strategies

Furthermore, in the US, wellness programs tend to be under greater pressure to financially justify their required investment. As a result, US-centric programs are much more likely to embrace the concept of ROI (return on investment) as a primary objective, and to define success as an explicit financial return that is multiple (two or more) times the cost of the program. Outside the US, this concept may be viewed as excessive, since an investment in health promotion is typically justified by positive outcomes (such as productivity, engagement, and retention) rather than focusing on a purely financial return.

“There is a huge difference between return-on-investment (ROI) in the US vs. outside the US. ROI receives a lot of attention in the US, but elsewhere we would only expect to break even.”

Most employers highlighted the link to business goals, if indirectly. **DuPont** makes a direct connection by showing how improvements in health are linked to business improvements, e.g., productivity, cycle times to fill customer orders or reduced defect rates (in Latin America). **Novo Nordisk** takes a different approach by emphasizing social responsibility as part of their triple bottom line (economic, environmental, and social). This commitment comes across clear and strong for all sites globally. The **MOL Group** stresses their commitment to providing healthy environments and to developing individual skills (see next page).

MOL Group Health Policy

We are investing in the reorientation toward prevention and health promotion and in a high quality of health education to create individual competencies and skills. We are supporting the development of prerequisites for health-promoting employee behaviors, personal management and commitment to health. We believe that we will create and maintain workplaces which ensure that no employee suffers diseases or injuries as result of work at any MOL Group sites.

In addition to overarching, general goals, employers typically define more specific objectives around participation and satisfaction. **Johnson & Johnson** has crafted specific goals for 2011-2015 that apply to all sites globally:

- 90% of employees have access to Culture of Health programs
- 80% of employees have completed a health risk assessment and know their key health indicators
- 80% of measured population health risk will be characterized as “low health risk”

“By 2015, all our sites must be accredited as a Culture-of-Health company in order to be ‘in the green’. At the end of the day they have to be able to step up and achieve all of the goals.”

Senior level support

Most participants’ health promotion programs enjoy strong support from senior management, often the CEO. When asked to rate the level of support on a scale from 1-5 (with 5 being very strong), almost all participating organizations responded with a 4 or 5. This correlation supports the notion that senior leadership support is a key factor or predictor of a successful program.

While all respondents emphasized the need to demonstrate value of the program to the business, it was pointed out that initiatives were often started because senior management believed in the value. The industry or business sector also plays a key role with regard to program support. For example, pharmaceutical and health care companies have been at the forefront of investing in employee health. **Johnson & Johnson**, a long-time advocate of employee wellness, even started a new business, Wellness & Prevention, Inc., in 2007, which offers health and wellness solutions to other employers. **DuPont** recently acquired Danisco, a Danish bioproducts company, which has led to a renewed focus on employee health and well-being globally.

Respondents provided examples and evidence of their leadership's commitment. A few examples include:

- The CEO at **Scania** in Sweden models healthy behaviors and talks to employees on the shop floor about the value of healthy lifestyles.
- At **Novo Nordisk**, the CEO leads by example with a very active lifestyle, commuting by bike to and from work, and annually participating in a 105-mile bike ride through Death Valley ("Ride to Cure Diabetes in Death Valley") with a group of 20 employees selected by lottery every year.
- Current and former CEOs at **Dow Chemical**, **Intel** and **Johnson & Johnson** have participated in the Leading by Example CEO-to-CEO initiative (sponsored by the Partnership for Prevention) advocating for comprehensive health promotion programs. One respondent remarked that for him, real leadership commitment means actively participating in the health promotion program (working out in the fitness center and cycling to work) and encouraging other employees to do the same.
- **Dow Chemical** has identified a set of "health and resiliency behaviors" to provide leadership with real-life practical examples of how leaders practice their own commitment to good health.

"People often ask our leadership, 'why is the company so actively engaged in employee health?' Their answer is simple. One, it's a cost issue. Two, if employees are healthy and their families are healthy, they're going to be a more productive, more satisfied workforce."

A key factor specified in establishing solid and sustainable commitment from leaders is incorporating health promotion into the organizational structure

Examples include:

- **Goldman Sachs** established a health and wellness advisory committee early on, composed of regional representation of senior managers. Throughout the years the reporting relationship to the board has continuously been strengthened.
- **Eaton's** Global Wellness Committee is comprised of divisional presidents and leaders from all regions.
- **Johnson & Johnson** includes health and wellness goals in its high-profile "Healthy Future 2015 Sustainability" goals.
- **Dow Chemical's** company leadership approved a corporate health strategy in 2004 that confirmed health as a corporate priority. A "Healthy Workplace Index" that scores worksites on nine components of a healthy workplace, e.g., physical activity, access to healthy foods, resiliency and a tobacco-free workplace (see next page) is an important component of their health strategy.

