

The
Economist

INTELLIGENCE
UNIT

The employer imperative:

Driving US economic
vitality through a healthy,
productive workforce

COMMISSIONED BY



Contents

- 3** About this report
- 4** Executive summary
- 6** Chapter one: The business case for a healthy workforce
- 11** Chapter two: Employers as critical drivers of health and well-being
- 18** Chapter three: Overcoming the challenges of workforce well-being promotion
- 23** Chapter four: Opportunities to reimagine workforce health
- 26** Conclusion: Opportunity in a crisis
- 28** References

About this report

The employer imperative: Driving US economic vitality through a healthy, productive workforce is an Economist Intelligence Unit report, commissioned by Cigna, that explores the role of employers in driving links between employee well-being and productivity, business success, and overall economic vitality in the US, particularly when considering the impacts of COVID-19. It includes insights from an in-depth literature review, employer and employee focus groups, eleven interviews with a range of business leaders and experts in the field, analysis of US workforce data, and a bespoke survey of 1,800 employees and employers. The survey included views from 1,200 employees and 800 employers across six different industries: hospitality, financial services, healthcare, manufacturing, retail and technology.

We wish to extend our thanks to the following for their time and insight (listed alphabetically):

- **Bruce Sherman MD**, medical advisor, National Alliance of Healthcare Purchaser Coalitions; Professor, Public Health Education, University of North Carolina – Greensboro
- **Jennifer Fisher**, US chief well-being officer, Deloitte
- **Jessica Banthin**, senior fellow, Urban Institute
- **Karen Moseley**, president & CEO, Health Enhancement Research Organization (HERO)
- **LuAnn Heinen**, vice president, Business Group on Health
- **Melanie Langsett**, US rewards, recognition, and well-being leader, Deloitte
- **Ron Z. Goetzel**, senior scientist and director, Institute for Health and Productivity Studies at Johns Hopkins University; vice president, IBM Watson Health
- **Sean Sullivan**, chief human resources officer, Society for Human Resource Management
- **Soeren Mattke**, research professor of economics, University of Southern California
- **Thomas Parry**, president (retired), Integrated Benefits Institute
- **Wayne Burton**, healthcare strategic advisor and consultant, former global corporate medical director, American Express

The Economist Intelligence Unit bears sole responsibility for the content of this report. The findings and views expressed in the report do not necessarily reflect the views of the sponsor or interviewees. While every effort has been taken to verify the accuracy of this information, the EIU cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report.

This research was led by Amanda Stucke. Heidi D'Agostino conducted the survey research, and editorial support was provided by Emily Wasik. Michael Rea served as an expert advisor. Research and analysis were conducted by Bettina Redway, Giulia Garcia, Lorena Perez, Rachna Malik and Shilpa Shankar. This report was written by Adam Green and edited by Biz Pedersen.

Executive summary

The COVID-19 pandemic has arguably changed the world of work more than any single event in recent memory. Virtually overnight, businesses have had to adapt to support effective remote work environments and improve protections for frontline workers. This has thrust the inextricable link between well-being and work into the spotlight, giving employers a new imperative to re-evaluate pre-pandemic norms to better support workers, which in turn reveals both the business and wider economic benefits of doing so.

Over the past several years, US companies have been increasingly focused on improving the health of their workforce. An estimated 63 million workers are now covered by wellness programs of various types through their employer, according to the Kaiser Family Foundation. Programs range from physical activity facilities to

healthy on-site nutrition, to mental health apps and smoking cessation programs.

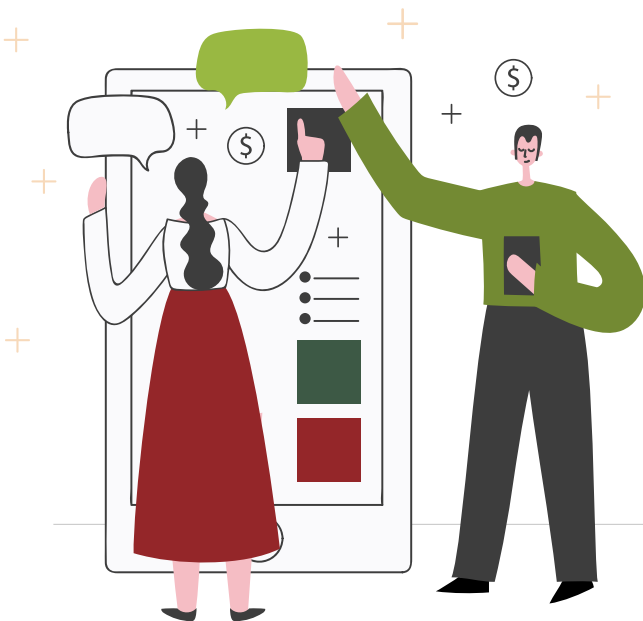
Companies are motivated to create and support such programs in order to keep healthcare costs down, but there is growing evidence that a healthy workforce delivers far more benefits to a company than mere cost savings. Higher staff engagement, productivity and talent retention all demonstrate a value on investment for workplace well-being. However, studies also reveal variation in terms of program impact, and many companies do not rigorously monitor their healthcare efforts at all.

This report, combining the findings of expert interviews, focus groups, an online survey of 1,800 employers and employees, and a novel conceptual framework, articulates the business case for workforce health promotion and identifies the common pitfalls and challenges of effective delivery.



Key findings include:

- Employers are central to a healthier society.** Work is where people spend most of their time. It can either foster or hinder well-being based on how its culture, facilities and policies support or inhibit healthy choices. The steady growth in workforce health programs in recent decades represents promising progress in this regard, although these programs have been commonly limited to larger companies. In addition, some key issues, like mental health, are only now beginning to be integrated.
- Uneven participation, lack of data and narrow goals are among the chief challenges of workforce health promotion.** Evidence shows that employee participation in health programs tends to vary, with disadvantaged staff often less likely, or able, to take advantage of offered benefits. Companies often lack data on whether interventions are working, and often do not consider social and environmental factors that might undermine the efficacy of workplace programs.
- The benefits of workforce health extend beyond cost control.** While an employer's coverage of healthcare is a major reason to take a proactive interest in employee well-being, the evidence shows the far broader benefits of a healthy workforce including higher productivity, more engagement and greater commitment to the company. Talent attraction is also an increasingly key consideration.
- Tailored support, committed leadership, and rigorous data are key in order for companies to excel in workforce health promotion.** Companies need to understand how their employees differ in their health needs and design policies and interventions accordingly. Management and leadership need to be committed to an evidence-based health strategy to ensure continuity and consistency. High quality data, within the constraints of company resources, can help illuminate how well programs and policies are working and can highlight areas with room for improvement so as to achieve the company's goals.



Chapter one: The business case for a healthy workforce

While “full health” may commonly be understood to be the absence of disease or infirmity, it can be more fully defined as a state of complete physical, mental and social well-being.¹ The capacity to live and work in a healthy way is dependent on more than individual factors and behaviors. Evidence shows that environmental factors such as access to quality food, community safety and access to exercise facilities are key contributors to health and well-being.² Given that employees spend a significant amount of time in the workplace, employers have an important role to play in shaping employees’ environment in a way that promotes health. This means that employers are essential agents of change to improve the well-being of their employees, and therefore society at large.

Employers have good reasons to play a proactive role in supporting employee health. At an organizational level, a healthy workforce brings a range of benefits, the most well-understood being lower healthcare costs. This is especially relevant in the US context where employers shoulder responsibility for healthcare coverage, and in some cases, healthcare costs directly.