Dow Chemical's Healthy Workplace Index Elements

- Tobacco policy enforcement
- Access to physical activity
- Access to healthy foods
- Case management
- Health assessment participation
- Medical surveillance participation
- Workplace exposure index
- Supportive work environment
- Stress management

Although leadership support is crucial to success, broad agreement was also established regarding the importance of pursuing both a “top-down” and a “bottom-up” approach.

“Without support at all levels of management (including line supervisors) the program is doomed.”

Regional support

Employers have had differing experiences regarding the level of regional support. Some have experienced solid support throughout the world, especially those companies with global health promotion structures, those that are more centralized from an operational perspective, and those with an influential corporate culture. Others can point to specific pockets of strong support and also to weaker regions.

One employer pointed out weak commitment within the US, mostly due to a persistent attitude in the human resources (HR) function that employee health is a cost, rather than a value or asset. This likely stems from a connection between wellness programs and a relentless focus on controlling health care costs in the US, for which HR is often held accountable. However, such a perspective can appear remarkably myopic when the broad value of employee health is viewed from a global perspective.

An interesting observation was made by **Novartis** that levels of support are higher in countries where the concept of workplace health promotion and related programs is relatively new (e.g., in Asia and Latin America) compared to regions where it has been around for a longer time (e.g., in North America and Europe).

“In our organization, the level of enthusiasm and engagement is higher in countries where the concept of workplace health promotion is newer (Asia and Latin America) compared to countries where it has been around longer (North America and Europe).”

In many cases, the level of regional support is directly attributable to how effectively a business case is made to local leadership. In certain industries and regions the business case can be very specific, e.g., in the technology sector in Asia, qualified employees are sought after and often move between employers. Therefore, a healthy working environment with attractive benefits can go a long way in recruiting and retaining younger talent.

Two additional key elements determining regional buy-in and support are:

1. Ownership of health promotion budgets (corporate vs. local sites), and
2. The presence of local health staff.

For example, **Johnson & Johnson** attributes its global success largely to having regional medical directors/health service managers in place. These are viewed as expert advisors, counselors, and enablers.

“The perception of corporate-only leadership — without having ‘arms and legs’ within regions — is a disadvantage.”

Regional and cultural challenges

“Certain countries within Europe are still challenging — Germany, Switzerland, Greece, etc. — buying into the concept that an employer should be involved in employee health. The concept itself is still difficult for them to embrace. Also, given the health care systems in those countries — the question is raised “why should we work on this when it’s already offered by the national health care system?”

Regional challenges often relate to differences in health care systems and benefit schemes, cultural issues, differences in the types of programs that already exist, and the level of desire to be part of a global corporate program.

In addition to some obvious issues, such as language and communication styles, more hidden challenges may not be as readily seen from the distance of a global corporate perspective. The participating organizations provided a number of examples of regional and culture-specific challenges:

- Telephonic coaching does not work well in some cultures, making local or onsite services necessary for one-on-one interventions (this often is the case with Employee Assistance Programs).
- Data privacy is very sensitive legally and culturally in many European countries. Even if programs are in compliance with the law, employees may not be willing to disclose personal information.

- The Asian Pacific region includes many growth markets with businesses' limited resources focused on the management of growth, making investment in health promotion difficult.
- China has a highly transient workforce with considerable turnover, making some employers less willing to invest in wellness-related programming.
- In Latin American culture, physicians command a high level of respect relative to other health professionals. Employees may be less trusting of occupational nurses in favor of the company physician, resulting in a challenge for the scalability of programs and services.
- Numerous European countries feature strong employee representation in the form of works councils, which need to be consulted in the program planning process and, potentially, on an ongoing basis.
- The Middle East (especially the Gulf countries) provides a huge challenge as prevention and wellness are far from being a norm. As a result, managers are not familiar with the concept and do not advance health promotion strategies, making it extremely difficult to implement employee programs.

Ownership and governance

The participating organizations apply a variety of different models for program governance, mainly due to their differing industries, existing structures and strategies. Some commonality exists, in that health promotion or wellness typically is under HSE (Health, Safety and Environment), HR (Human Resources), or both.

The following organizational models stand out as important contributors to success and sustainability:

1. Regional health staff (often regional medical directors or occupational health nurses) as mentioned above under "Regional Support."
2. Global cross-functional health promotion or wellness committees (with high-level participation).

For example, **Dow Chemical** chartered a Global Health Promotion team to provide strategic leadership to their program. The team is led by the Global Health Promotion Leader and includes Regional Health Promotion Coordinators from five geographic regions and subject matter experts for Dow's priority health targets of weight management, tobacco, resiliency, and physical activity. The global team works closely with other service lines in the Health Services Organization as well as with Health Technology Contacts (who are formal subject matter experts) and local health contacts.

3. Local expertise and dedicated individuals/units, typically a role filled by wellness ambassadors who are motivated volunteer employees from various departments, without training in health.

For example, **Chevron** has "cardio champions" in West Africa who function as ambassadors. These ambassadors are union or general employees who go out to talk about the program wearing "ask me" buttons. Guidelines are provided and best practices shared from corporate, but local leadership decides what will work best in their culture. (However, note that the ambassador concept does not work in every culture, and different terms are used in different countries.) A peer-led approach also is valuable from the perspective of soliciting employee input, creativity and ownership.

4. Harmonization between functions such as HSE, HR, Occupational Health, Health Promotion and Well-Being, etc. This is challenging within just one country, and even more so across the globe. As a result, the participating organizations utilize a variety of organizational models and cross-functional teams with different global hierarchies and reporting relationships.

Globalization of strategy

Finding the right balance between global strategy and local autonomy is a key success factor identified by the participants. While one respondent mentioned they are shifting from central control to more local autonomy, most of the companies emphasized a global strategy is essential and must align with business goals. As a result, they have been active in recent years developing global standards, guidelines and structures. This aligns with the steady growth trend in global strategies, documented by the Working Well global survey (as shown in Figure 1).

On one hand, there is power in having a global program in which employees can take pride and feel they are a part of something bigger. Local sites can capitalize on a solid corporate business case as well as a strong recognizable brand.

Dow Chemical is convinced that in order to achieve a global “culture of health”

— a goal to which employers are increasingly aspiring — strong corporate advocacy is essential. In addition, leveraging expertise and resources from country to country can be very useful and represent a needed support mechanism. **All respondents** agreed on the value of having a core philosophy or strategy and a core set of programs.

“Finding the appropriate balance between central and locally driven health promotion programming is an art and at the same time necessary to effectively meet program objectives.”

At the same time it was made clear that there is immense value in leveraging local expertise and appreciating regional and cultural differences. Health is a personal issue that is influenced heavily by culture and local norms. In addition, programs that are managed by local staff with personal connections will outperform a program that is remotely driven and perceived as foreign.

Participating employers achieve localization of their global programs in a number of ways, including:

- Placement of regional coordinators, ideally with a specified responsibility for health promotion (not merely occupational health and medical).
- Regional representation on development teams early in the process to allow for input and review with regard to all global programs and policies.
- Local flexibility in choosing site level of engagement in global programs.
- Programs and communications should also be easily customizable to local languages and conditions. A common example is the use of a health risk appraisal (HRA) in different regions. The instrument should be available in various languages and also tested for cultural appropriateness (content and style), since questions posed in one country may be not suitable in another.

DuPont highlighted the need to avoid creating “haves” and “have nots” and to achieve more similarities than differences globally. This means providing all sites access to health promotion programs and policies in order to strive towards equity across regions. **Goldman Sachs** identified creating a strong recognizable brand with their wellness program as a priority, believing this to be essential in the financial services industry.

“We believe that local autonomy leads to local accountability which makes for a more successful and sustainable program.”

The level and speed of expansion into international territories varies with the corporate culture. Some employers are set on achieving proven success in their home country first, with the relevant outcomes and indicators. Others prefer to more quickly capitalize on opportunities that may arise in other countries, e.g., an enthusiastic HR manager and an expressed health-related need.

Agreement exists on the challenge of rolling out a global program too fast in too many countries at once. Availability of viable interventions and program providers in a specific country is a hurdle that must be overcome if deploying a global program quickly. For example, **Intel** mentions a challenge faced in Russia, where operational management is in favor of implementing biometric screening, but has held off due to the lack of available follow-up resources.

A component of a global health promotion strategy (and sometimes a first step) is instituting workplace policies that support health objectives and apply to all employees across the organization. The most commonly identified global policies are:

- HIV/AIDS (non-discrimination, treatment)
- Alcohol and substance abuse, and
- Smoking or tobacco use.

Creating smoke-free or tobacco-free environments across all company premises is a growing desire. But implementing a global tobacco-free policy can be a significant challenge from a legal (especially in some European countries) and cultural standpoint.

Some employers are standards-driven and have incorporated health promotion into their HSE or OH standards. **Johnson & Johnson** audits all regions on the ability to support the EHS standards, and if a region does not pass they are assigned a “red flag” on their annual dashboard, which requires intervention.

Influence of corporate culture

The importance of internal culture was emphasized by the participating organizations. The existence of a strong safety culture, especially in manufacturing companies like **Chevron**, **DuPont**, **John Deere** and **Novartis**, has served as a major catalyst for the promotion of health.

For example, **Chevron** has adapted an established corporate ritual to enhance the promotion of health and well-being. The company regularly starts meetings with a safety moment teaching or reminding employees of key safety issues. This has now been expanded to a “health and well-being moment” that touches upon key health risks or issues.

“We have to remember the history. There was a time when our employees found it quite intrusive for management to be expecting off-the-job safety. It took almost 20 years of persistence and explanation. But now it is accepted as readily as on-the-job safety.”