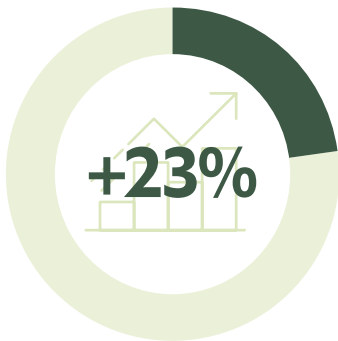
For every point increase in employee well-being (defined by six domains: physical health, emotional health, healthy behaviors, work environment, basic access, and life evaluation), one study found a 2.2% reduction in the likelihood for hospital admission and a 1.7% reduction in the likelihood for ER visits.³

Employer-driven health interventions can increase productivity, as evidenced by a study using longitudinal employee data from an industrial laundry company. Their voluntary program offered a free yearly biometric screening and a personal health report that outlined an employee’s current health status as well as guidelines for improvement. The company found a 4% improvement in average worker productivity, which equated to an additional productive workday gained per month, per employee. Both sick and healthy employees demonstrated productivity increases (10% and 11% respectively) and the study conservatively estimated that the program resulted in a 76% return on investment due to productivity increases.⁴

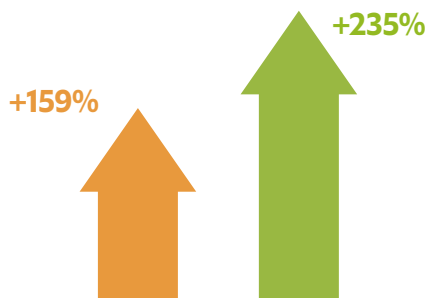
A health-promoting work culture can also increase **employee engagement** and **commitment** to their work.



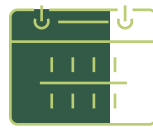
On average, companies with high employee engagement have been found to be 23% **more profitable**.⁵



Similarly, over a 6-year simulation period, stock values for a **portfolio of companies receiving high scores** in a corporate health and wellness self-assessment, the Health Enhancement Research Organization (HERO) Health and Well-being Self-Assessment Scorecard, appreciated by 235% in comparison with an overall 159% appreciation in the **S&P 500 Index**.⁶



Employees receiving health and well-being benefits at work were 30% less likely to miss work because of poor health, which resulted in 70% **fewer work days missed** over a year.⁷



70%
fewer work
days missed

A health-promoting culture can increase talent attraction and retention. A 2020-2021 Aflac Workforce Report found that 35% of employees stated that improving benefit packages is one thing their employers could do to keep them in their jobs, the second most-mentioned change after salary increases and before promotion opportunities. Similarly, 29% of employees reported leaving or turning down a job in the last 12 months due to the benefits offered. Roughly six in ten employees surveyed said they would be likely to take a job with lower pay if it offered superior benefits.⁸ Another study, by Mercer, found more than one in four US workers said they would be less likely to move elsewhere for work if their employer offered digital health solutions.⁹ Younger workers may place even more emphasis on well-being-at-work, meaning company policy and the availability of meaningful benefits could increasingly determine access to the next generation of talent.¹⁰

The data points below show just how critical it is that companies prioritize a 'culture of health', as the risks of not doing so are numerous. The data highlighted shows that companies which fail to prioritize health in various aspects of their businesses suffer from:

- Higher healthcare expenditures
- Lower productivity and engagement
- Lower financial performance
- A greater number of absences and overall turnover
- Decreased access to prospective employees, particularly among the younger generation

Survey highlights: Business benefits of workforce health

The most significant business outcomes of a healthy workforce as reported by senior executives:



Greater productivity
45%



Stronger staff morale and motivation
37%



Greater retention and loyalty of employees
37%

Most executives agree that employee health is central to improving business productivity:

Strongly agree

49%

Agree

89%

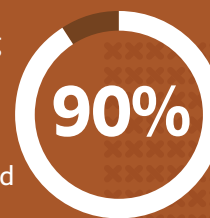


9 in 10



executives believe that investment in employee health and wellness has a direct impact on a company's financial performance.

Nearly all executives (90%) agree that investing in health and wellness programs is imperative to driving increased employee productivity and performance outcomes.



More than half of respondents believe that investing in a healthy workforce is an investment in the US economic recovery and 90% believe that companies that put employee health and well-being first will recover faster than companies that do not, a sentiment shared by executives and employees.

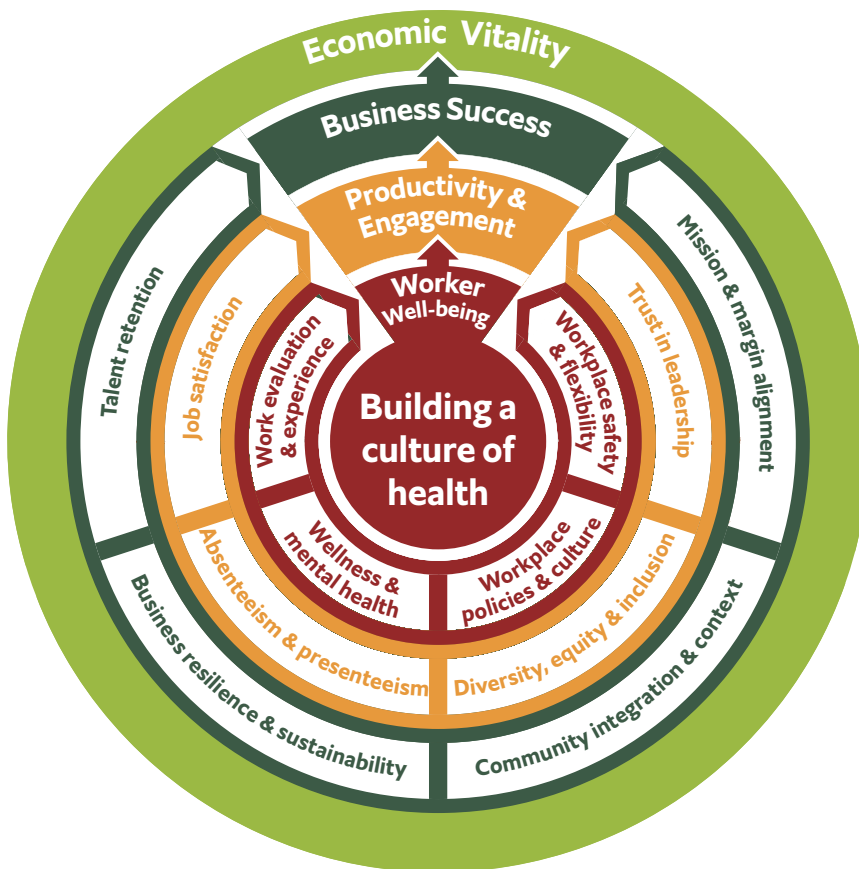


To articulate the many links between individual worker well-being and employer healthcare policy, which go well beyond immediate cost control, the EIU developed a structured framework (see Figure 1) which encompasses a range of underlying drivers of worker well-being.

This framework can be understood in two ways. First, at its core is the end goal of building a

culture of health. To achieve this goal, companies must first work to establish worker well-being through initiatives that empower employees to live healthier lives. From there, companies will see an improvement in productivity and engagement, which will in turn increase the business' overall success. This success will eventually ripple outward, helping to establish economic vitality more broadly across the US and beyond.

Figure 1: Worker well-being framework



The second way this framework can be read is to understand the multipronged approach necessary to achieve the aforementioned goals. For example, to establish worker well-being, it is crucial for employers to address wellness; physical, mental and social health; workplace policies and culture; work evaluation and experience; and workplace safety and flexibility.

The core components at the center of the framework were adapted from the National Institute for Occupational Safety and Health (NIOSH), part of the US National Institutes of

Health, which developed a list of factors that underpin worker well-being.¹¹ This resulted in four key domains that anchor wider business attributes. Evidence shows that these domains lead to greater productivity and engagement, business success, and together, wider economic vitality. Leaders can use this framework as an evidence-based tool to develop strategies that will promote value and support wider business objectives through employee well-being. The following chapters in this report dive deeper into these component areas.



Chapter two: Employers as critical drivers of health and well-being

Because work constitutes much of people's time and has the potential for both positive and negative impacts on health (e.g., through injury, stress or burnout), employers are central to any discussion of population health. With six out of ten American adults suffering from at least one chronic disease, and four in ten having more than one, companies must be partners in improving well-being.¹² Most respondents to our survey (92%) agree that employers can play a critical role in encouraging healthy behaviors.