Dow Chemical’s corporate led effort places a strong emphasis on metrics and science, which matches its cultural commitment to safety and engineering practices. This alignment helps to ensure local alignment and creativity.

Other potentially supportive cultural characteristics include a quality-driven culture and an inherent link between employee health and an organization’s mission. The latter is most relevant among the pharmaceutical companies in the study, as their overall company missions subscribe to improving the health and quality of life of people.

Johnson & Johnson takes their organizational “Credo” values very seriously, which include: “an important part of our responsibilities to our employees is providing them resources to lead healthier lives.”

Infrastructure

Program components

The program components or elements implemented by the participating organizations are reflective of the most common program elements identified in the *Working Well* global survey. Key areas of global focus encompass a broad range of lifestyle issues, including healthy eating, physical activity, stress management or resilience, and pursuing a tobacco-free lifestyle (both in and out of the work environment).

Most of the participating organizations seek to offer a consistent, standardized set of programs or initiatives worldwide, such as **Novo Nordisk’s** Four Global Standards (see next page). However, selected programs may vary according to local needs, cultural norms, and societal trends. For example, several employers mentioned programs specifically targeting recent trends of increasing obesity and chronic disease in countries such as India and China, as well as high rates of maternity and motor vehicle accidents resulting from societal changes in these regions. Additional programs may also be instituted to enhance support for other specific priorities in certain countries such as women’s health, HIV/AIDS, and drug/alcohol awareness.

In order to determine the health areas on which to focus their programs, employers typically conduct an analysis of behavioral risk factors and a clinical analysis of the top health conditions across their entire population. Although a range of opinions exist among the organizations interviewed, with some preferring analysis of clinical health data and others focusing on health behaviors and their associated risks, the most common tools used to capture data include:

- Health Risk Appraisal (HRA) — a health and lifestyle questionnaire, and
- Biometric or medical health screening — for measures such as blood pressure, cholesterol and body fat.

“We start by looking at health risks measured by the HRA. We can also look into compliance, such as your blood pressure medication. But how can we measure compliance such as not eating fast food?”

Novo Nordisk’s Four Global Standards

(To be implemented with respect to local culture, legislation, and need.)

1. Providing healthy food and beverages in the workplace and encouraging a healthy diet.

We encourage all catering personnel to serve a food selection with emphasis on seasonal fruits, vegetables, whole grains, low-fat dairy products and fish. We also encourage limiting the use of saturated fats, trans-fats, added sugar, cholesterol, salt (sodium) and other foods with poor nutritional values.

2. Providing access to exercise facilities and encouraging employees to be physically active.

We support all employees having access to exercise facilities. Furthermore, we support and promote a variety of activities, from group runs to more innovative ideas like “walk & talk meetings,” “use the stairs” and other ways of incorporating physical activity into our daily lives.

3. Providing a smoke-free work environment and highlighting the benefits of non-smoking.

Novo Nordisk is a smoke-free workplace. We continuously emphasize the benefits of not smoking, while supporting employees who wish to stop smoking. In order to help co-workers stop smoking, we provide various smoking cessation tools, including local smoking cessation programmes, information on how to set up smoking cessation courses, and individual advice through the toolbox our health section on the internal web.

4. Providing access to and encouraging a health check with individual advice every second year.

Understanding and monitoring health indices is an important way to keep track of one’s own health. It is also vital for the prevention and treatment of lifestyle diseases. Our health checks include physiological measurements: height, weight and waist circumference measurements; blood pressure; blood sugar and blood lipids measurements. In addition, information and advice can be found via our health section on the internal web.

Those employers with a more decentralized approach understandably have a greater diversity of programs at the site level, as discussed in previous sections, but strive to have these programs based upon differences shown in the data. Collecting data across a globally-dispersed population is a challenging task, but many of the organizations have focused on this in recent years and report significant progress. A particular challenge is that employer-specific health claims data is typically not available in regions other than the US. In this case, employers use alternatives such as:

- Surveying a random sample of the employee population to determine the prevalence of certain health conditions and their impact on presenteeism, and
- General data from sources such as the World Health Organization.

Organizations such as the **MOL Group** are able to leverage data from occupational health assessments, which are uniformly required in the majority of countries in which they operate.

“Our objective for each employee is to conduct at least two risk assessments, with the opportunity for follow up in between. We believe it’s not of value if only done once. We must assess, provide activities for people to improve, and re-assess. If we ask the questions, we must be prepared to address the findings.”

In the US, **Intel** has designed their program components based on measured risk data. The company conducted a detailed analysis of health outcomes, linked to trend data that measures cost saving utilization compared to non-participants. Their analysis has confirmed an improvement in health risks through actual biometric analysis. Additionally, in several non-US sites they are able to analyze lab data improvements and presenteeism metrics, which indicate an opportunity to influence weight (via nutrition and physical activity), blood pressure and emotional health. As a result, Intel’s programs are designed to address these areas of risk. Intel is increasingly performing these analyses globally.