First and foremost, employers need to ensure that conditions – whether on-site or at a home office – are designed with health in mind. For instance, musculoskeletal diseases are common in the US, with the prevalence of back pain alone estimated at 12,700 cases per 100,000.¹³ The condition is strongly associated with a sedentary lifestyle, long periods of sitting, and non-ergonomic furniture, all of which can be the consequence of physically uncomfortable workstations and long working hours. Occupations most at risk for musculoskeletal diseases are those that involve heavy or awkward lifting or those where workers sit for extended periods of time, an effect that is

worsened for occupations such as bus drivers who are exposed to continuous vibration.¹⁴ Office and computer roles tend to include health risk factors such as high workloads with cognitive demand, sustained awkward postures, and keyboard and mouse use. These factors can lead to neck pain and trapezius myalgia and extended sedentary periods can also contribute to other muscular problems.¹⁵

Stress is another health problem that can result from work, whether it be due to poor human resources policies, negative workplace culture or over-work. According to the Mental Health America Workplace Health Survey 2021, 82.9% of respondents reported feeling emotionally drained because of work.¹⁶ Similarly, the American Psychological Association Stress in America 2020 poll found that 70% of employed adults consider work to be a significant source of stress, a 6% increase from the 2019 survey results.¹⁷ Worker stress can have a detrimental effect on companies. This was illustrated by the EIU survey, where the most significantly rated barriers to business growth today are fatigue, burnout and stress (38%).

Taking action: The rise of employer health benefits

Employer-sponsored health programs offer a unique opportunity to support workers in ways that other stakeholders, such as governments and local authorities, cannot. Employers bring individuals together into a community for a common purpose. As such, they often have more influence than other institutions when it comes to the daily decisions of citizens. Employers are distinctly positioned to maximize health and wellness of employees through efforts in areas like work-life balance, physical fitness facilities, workplace safety, improved access to tailored programs and services, on-site nutrition, and incentives as a part of employment benefit packages. They can also leverage data and analytics in relation to workplace personalized products and services. They can identify potential future health needs and foster integration throughout the continuum of care because of their ability to assess and understand their employee's needs.¹⁸ Employers' pivotal role in impacting employee health and well-being can contribute in a broader sense to a sustainable healthcare system and a flourishing economy.

The role of the private sector in worker health has slowly gained momentum over the past century. The first calls for an eight-hour workday, for instance, were proposed by a Welsh social reformer in 1817 as a measure to protect worker well-being. A century later, Ford

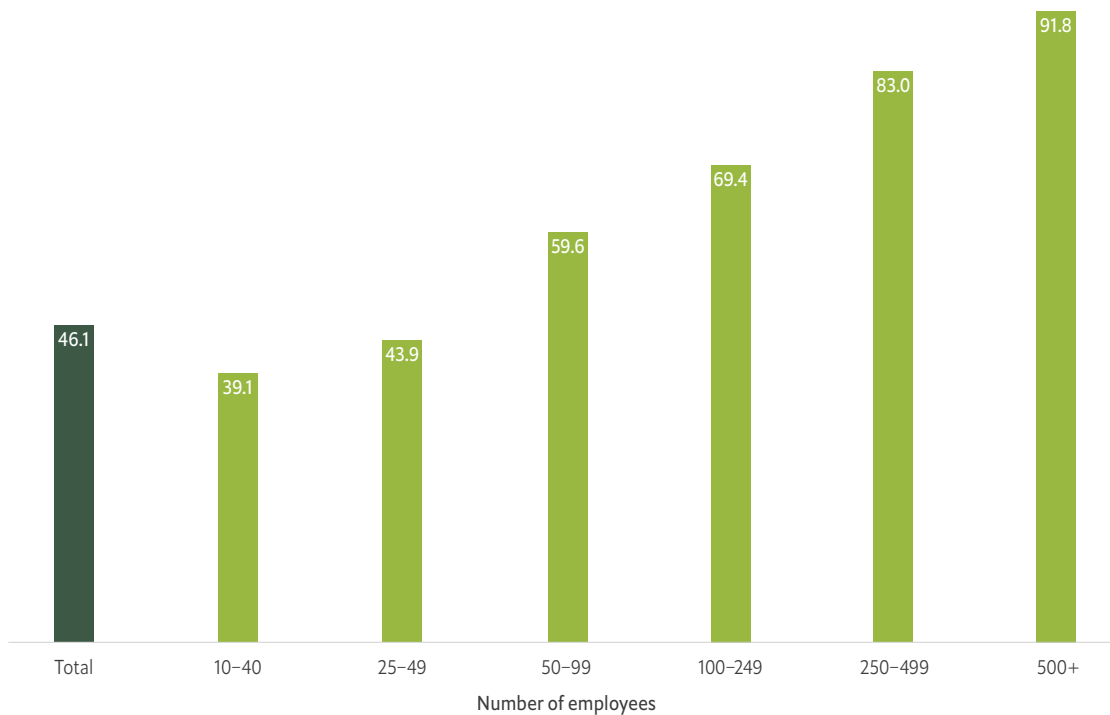
Motor Company was one of the first companies to adopt this at scale in 1914.¹⁹ In the 1950s, new Employee Assistance Programs offered interventions to combat alcoholism and poor mental health.²⁰ A much later shift in financial responsibility for healthcare from government to employers led to the occupational safety style workplace programs and the movement towards worksite health promotion.²¹ The Healthy People 2000 initiative launched by the federal government in 1990, included goals to increase health and safety in the workplace via targeted promotion plans alongside overarching goals in population health.²² A follow up, Healthy People 2010 aimed for 75% of worksites with 50+ employees to include comprehensive health promotion plans.²³ Ten years later, Healthy People 2020 continued these efforts by including 10 objectives specific to workplace wellness, including reducing deaths from work-related injuries and increasing the proportion of employees who have access to workplace programs that prevent or reduce employee stress.²⁴

One way that the Healthy People objectives can be achieved is through employer-sponsored health benefits. Most executives (92%) in our survey agree (with 58% strongly agreeing) that employer-sponsored health benefits are critical to ensuring that employees have access to high-quality, affordable healthcare. Companies can also contribute to workforce health through active policies and programs, in addition to providing basic healthcare coverage.

Workforce health programs refers to activities designed to support the health and well-being of employees, ranging from individual behavioral changes to organization-wide policies aiming to create environments that support wellness.²⁵ These are especially crucial to preventive healthcare efforts given that conditions such as obesity, heart disease and high blood pressure develop over years and can be forestalled or avoided through diet and lifestyle.²⁶

Workforce health policies include programs (e.g., smoking cessation support, counselling and exercise classes), financial incentives (e.g., lower premium contributions, HRA/HSA deposits, subsidies, gift cards and merchandise), digital tools (e.g., diet and stress management apps), and physical infrastructure (e.g., on-site gyms, bicycle racks and access to walking paths). US employers are increasingly offering health promotion programs of various forms, although availability is heavily dependent on company size (see Figure 2).

Figure 2: Percent of companies with any health promotion programs by worksite size