Novartis has recently switched to a new approach that they refer to as “de-medicalized”.

The employee-facing portion of their program avoids references to diseases or disease states, and instead focuses solely on the behaviors that might lead to a health consequence, such as exercise, diet, smoking and other health risks. Individual risk factors are measured in order to drive the program, but rather than focus the employee on the biometric results, Novartis seeks to influence behaviors such as smoking and medication compliance. They believe that if these can be managed earlier on, people can be kept at a higher level of functioning for many years. This de-medicalized approach also helps Novartis avoid some cultural barriers, because individuals are less likely to feel that the company is prying into their personal health data, which is considered inappropriate in certain cultures.

“We have ‘de-medicalized’ health promotion, in order to avoid the scare-mongering approach you often see in these programs. You won’t find us referring to any disease or disease state. We try to reach people where they are, and focus on health behaviors rather than diseases.”

When asked whether the workplace environment supports their health promotion strategy, participating organizations predominantly identified features related to the physical environment, e.g., safe working environments or facilities to be physically active. Some mentioned the provision of healthy foods in cafeterias and vending machines. The psychosocial working environment was also referred to in this regard, with many of the organizations citing programs to address stress, work-life issues, job satisfaction and the working atmosphere. However, most organizations indicated that they need to do more to improve the psychosocial working environment. Several cited studies they have conducted to measure the impact of these issues, and one indicated that segments of their organization are resistant to recognizing or reporting this information.

Employee communication strategies

The participating organizations tend to go well beyond the basic requirements for employee communications, utilizing a variety of innovative channels to deliver their health promotion messages to employees and their families. Examples include:

- **Online websites** as a central communication vehicle and gateway to resources
- **Social media** such as internal forums, blogs and testimonials
- **Wellness ambassadors** who promote programs and serve as role models (often volunteers)
- **Business update meetings** run by leadership and attended by all employees
- **Managers** encouraged to serve as role models and engage their employees in health programs.
- **New employee orientation** to educate individuals about available resources and encourage them to be healthy and successful
- **Email** to reach employees in a timely manner with messaging that is action oriented or informative
- **Telephonic outreach** for high-intensity coaching and personalized interaction
- **Home access** via self-directed kits
- **Benefits processes** such as enrollment
- **Health fairs and events** for onsite health promotion
- **Print material** such as posters, flyers, brochures and newsletters
- **Video monitors** placed in high traffic areas in the workplace
- **External media** such as coverage in newspapers, radio and television, as well as in business publications and peer-reviewed journals

This variety is deemed necessary as certain channels work better in certain countries. For example, online messaging is generally not as popular in Latin America as it is in North America.

“We have found that our leaders are essential to creating a culture that encourages employees to live healthy lifestyles. Our communications methods thus target both leaders and employees.”

Chevron has a core communication plan and employee packet that allows for customization and localization. Each location has communications professionals that change the language and images. Some have further enhanced the package by adding tools such as microsites, which have become a learning experience for all locations and a global best practice. Others leverage local resources and authorities. For example, the Nigerian operation arranged for each employee to receive a personal email from the medical director encouraging them to get a blood pressure check.

Enterprise community involvement

All of the participating companies have made efforts to benefit the wider community through their health promotion programs. Examples include being a peer leader by helping smaller neighboring companies with their efforts in creating healthier workplaces, funding community health activities, conducting research to share findings, and involving the community in innovative programs. For example, **Scania** offers a truck driver care program, which focuses on topics such as how to eat healthy on the road, sleep, deal with stress, and avoid sexually transmitted diseases (STDs). Outwardly-focused programs such as these can help solidify for employees the importance of health in their organization’s culture.

Technology

Technology, primarily web-based, is used in a variety of ways to support and enhance health promotion initiatives, providing the following:

- A multilingual global communication channel
- A channel to deliver work location-specific information on available programs and benefits
- Health education library and resources
- Web-based healthy lifestyle coaching tools in areas such as stress management, weight loss, and tobacco cessation
- Tools for tracking activities such as exercise and diet/nutrition, and for tracking the accumulation of rewards associated with health promotion activities
- A repository for personal health data, such as health risk questionnaire results and personal health records
- Registration tools for programs

- A mechanism to collect feedback via surveys
- Access for constituents other than active employees, including spouses, dependents, and retirees
- A vehicle for collaboration and resource sharing among a network of local wellness coordinators or ambassadors throughout the organization

As in other areas, the degree of centralized versus local control with respect to websites varies. **Dow's** web portal, available in 11 languages, is a key component of their comprehensive integrated global delivery approach. **Eaton** also has a global site, targeting 22 languages. In contrast, **Novartis** supports a basic global website infrastructure, with resources provided only in English. "We orchestrate from corporate, but the content is selected and translated by our local representatives. When we audit the sites, we learn what they are doing, and where any gaps and opportunities for improvement exist. Since some sites come to us asking for help, from corporate we coordinate a multilingual platform to support them."

"We're trying to use technology to help facilitate activities over time. We don't want to draw people into spending more time online. The things they do are in the real world, not online. Our goal is to provide access to resources, help people track their progress, and help them reflect on their personal results."

Vendors and suppliers

Leveraging external partners is a key tactic to improve the effectiveness and reach of global health promotion programs. However, inconsistent access and quality create significant challenges in creating a globally effective program using external resources.

Most of the study participants have traditionally used country-specific partners, but there has been movement over the last few years towards cross-border tools and resources, as quality options become available.

A few examples of global vendors used include:

- Employee assistance programs (EAPs)
- Global medical consultation vendors
- Electronic medical record systems
- Health risk appraisals

Even within these categories, truly global coverage is typically lacking, cross-cultural sensitivity may be an issue, and the selection of vendors with even limited global capabilities is very small.

“We recognize that there are no truly global vendors out there, so we go best in class and integrate the relationships behind the scenes.”

In addition to vendors, some employers have established local, regional and global strategic partnerships with other external organizations and community resources. For example, **Dow Chemical** cites a list of partnerships that include the American Cancer Society, International Association for Worksite Health Promotion (IAWHP), local health departments and community organizations, Weight Watchers International, National Business Group on Health, Partnership for Prevention, Agency for Healthcare Research and Quality, and academic partnerships.

“We try to use local providers where possible. There are some things you can do globally, but we prefer local services on the ground that actually work well.”

Key challenges of current approaches include:

- Integrating data across different vendors and geographies
- Managing multiple vendors and partners to create an integrated “health-related supply chain”
- Achieving sufficient analytical and reporting flexibility
- Resources and materials with truly cultural-appropriate content (e.g., language, examples, metrics)

“Many vendors have a very ‘US-based’ mindset and do not meet the needs of global organizations. We would like to see less focus on insurance costs, ROI, etc., and more on motivation and personal impact.”

Participant engagement

Measuring participation

Employee participation rates for participating employers vary widely from country to country, from 10% to almost 100%. Several employers boast global participation rates around 80%. The most common participation rate tracked is for a health risk appraisal. Other participation elements measured include:

- Biometric or medical screening programs,
- Health coaching,
- Team competitions, and
- Fitness center or gym usage.

At least one organization makes a point of frequently surveying non-participating employees in order to understand their reasons for not participating, and to identify areas for improvement.

Methods of tracking participation include reliance on vendors (for health risk appraisal, EAP, etc.), hard copy forms (for on-site programs) and a web-based registration portal for global and local programs.

Motivating participation

Our interviews found no single “best practice” technique to motivate participation. Incentive rewards, in various forms, are utilized, but not all employers rely on these extrinsic motivators to drive employee engagement in their programs. Although financial incentive rewards are quite commonplace in the US, several employers in this study, including **Dow Chemical** and **Goldman Sachs**, report having great success without utilizing these rewards. **Novo Nordisk** also reports very limited use of incentives, with only occasional “health-oriented” giveaways such as fitness wear.

Dow Chemical describes their philosophy as strongly advocating for shared responsibility and shared benefit for health. “We invest by offering quality programs/services/benefits and in some cases, work time and/or resources to participate, and we expect employees to invest their time and in some cases share the cost. We believe the benefit is strong enough for both sides to justify the investment.”

Recognition — of both individuals and groups — is also cited as a way to encourage program participation. Tracking and reporting overall health metrics, by location, encourages employees to engage and improve environmental aspects of their workplace. Dow describes a special recognition program to honor those employees at any job level in the organization “who go beyond their assigned job role to make a difference in the health of our people through sustained and significant personal action. This award is presented annually and is highly valued by those who receive it.”

“We’re trying to find the right balance of incentives. We believe a company shouldn’t have to pay people to save their lives or help them live longer.”

Among those employers that offer more extrinsically-focused incentives, the approaches vary significantly. Many forms of incentives were cited — including cash, health premium discounts, subsidized gym memberships, prizes (such as pedometers, books, first aid kits, sports bags, vouchers for free preventive exams), and points that can be redeemed for merchandise.

Cultural differences and demands may drive how employers align their incentives, for example, “In the US and UK, employees value the gyms more, whereas in India and Asia, they value health services more.” And several employers cited European countries as being particularly at odds philosophically with the concept of rewarding individuals for healthy behaviors.

Overall, it does not appear that any employer in this study has a globally uniform approach to incentive rewards. Rather, they recommend that incentives be offered on a country-by-country basis driven by cultural standards and, often, by seeking guidance from local leadership as to what is most appropriate. Practical considerations such as tax and import laws present additional challenges to providing standardized global incentives.