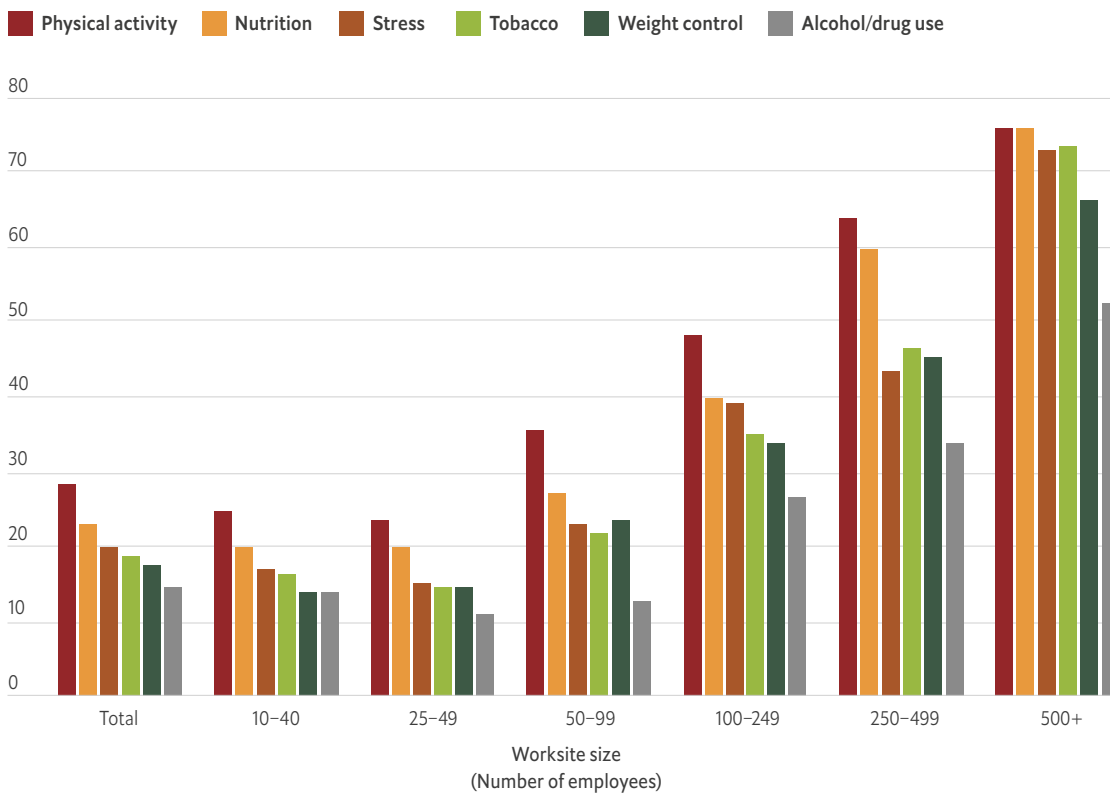


Source: Linnan et al, 2019²⁷

Data from the most recent US Centers for Disease Control and Prevention (CDC) Workplace Health In America survey, gathered in 2017, looks at workplace health promotion programs, policies, and practices, and reveals the overall balance of program type across

company sizes.²⁷ Physical activity programs are dominant, with nutrition, stress, tobacco and weight control programs following respectively (see Figure 3). Screenings for blood pressure, cholesterol, diabetes and some cancers were also present among some companies.

Figure 3: Types of health promotion programs by workplace size (%)

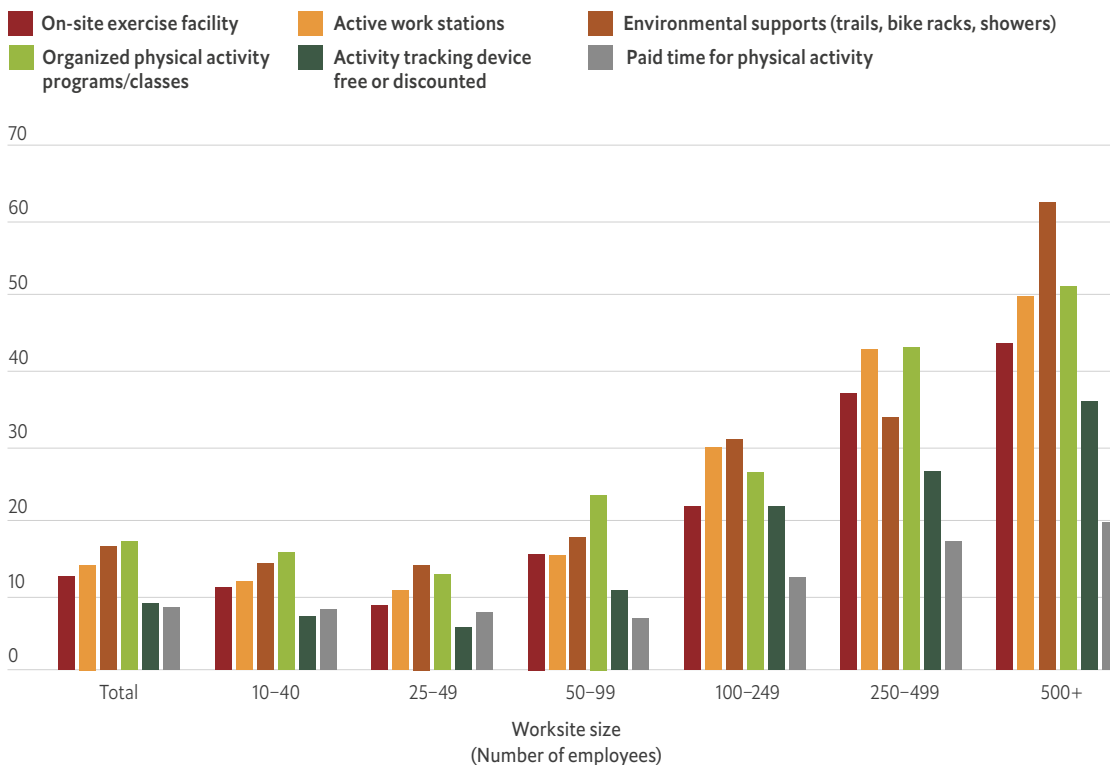


Source: Linnan et al, 2019²⁸

The same survey also identified a range of physical activity interventions from on-site fitness facilities to free or discounted activity trackers, with a broad increase in the availability of all support measures in larger companies with more than 50 staff

(see Figure 4).²⁹ The focus on physical activity is well-founded, as physical movement is the closest we have to a ‘wonder drug’, influencing everything from weight and cardiovascular health to mood and stress resilience.

Figure 4: Physical activity interventions by worksite size (%)



Source: Linnan et al, 2019²⁹

In light of the COVID-19 pandemic, health and wellness policies have been a point of focus for both companies and researchers.³⁰ Results of a new survey from Willis Towers Watson, conducted in April 2020, showed that 47% of companies were enhancing healthcare

benefits, 45% were broadening well-being programs, and 33% planned to make changes to leave policies early in the pandemic. This renewed focus on health affords companies with long-standing wellness programs to double down on optimally supporting employees.

Employer health programs: Case studies

Johnson & Johnson

Widely considered one of the first workplace health programs, the Johnson & Johnson 1978 'Live for Life' project was introduced with the aim of encouraging employees 'to become the healthiest in the world'. The program initially included weight management and nutrition education, smoking cessation programs, stress management and blood pressure control support. This alone resulted in a company-wide reduction in hospitalizations, and a 3-5% decrease in healthcare costs by the late 1980s.³¹

Currently, the company's employee benefits scheme includes expanded coverage options, such as coverage for gender confirmation surgery, expanded parental leave (both maternal and paternal), pet insurance, enhanced military benefits, tuition reimbursement, support for parents of children with special needs and college coaching programs for employee's children.³² Their holistic approach to wellness considers multiple factors of individual, family and financial life, while also delivering financial benefits. Johnson & Johnson has estimated that between 2000 and 2010 their health promotion program saved the company \$250 million in healthcare costs.³³



Employer health programs: Case studies (cont.)

Grants Plus – Focus on Mental Health

Lauren Steiner founded Grants Plus, a fundraising consultancy service focusing on non-profit organizations, in 2007. She wanted to consider her employees as ‘whole people’, creating a company with a focus on health, well-being and enjoyment. This commitment to being a mental health-friendly workplace is grounded in the Grants Plus Psychologically Healthy Workplace Initiative (PHWI), based on the American Psychological Association (APA) Healthy Workplace Practices:³⁴

- Employee involvement
- Work-life balance
- Employee growth and development
- Health and safety
- Employee recognition

The PHWI focuses on engagement and feedback, a supportive workplace culture, and a dedication to promoting employee mental health and well-being via personal health and wellness benefits, flexible working accommodations, and professional growth and development opportunities. This is an integrated initiative that promotes engagement, balance, recognition and safety. Some examples of how this initiative is activated are regular all-staff meetings with

personal sharing to promote positive energy and engagement, discussion of wellness topics (work-life balance, mindfulness, conscious leadership), Mindful Mondays with guided meditations, and free counselling sessions. The PHWI also facilitates flexible working accommodations which allow for part-time work, attendance of evening educational classes, and funds up to 50 hours per year for professional development courses. The company believes in advocating for their employees’ well-being and have cancelled contracts in the past that would have put too much pressure on the team and compromised their health and well-being.