Even among those employers that utilize extrinsic incentive rewards, the common belief seems to be that intrinsic motivators are the best driver for sustained change. **Johnson & Johnson** says “we try to ‘bring them in’ through extrinsic factors, but we believe that people must ultimately focus on their purpose and drivers; why they must change.”

Some successful participation drivers cited include:

- Encouragement from senior leadership for leaders to model desired behaviors
- Integration with onsite medical services and staff
- Strong ties to a culture of safety
- Programs designed for easy access and convenience
- High level of trust in the staff and programs built over multiple years, and great confidence that the confidentiality of their personal health information will be maintained
- Effective communication strategy

“The greatest contributor to our high participation rate is the local connection, energy and commitment. This is consistent across the globe and across initiatives.”

Barriers to participation cited include:

- Time and workload (consistently across geographies)
- Employee concerns about privacy and trust
- Lack of employee “permission” for their employer to play a role in personal lifestyle decisions
- Lack of strong senior management support in certain geographies
- Inconsistent buy-in from supervisors and managers across the organization
- Remote locations where there is a challenge reaching employees and developing a strong culture of health
- Computer literacy in some countries
- The fasting requirement before health screening is especially an inconvenience for swing shift employees

“A key barrier is presented by managers who don’t believe in health as being a resource for individuals to achieve higher performance.”

Inclusion of family members

The US-based participating organizations are the most likely to offer program components and incentives for dependents, such as access to a health risk appraisal (HRA) or online resources, as these individuals drive a significant portion of health care costs. To a lesser degree but growing in popularity, extending programs to families in other countries is most often driven by cultural reasons, such as healthy eating programs in Latin America or physical/recreational activity in China. The participating organizations most often leave it to their local sites to decide if and how to involve families. Due to the growing recognition of the influential role of the family with regard to behavior change, leading employers are pushing towards incorporating family members not just in the US but around the world.

Measurement

The majority of participating organizations emphasize the need to measure outcomes in order to justify their programs. While in many cases senior management already supports the concept of workplace health promotion (see “Senior Level Support” section) they still expect demonstrated improvements in outcomes, both health and business-related. This challenge seems universal, in spite of the many different systems and methods used to calculate specific metrics.

Figure 3 illustrates the global metrics tracked by a number of the participating organizations. (Also see the description of **Intel’s** measurement approach in the “Program Components” section of this report.) A return-on-investment (ROI) analysis — generally considered to be the most rigorous financially-focused approach — has only been calculated by a small percentage of employers and is most common in the US, where expectation of explicit financial outcomes tends to be highest (see discussion in the “Strategic Objectives” section).

Figure 3: Global metrics tracked by participating organizations	
Company A <ul style="list-style-type: none"> • HRA participation rates • Percentage that convert from HRA to support programs • Population health risk levels (by region) • Satisfaction with coaching programs 	Company B <ul style="list-style-type: none"> • Which programs are implemented at each site • Percentage of employees with access to HRA • Percentage of the assessed population defined as low risk
Company C <ul style="list-style-type: none"> • Wellness participation rates • Behavioral outcomes • Health-related outcomes • Productivity measures 	Company D <ul style="list-style-type: none"> • Program usage • Health-related outcomes
Company E <ul style="list-style-type: none"> • Awareness of services • Costs of services • Employee health risk change • Participation and percentage of population reached • Site based supportive environment (via the Healthy Workplace Index) • Employee satisfaction survey every three years 	Company F <ul style="list-style-type: none"> • Health attendance (sickness absence) • Accidents with sick leave • Personal turnover (leave the company)
Company G <ul style="list-style-type: none"> • Participation • Satisfaction • Risk status (transition) • Biometric improvements • Presenteeism 	Company H <ul style="list-style-type: none"> • Health care costs • Productivity • Illness absence • Satisfaction and morale • Brand enhancement
Company I <ul style="list-style-type: none"> • Participation rate • Absence rate • Regularity rate • Health-related indicators 	Company J <ul style="list-style-type: none"> • Absence rate
Company K <ul style="list-style-type: none"> • Health promotion program utilization rates throughout the organization 	

Many employers do not specify target metrics as explicitly as **Johnson & Johnson** (see metrics in “Strategic Objectives” section) or **Dow Chemical** (see below outlining a few components of Dow’s larger measurement strategy and set of metrics) but instead focus on more general goals of reducing absenteeism, increasing participation rates, or increasing the number of programs offered and sites covered by core programs. Comparison with existing benchmarks such as World Health Organization (WHO) data, international studies, or industry peer company practices is also highly valued.

Selected components of Dow Chemical global performance measures and targets

1. Achieve a one percentage-point annual improvement in prioritized health risk factors, for both low and high risk groups.
2. Annually achieve 50% unique employee participation in health outreach activities, and 75% participation in any health services activity.
3. Achieve an average of 90% satisfaction in the client satisfaction survey.