These efforts have yielded significant results, including strong financial performance, low voluntary turnover rates (less than one-third of the national average) and high customer satisfaction. Additionally, more than 70% of employees say the organization values each of the APA Healthy Workplace Practices detailed above. More than two-thirds of employees say the organization provides adequate resources to address mental health needs and helps manage stress. The initiative has been profiled by Inc. Magazine,³⁵ and won a Progressive Organization Award (2016 Smart Business) and an APA Psychologically Healthy Workplace award.³⁶

Chapter three: Overcoming the challenges of workforce well-being promotion

Despite growing recognition of the importance of a healthy workforce, and a clear increase in the presence of health promoting programs and policies by US employers, there is a significant gap between intentions and outcomes. According to the most recent US Workplace Health in America survey, less than half of companies currently offer a health promotion program and the majority are offered by the largest companies.²⁷ “The value of workforce human capital is still under-appreciated,” says Bruce Sherman, medical advisor at the National Alliance of Healthcare Purchaser Coalitions. He notes that there is also a tendency to view workforce health as part of a company’s voluntary corporate responsibility or a workplace perk rather than a core element of a successful business strategy.

Where health programs exist, efficacy is mixed or not adequately measured. According to Aon, 31% of companies are not using any data analytics to inform their health and well-being strategy.³⁷ Academic reviews of active programs have found some disappointing impacts among the approximately 63 million workers in the US covered by these programs.³⁸ One randomized trial of a workplace wellness program at the University of Illinois at Urbana-Champaign found no significant effects of an intervention in 40 out of 42 outcomes, including medical spending, productivity, health behaviors and

self-reported health after two years.³⁹ However, the authors suggest that data could reflect that some programs may have difficulty reaching those who need it most, leaving less room for observed improvement among participants. It is also likely that a longer observation period may be useful in tracking outcomes that are affected by longer-term change.

A longitudinal analysis compared a major hospital’s wellness program for their employees and their dependents with a control group from the same metropolitan area, who didn’t have access to a wellness program. Although those in the wellness program had fewer hospitalizations for the conditions it targeted, it did not reduce short-term costs for the employer. Savings recouped by inpatient treatment were offset by the use of non-inpatient services not covered in the wellness program, in addition to the upstart costs of integrating the program itself.⁴⁰ These results point to the need for not only effective interventions, but also methods to measure their efficacy over a longer period of time, given the relatively short period of measurement. Only by accumulating data and working to empirically determine which health programs are most beneficial to employees, can businesses truly reap the economic benefits of a healthy workforce.

Towards a 'culture of health'

Employers should focus on the opportunity to prioritize health and well-being through the lens of their company values, thereby establishing strong communication, fortifying workplace relationships and influencing behavior by contributing to workplace wellness programs.¹⁸

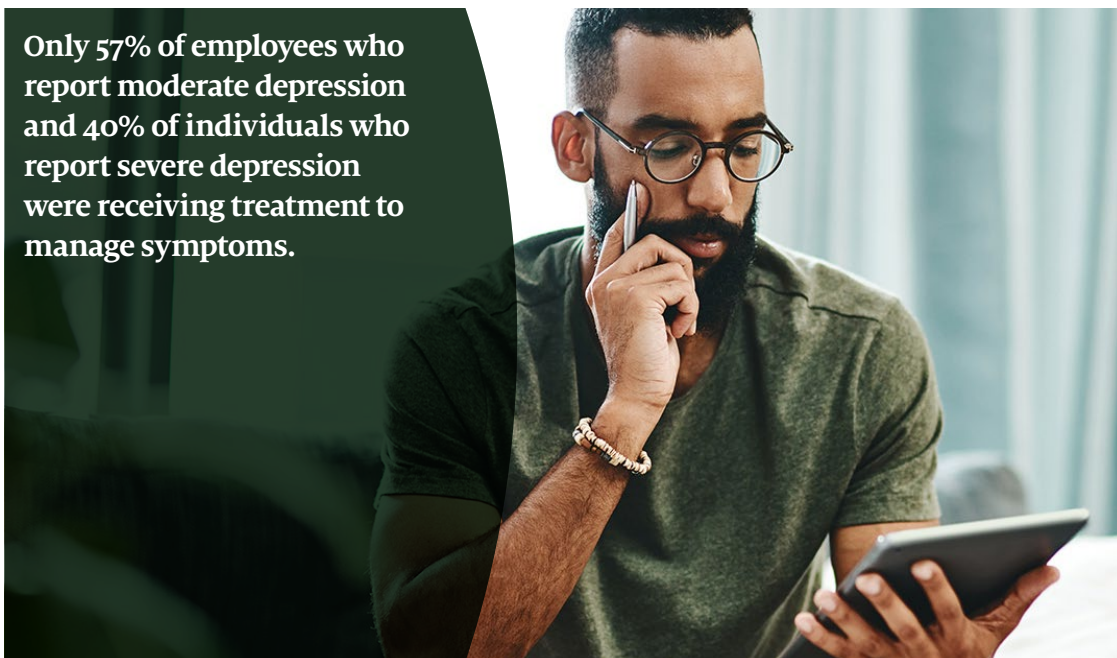
One way to improve outcomes is to widen the concept of health beyond critical illness avoidance. For instance, mental health is an underappreciated burden in the workforce, which is itself associated with chronic diseases including high blood pressure, metabolic disorders and even cancer. According to the CDC in 2018, only 57% of employees who report moderate depression and 40% of individuals who report severe depression were receiving treatment to manage symptoms.⁴¹ The same study showed that depression interferes with a person's ability to complete physical job tasks about 20% of the time and reduces

cognitive performance about 35% of the time. One study of small businesses discovered that of the 260 companies analyzed, one in five employees reported being depressed.⁴²

Mental health is even more important given the current context of the pandemic. According to the Society for Human Resource Management, between 22 and 35% of US employees are experiencing symptoms of depression due to the stress of the pandemic and anxiety induced by concern over the risk of contagion, quarantine and long-term confinement, stigma and social exclusion of mental illness, and financial loss and job insecurity.^{43, 44}

Another recent study by Mind Share Partners, Qualtrics and SAP on mental health at work found that 60% of people had not spoken to anyone about their mental well-being in the workplace in the past year, despite the fact that the same portion had experienced symptoms of mental health conditions.

Only 57% of employees who report moderate depression and 40% of individuals who report severe depression were receiving treatment to manage symptoms.



This suggests that stigma or unease prevents people from disclosing mental health challenges, and thereby also discourages them from utilizing any mental health programs that may be available to them. 86% of respondents said that it is important to them to feel that a company's culture is supportive of mental health.⁴⁵ The report also found that the workplace mental health resource most desired by employees was a more accepting culture.⁴⁶ This highlights the need for management to tackle stigma around mental health and proactively ensure people have the right communication channels open to them. Fostering a supportive company culture can help increase communication around mental health and nurture participation in workplace mental health benefits.

Biotechnology company Genentech, part of Roche, recently assessed the effectiveness of their mental health awareness campaign, which had led to the creation of a Mental Health Champions group. They previously identified stigma as a primary driver in preventing employees from accessing mental health resources through their Employee Assistance Program and healthcare plans. Having identified the crucial role of leadership in dismantling stigma, senior leaders were encouraged to highlight their personal journeys with mental health. This was coupled with the Mental Health Champions program encouraging employee volunteers to generate awareness about company mental health resources. The volunteers were provided with training by a third party that focused on the spectrum of mental health issues and how these arise in the workplace. In reflections following the training, 89% of volunteers felt more equipped to discuss mental health at work and support

colleagues, and had a deeper understanding of stigma regarding mental health at work.⁴⁷

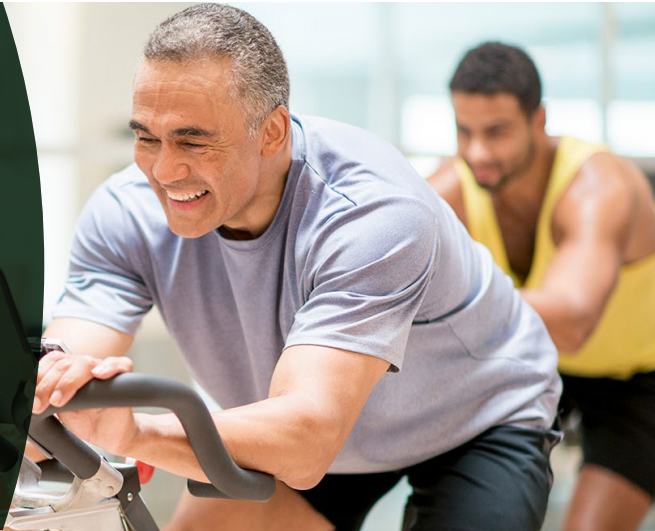
Boosting engagement and inclusion

One US review of client engagement in a workplace fitness program, based on 61 firms, found limited average participation (15.3%).⁴⁸ Uneven rates of engagement in active programs and benefits present a challenge to workplace health, with disadvantaged staff being less likely to participate. This widens existing inequalities as more privileged employees take fuller advantage of company-sponsored support.

Wellness programs can be divided into two categories: participatory and health-contingent. Participatory wellness programs deliver financial incentives such as an insurance premium discount or a fee or surcharge waived based on employee participation in an activity such as a smoking cessation class. Health-contingent plans depend on employees reaching specified health-related targets to achieve a financial incentive.

Participatory wellness programs can be biased due to higher participation among individuals with pre-existing healthy behaviors and thus low medical spending.⁴⁹ If health incentives are linked to pooled expenses such as health insurance, wellness programs thus have the potential to increase insurance premiums for unhealthy low-income workers who may be unable or disinclined to participate, while financial incentives (with rewards such as cash compensation or discounted health insurance premiums) benefit better-off, already-healthy participants.³⁹ Similar issues have been found in other markets. This does not invalidate the need to embrace

Workers were more likely to participate in more time-consuming healthy activities like exercise only when offered during paid work time rather than after-hours.



programs that facilitate employee wellness, but rather means that it is essential to take a nuanced view of the unequal, and potentially negative, impact these programs may have on employees of varied socioeconomic status. With this in mind, companies can take a proactive approach in eliminating bias and making these programs equitable for all.

A range of factors limit participation. Stigma may deter staff from engaging in programs for mental health, due to concerns it may reflect negatively on their competence or ability to take on new promotions. Mental health disclosure in work environments is lower than physical health conditions with one study showing that 95% of people taking time off work for stress named an alternate reason, such as a headache.⁵⁰ Literature also indicates that while employers may provide mental healthcare benefits (counselling, prescription drug coverage and employee assistance programs), personal attitudes prevented employees from accessing these services. 5.5% of employees who did not engage with a mental health and well-being program cited

attitudinal barriers such as a fear of what others would think and being afraid to ask for help, in contrast with 4.8% who experienced structural barriers such as the lack of finances or accessibility to utilize these services.⁵¹

Contract type could limit engagement too. Workers paid on an hourly basis, such as gig workers and contractors, are less likely to participate in activities for which they are not remunerated. Time also appears to be a limiting factor. Studies have shown more enthusiasm among workers for workplace health promotion measures like removing unhealthy food options such as 'candy jars', or time-saving measures like bringing healthy food options to work premises so as to avoid leaving the workplace. Workers were more likely to participate in more time-consuming healthy activities like exercise only when offered during paid work time rather than after-hours.⁵²

There is also a firm-level inequity, with small and medium enterprises showing generally lower engagement with workforce health due to factors including more limited

resources and larger numbers of casual or part-time workers.⁵² The 2017 Workplace Health in America survey found that smaller worksites provided fewer offerings, with a significantly lower percentage of worksites within the two smallest size categories offering wellness programs in comparison to companies in the four larger size categories.²⁷

Addressing social determinants of health

A further shortcoming of some employer health policies is consideration for environmental factors that might be unequally impacting individual health above and beyond the presence of workplace initiatives. These social determinants of health may account for between 30 and 55% of health outcomes according to the WHO.⁵³ COVID-19 has sharply revealed how we live in 'the same sea in different boats' with factors including location, race, ethnicity and gender all shaping infection and mortality risk.

LuAnn Heinen, vice president at Business Group on Health, draws a comparison with a fish tank. "Employers can invest in their employees [fish] as much they like, but if they live in a dirty fish tank it will only go so far". She cites examples of living in unsafe neighborhoods where people hesitate to exercise at night, face worse air pollution and are surrounded by unhealthy food options as examples of how one's environment works against good health choices in ways that could lessen the impact of workplace programs.

One study drawing on human resources data from four large US manufacturing plants found that employees living in areas with poor community health (e.g., poverty, caregiving burdens, family dysfunction, drug use) suffered additional mental stress which in turn led to distractions at work, poor job performance, and safety lapses, thereby bolstering the case for greater private sector investment in community health.⁵⁴ When it comes to health, "zip code matters more than genetic code" according to an oft-repeated quote from Dr. Anthony Iton at UC Berkeley's School of Public Health.⁵⁵

Companies can factor in and directly engage with broader community dynamics through their interventions. Wayne Burton, a healthcare strategic advisor and consultant, and the former global corporate medical director at American Express, recommends that companies look to partner with community institutions including food banks, faith-based groups and civic networks, such as programs offered by organizations like the YMCA. Companies can partner with state and local health departments, universities and colleges, and regional health systems on everything from public education, to encouraging workers to have annual check-ups and screenings, to setting up flu vaccine clinics. Some have collaborated with transport departments to create safe routes for walking and biking to work.⁵⁶ The CDC Workplace Health Resource Center is a useful one-stop shop for resources and case studies covering different forms of partnerships available.⁵⁷

Chapter four: Opportunities to reimagine workforce health

The growing attention given to workforce health in recent years reflects both the financial pressures on US companies to control costs as well as a growing appreciation among more forward-looking firms about the broad business benefits of a mentally and physically healthy workforce. Strengthening employee health has far reaching benefits into the wider economy and, building on existing employer sponsored health programs, contributes to a more resilient and healthy workforce.

Yet progress has been uneven, with many companies either not actively promoting health and well-being or failing to measure and improve upon existing policies and programs. Some well-being issues receive less attention, notably mental health, and participation is often unevenly distributed, shaped by factors including non-inclusive

design, unequal accessibility, lack of awareness among some staff, lack of time and stigma.

The pandemic has served as a valuable opportunity for leaders to appreciate more fully the health dynamics of their workforce. Employees are facing emotional burnout, isolation and blurred lines between home and work, leading to a lack of work-life balance. Some have been far more affected than others, showing the unique challenges facing different employee cohorts. Managers have been forced to take a more active interest in employee well-being including through 'check-ins' with staff who may be suffering in silence. Research in Harvard Business Review, for instance, found that men can be hesitant in expressing their need for family accommodations, while women have overwhelmingly borne the responsibility of childcare and homeschooling during the pandemic.⁵⁸

Managers have been forced to take a more active interest in employee well-being including through 'check-ins' with staff who may be suffering in silence.



COVID-19 has also forced managers to take more account of the impact of personal circumstances of staff on work, such as the suitability of their home for remote work and the divergent experiences of working from home, which may suit older, more senior staff better than younger workers (who are more likely to live in cramped conditions or to share accommodation with others). While this has been a challenging period for managers, the lessons learned over the last year are also an opportunity for employers to rethink the fundamentals of their workplace wellness strategy for a post-pandemic world.

Tailored support

Leaders need to optimize workforce health strategy by understanding differences across employee cohorts, especially in mental health. A 2020 UK-focused report, *Digital Health Tools for Mental Health*, cited the importance of employers recognizing that the needs of their employees are diverse and ever-changing, and that effective integration of digital platforms needs to be adaptable and personalized.⁵⁹ Similarly, while app-based services will suit tech-savvy workers, others may feel unable to access these platforms and could benefit from more traditional face-to-face services.

Differences are also felt across employee cohorts as groups face unique challenges or needs. Employee resource groups (ERGs) – intra-company organizations run by volunteers – are a recognized way to allow individuals in organizations to connect on shared commonalities. Initially known as affinity groups, ERGs rose in popularity in the 1960s and have since developed in scope to include groups based on demographics (e.g., gender, sexuality, parental status), life stage (e.g., early

career) and business function.⁶⁰ They can eliminate hierarchy within workplaces, provide professional and social support for members, and promote advocacy and visibility which can in turn support productive organizational changes.⁶¹ Their main focus is fostering and promoting diversity within the workforce and they can be beneficial for facilitating an inclusive environment and nurturing leadership among underrepresented communities.⁶² ERGs could be an organizational asset when addressing issues of under-representation of certain groups in health programs.