Program participant satisfaction is tracked primarily through formal customer satisfaction surveys, employee networks, focus groups, and online evaluations. Global employee satisfaction surveys (typically conducted every two or three years) were highlighted as useful tools to gauge general satisfaction and well-being levels, and more questions related to health have been added in recent years.

“Don’t let ‘excellent’ be an enemy of ‘good.’ Use what data you have, even if it’s incomplete or imperfect.”

Success factors and emerging areas of focus

“In benefits, we aim for mid-level competitiveness. In health care, we aim for top quartile. In wellness, we aim for world class.”

A primary focus of this research is to identify the driving factors behind the success and longevity of the participating organizations’ global health promotion programs. The key themes are consolidated into the eight strategic recommendations highlighted at the beginning of this report. In addition, the following list is a more expansive collection of important success factors derived from the many collective years of experience of the participating organizations:

- Establish a corporate requirement that the **program is available to all employees and sites**.
- Develop a **strong, detailed business case** that can be easily articulated to gain buy-in.

- Get **leadership buy-in at all levels**, from corporate to local, and communicate to leadership how they can support and model healthy behaviors.
- Create a **network of ambassadors or “champions”** to leverage the active involvement of individuals and teams that give life to the program locally.
- Set **target metrics** based on a multi-year strategic plan and focused on program outcomes that drive program growth and encourage regions and sites to tailor the programs to their critical targets.
- **Integrate program goals with company goals**, such as leadership development, site goals, safety, HR and occupational health.
- Create **global programs and interventions** that initiate behavior change, develop lifestyles and create a supportive environment for the continual improvement of health.
- Take an **integrated holistic approach** that addresses not only physical health but mental/emotional health, and is sensitive to issues from a global public health perspective.
- Establish cultural expectations around **shared responsibility and healthy norms**, and nurture them at individual, workgroup and leadership levels.
- Establish a **balance of central and local influence** through a global base of deliverables that provide consistency but can easily be customized to fit local needs and drivers.
- **Use incentives intelligently**. Be sure you know what you’re rewarding. Seek to use incentives to drive behaviors, not just actions like taking a health appraisal.
- Influence the **workplace environment** wherever possible. For example, ensure that people have the opportunity to choose healthy food and to exercise regularly.
- Build **strong vendor partnerships** focused on driving outcomes, but with the flexibility to adjust to local nuances.
- Create a strong **marketing communication plan** to engage all eligible individuals.
- Regularly **evaluate the programs** with a focus on outcomes, and report to all stakeholders on progress and value delivered.
- Leverage the expertise of **internal and external subject matter experts** to monitor the performance, evidence and best practices, and consult on program improvement.

“When developing a global health promotion program it’s essential to understand what you’re trying to accomplish in your organization, not just doing it because you think you should or because others are doing it. Start with a common global value proposition. Define common issues around the world and work to those. Then proceed to define your critical success factors, such as health metrics.”

One organization succinctly summed up their advice for a multinational organization with these three simple guidelines:

1. Make the direction clear.
2. Make the threshold low enough that anyone can participate.
3. Make the communications strong and culturally sensitive.

Looking to the future, the responding organizations are eager to seek program improvements and explore new areas. New and emerging areas of focus cited include:

- Looking more broadly at psychosocial well-being and related indicators, and how they affect health, vitality, and business success
- Bringing appropriate focus to areas like sleep and fatigue as well as resiliency
- Helping improve work-life balance
- Focusing on helping employees optimize personal vitality, promote recovery, positivity, and energy-creating thinking patterns.

Conclusion

The primary focus of any organization is to create a product or provide a service, not to provide health care for its employees, nor seek to improve their health behaviors. Yet employee health is so inextricably linked to an organization's performance that its impact cannot be ignored. Simply put, employee health and well-being can be an asset or an impediment to organizational performance.

To emulate the successes of the organizations in this study at addressing health promotion globally requires a significant investment backed by ongoing leadership support. What sets these organizations apart from many others is a strong partnership between health promotion organizers and company leadership that recognizes the critical importance of employee health to the sustainability of the organization.

None of these organizations would claim that their work is completed, whether in terms of minimizing health risks in their employee populations or expanding appropriate program features to the far reaches of their complex global organizations. But by aligning health promotion objectives and initiatives with their core business goals, they are making great progress toward a successful and sustainable business model for global health promotion — one that may help inform many other organizations.

It is our sincere hope that this research will help other employers find their way on this path. On behalf of all the organizations in this study, we wish you good health and great success in your pursuits to improve the health and vitality of your employees, their families and communities, and our world.

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¹ "WORKING WELL: A Global Survey of Health Promotion and Workplace Wellness Strategies" Buck Consultants, 2007-2010.



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