The need for leadership

A recurring theme in the academic literature, as well as our expert interviews and focus groups for this study, is the need for buy-in from senior leadership to create a culture of health. If wellness is confined to an issue only relevant to the benefits or human resources department, it may lack a comprehensive strategy touching on all parts of the business. It may be under-funded if finance departments are not compelled to allocate support. If embedded into the core of company strategy, well-being policies can be more than the pet project of a high-ranking executive which dissipates when they move on. Studies show that workplaces that train line managers in health and well-being strategies report higher participation and companies that actively report on health and well-being of staff, internally and externally, showed higher engagement from staff.⁶³ A workplace fitness study also found increased engagement from firm leadership positively influenced enrollment.⁴⁸ Similarly, our survey showed that 9 in 10 executives and employees agree that employers are an important player in health innovation and should be actively involved.

Leaders must be actively engaged not just to create a health-centric culture, but also to make decisions about ways that the business itself could be negatively impacting workers. This includes factors such as stress, poor communication, damaging or toxic cultures or sedentary work arrangements, which create linked problems such as obesity, diabetes and high blood pressure, in addition to lack of sleep caused by an 'always-on' work culture. All of these issues can be influenced by leadership setting the tone of the organization and leaders alone are able to review how processes and management strategies could be affecting employee well-being and making changes.

The data dividend

Designing effective programs requires good data. Most respondents in the 2017 US Workplace Health in America survey (65.3%) endorsed having measurable objectives. But many lack this capability currently. According to Aon, 31% of companies are not using any data analytics to inform their health and well-being strategy.³⁷ Companies often struggle to develop data-driven metrics to understand the impact of benefits and programs, and do not systematically gather input from staff. These findings are consistent with the findings of our survey in which 89% of executives expressed a need to more effectively quantify the business value of a healthy, productive workforce. A shift to value on investment rather than return on investment can inform a richer assessment of program impact, according to Karen Moseley, President of HERO. This moves from measuring financial returns to a broader range of business-relevant metrics including engagement, productivity, resilience and talent attraction.

One data best practice is a clear assessment of impact based on the entire intended beneficiary pool. For instance, a 90% positive impact of a program, in which 80% of people dropped out, does not indicate an efficacious program, argues Bruce Sherman. Another best-practice is gathering input from all cohorts before priorities are set and interventions are designed. The goal of this is to find out the relative importance to employees of issues like retirement, vacation, disability pay, training, job flexibility, family time, dependent care, childcare, financial advice, anxiety, housing assistance and nutrition.

Data analysis needs to be financially feasible, and respect the time of employees. Employee health surveys are one low-cost way of assessing the attitudes, behaviors and beliefs of employees. However, it is crucial that respondents broadly reflect the demographics of the workforce, and that leadership pay attention to accessibility of format and confidentiality. It is also essential that the results of any survey are shared with all employees and that there is clear follow through by leadership to build trust and encourage participation.⁶⁴

Companies can also leverage organizational datasets to establish effectiveness, such as medical expenditures pre- and post-intervention. These data can reveal the dominant health complaints, which vary across industries, and pinpoint specific units or geographies that are suffering worse outcomes and in need of more focused attention. Tracking data in this way is challenging however because data-gathering and analysis is both time and labor-intensive.

Conclusion: Opportunity in a crisis

The pandemic has been a wake-up call for companies to engage more actively in the health and well-being of their staff as well as providing a harsh reminder of the high prevalence of chronic, lifestyle-related conditions in the US, such as obesity, high blood pressure and diabetes. The world has been permanently altered by the pandemic, and the virus will be a continual presence in our lives even as vaccines cut transmission and fatalities. Employers will not only need to manage acute challenges associated with COVID-19, but will also need to be prepared for the longer term unknowns caused by the pandemic and proactively minimize risks to employees.

In recent decades, companies in the US have engaged more actively in the health of their workforce, most often to control costs, given their financial responsibilities within the mostly private healthcare market. But the business case for workforce health goes beyond cost control. Mounting evidence proves the impact of a healthy workforce on productivity, engagement, and talent attraction and retention.

In addition, many chronic conditions can be forestalled or avoided entirely by fostering healthy behaviors among staff earlier in their lives. Flourishing individuals make for more dynamic companies and thereby, a stronger economy.

Progress, however, must not stop here. Many US companies still lack a workforce health policy or program, in particular smaller firms. Companies with programs and initiatives often do not measure participation nor assess effectiveness through data collection. Participation is also often uneven, mirroring wider socioeconomic inequalities as manifested through different levels of health literacy, awareness, free time or autonomy over schedule. Mental health has long been missing from workforce health policies despite the close causal links between work itself and mental ill-health, especially stress and anxiety.

It is imperative that companies work to overcome these challenges by engaging with best practices and lessons learned from corporate leaders, as well as the academic community. Critical measures emerging from the literature, and the Economist Intelligence Unit's focus groups and expert interview programs for this project, are as follows:

- **Companies should strive to create a 'culture of health' rather than rely on isolated programs and initiatives.** This can boost awareness of what facilities and support programs are available, reduce stigma or fear of negative repercussions among staff seeking health support, especially for mental health, and empower staff to play a more active role in raising concerns. It can also ensure that workforce health is embedded across the company rather than being siloed or dependent on individual managers or influential advocates, who may move on to other companies in the future.
- **Leaders need to proactively identify individuals or groups at particular risk of health or well-being challenges** - for instance, employees who may be experiencing economic difficulties, or a demographic that is not engaging in initiatives open to them. It is up to leadership to investigate why certain employees might be struggling more than others, and to facilitate solutions to improve accessibility for all. One way leadership can do this is

by creating dedicated ERGs to help foster dialogue and expand their remit to more explicitly cover health. Where possible, companies should also explore ways to work with community institutions to collectively tackle the socioeconomic factors that hamper well-being among disadvantaged staff, such as making connections to accessible health activities in staff's local areas.

- **Companies should rigorously self-assess their performance** by gathering intelligence and data from their workforce. They can do this by regularly using tools like surveys and tracking meaningful outcomes from programs or initiatives.

All of these measures require time, effort and resources. But investment in health should not be seen as a mere cost. The evidence is clear that a healthy workforce delivers many benefits both directly to private companies as well as the wider economy. Ill-health is costly not just in medical fees but in terms of productivity, disengagement at work and workforce turnover. A 'value on investment' framework will allow companies to properly quantify and appreciate the returns they can reap from healthier staff. As opined Bruce Sherman, "the workforce is one of the few assets a company has that appreciates over time."

References

1. WHO. Constitution, World Health Organization. World Health Organization. Available from: <https://www.who.int/about/governance/constitution>.
2. McGovern L, Miller G, Hughes-Cromwick P. Health Policy Brief: The Relative Contribution of Multiple Determinants to Health Outcomes. Health Aff Policy Brief. 2014 Aug 21;10.
3. Harrison PL, Pope JE, Coberley CR, et al. Evaluation of the relationship between individual well-being and future health care utilization and cost. Popul Health Manag. 2012;15(6):325-30.
4. Gubler T, Larkin I, Pierce L. Doing Well by Making Well: The Impact of Corporate Wellness Programs on Employee Productivity. Manage Sci. 2017;64(11):4967-87.
5. Gallup. What Is Employee Engagement and How Do You Improve It?. Gallup. Available from: <https://www.gallup.com/workplace/285674/improve-employee-engagement-workplace.aspx#ite-285782>.
6. Grossmeier J, Fabius R, Flynn JP, et al. Linking Workplace Health Promotion Best Practices and Organizational Financial Performance: Tracking Market Performance of Companies With Highest Scores on the HERO Scorecard. J Occup Environ Med. 2016;58(1):16-23.
7. Dan Witters, Agrawal S. Well-Being Enhances Benefits of Employee Engagement. Gallup. Available from: <https://www.gallup.com/workplace/236483/enhances-benefits-employee-engagement.aspx>.
8. AFLAC. 2020-2021 Workforces Report, Workplace Benefits Trends. AFLAC. Available from: https://www.aflac.com/docs/awr/pdf/2020-overview/aflac_awr_2020_executive_summary.pdf.
9. Mercer, Wyman O. Health on Demand. Available from: <https://www.mercer.us/content/dam/mercer/attachments/north-america/us/us-2020-health-on-demand.pdf>.
10. American Psychological Association. Stress in American Gen Z. American Psychological Association. Available from: <https://www.apa.org/news/press/releases/stress/2018/stress-gen-z.pdf>.
11. Chari R, Chang CC, Sauter SL, et al. Expanding the Paradigm of Occupational Safety and Health: A New Framework for Worker Well-Being. J Occup Environ Med. 2018;60(7):589-93.
12. National Center Chronic for Disease Prevention and Health Promotion. Chronic Diseases in America Fact Sheet. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>.
13. IHME. WHO Rehabilitation Need Estimator. Institute for Health Metrics and Evaluation, University of Washington. Available from: <https://vizhub.healthdata.org/rehabilitation/>.
14. The National Institute for Occupational Safety and Health. Musculoskeletal Health Program. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/niosh/programs/msd/description.html>.
15. Seeberg KGV, Andersen LL, Bengtsen E, et al. Effectiveness of workplace interventions in rehabilitating musculoskeletal disorders and preventing its consequences among workers with physical and sedentary employment: systematic review protocol. Syst Rev. 2019;8(1):219.
16. Mental Health America. 2021 Mind the Workplace Report. Mental Health America. Available from: <https://mhanational.org/research-reports/2021-mind-workplace-report>.
17. American Psychological Association. Stress in America 2020. American Psychological Association. Available from: <https://www.apa.org/news/press/releases/stress/2020/report>.
18. Cigna. The Heart of a Healthy Workforce - Employer-sponsored health plans are key to economic prosperity. Cigna. Available from: https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/innovation/435202_Cigna_Heart_of_a_Healthy_Workforce_Paper_Final.pdf.
19. Rucker M. The Interesting History of Workplace Wellness. Michael Rucker Ph.D. Available from: <https://michaelrucker.com/well-being/the-history-of-workplace-wellness/>.
20. Reardon J. The history and impact of worksite wellness. Nurs Econ. 1998;16(3):117-21.
21. DeJoy DM, Southern DJ. An integrative perspective on work-site health promotion. J Occup Med. 1993;35(12):1221-30.
22. National Center for Health Statistics (US). Healthy People 2000. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Available from: https://www.cdc.gov/nchs/healthy_people/hp2000.htm.
23. Linnan L, Bowling M, Childress J, et al. Results of the 2004 National Worksite Health Promotion Survey. Am J Public Health. 2008;98(8):1503-9.

24. Office of Disease Prevention and Health Promotion. Occupational Safety and Health. Healthy People. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/occupational-safety-and-health/objectives>.
25. Julie Anne Mitchell, Barbara Eden, Scott Dunn, et al. Healthy Workplace Guide. National Heart Foundation of Australia. Available from: https://ses.library.usyd.edu.au/bitstream/handle/2123/8776/Healthy%20Workplace%20Guide_Ten%20steps.pdf?sequence=1&isAllowed=y.
26. Ryan T, Rice V, Saunders J, et al. Measuring the effectiveness of workplace health management programs: An Australian example. *Preventive Medicine Reports*. 2018;11:56-62.
27. Linnan LA, Cluff L, Lang JE, et al. Results of the Workplace Health in America Survey. *Am J Health Promot*. 2019;33(5):652-65.
28. CDC. Workplace Health in America 2017. Centers for Disease Control and Prevention, 2018. Available from: <https://www.cdc.gov/workplacehealthpromotion/data-surveillance/docs/2017-Workplace-Health-in-America-Summary-Report-FINAL-updated-508.pdf>.
29. Transamerica Center for Health Studies, Institute for Health and Productivity Studies, Johns Hopkins Bloomberg School of Public Health. From Evidence to Practice: Workplace Wellness that Works. Transamerica Center for Health Studies, 2015. Available from: <https://www.transamericacenterforhealthstudies.org/docs/default-source/wellness-page/from-evidence-to-practice---workplace-wellness-that-works.pdf>.
30. Willis Towers Watson. Companies move to enhance health care and wellbeing programs in response to COVID-19. Willis Towers Watson. Available from: <https://www.willistowerswatson.com/en-US/News/2020/05/companies-move-to-enhance-health-care-and-wellbeing-programs-in-response-to-covid-19>.
31. Isaac F, Flynn P. Johnson & Johnson LIVE FOR LIFE Program: now and then. *Am J Health Promot*. 2001;15(5):365-7.
32. Johnson & Johnson. Careers; Employee Benefits. Johnson & Johnson. Available from: <https://www.careers.jnj.com/employee-benefits>.
33. Leonard L. Berry, Ann M. Mirabito, Baun WB. What's the hard return on employee wellness programs. *Harvard Business Review*. 2010.
34. Centers for Disease Control and Prevention Workplace Health Resource Center. Creating A Mental Health-Friendly Workplace: Grants Plus. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/pdf/WHRC-Grants-Plus-case-study-508.pdf>.
35. Lehoczky E. 2 Out of 3 People See Depression at Work. Here's How to Keep Your Team Well. Inc. Available from: <https://www.inc.com/magazine/201804/etelka-lehoczky/employee-mental-health-wellness-depression.html>.
36. Grants Plus. Our Team. Grants Plus. Available from: <https://grantsplus.com/us/>.
37. Aon. Employee Benefits Data: Analytics, Benchmarking and Forecasting. Aon. Available from: <https://www.aon.com/unitedkingdom/employee-benefits/healthcare-and-risk-benefits/benchmarking-and-analytics.jsp>.
38. Karen Pollitz, Rae M. Trends in Workplace Wellness Programs and Evolving Federal Standards. Kaiser Family Foundation. Available from: <https://www.kff.org/private-insurance/issue-brief/trends-in-workplace-wellness-programs-and-evolving-federal-standards/>.
39. Jones D, Molitor D, Reif J. What do Workplace Wellness Programs do? Evidence from the Illinois Workplace Wellness Study. *Q J Econ*. 2019;134(4):1747-91.
40. Gowrisankaran G, Norberg K, Kymes S, et al. A hospital system's wellness program linked to health plan enrollment cut hospitalizations but not overall costs. *Health Aff*. 2013;32(3):477-85.
41. National Center for Chronic Disease Prevention and Health Promotion. Mental Health in the Workplace. Center for Disease Control and Prevention Available from: <https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html>.
42. Newman LS, Stinson KE, Metcalf D, et al. Implementation of a worksite wellness program targeting small businesses: the Pinnacol Assurance health risk management study. *J Occup Environ Med*. 2015;57(1):14-21.
43. Gurchiek K. SHRM Research: COVID-19 Takes a Toll on Employees' Mental Well-Being. SHRM. Available from: <https://www.shrm.org/hr-today/news/hr-news/pages/shrm-research-COVID-19-takes-a-toll-on-employees-mental-well-being.aspx>.
44. Hamouche S. COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions. *Emerald Open Research*. 2020;2:15.
45. Mind Share Partners, SAP, Qualtrics. Mental Health at Work 2019 Report. Mind Share Partners. Available from: <https://www.mindsharepartners.org/mentalhealthatworkreport>.
46. Kelly Greenwood, Krol N. 8 Ways Managers Can Support Employees' Mental Health. *Harvard Business Review*. 2020.
47. Mind Share Partners. Case Study, Genentech & Roche. Mind Share Partners. Available from: <https://www.mindsharepartners.org/casestudy-genentech-roche>.

48. Lier LM, Breuer C, Dallmeyer S. Organizational-level determinants of participation in workplace health promotion programs: a cross-company study. *BMC Public Health*. 2019;19(1):268.
49. McIntyre A, Bagley N, Frakt A, et al. The Dubious Empirical and Legal Foundations of Wellness Programs. *Health Matrix*. 2017;27(1).
50. Deloitte Center for Health Solutions. *Workplace Mental Health and Wellbeing*. Deloitte, 2017. Available from: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-workplace-mental-health-n-wellbeing.pdf>.
51. Dewa CS, Hoch JS. Barriers to Mental Health Service Use Among Workers With Depression and Work Productivity. *J Occup Environ Med*. 2015;57(7):726-31.
52. Sargent GM, Banwell C, Strazdins L, et al. Time and participation in workplace health promotion: Australian qualitative study. *Health Promot Int*. 2018;33(3):436-47.
53. WHO. Social Determinants of Health. World Health Organization. Available from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
54. McHugh M, French DD, Farley D, et al. Community Health and Employee Work Performance in the American Manufacturing Environment. *J Community Health*. 2019;44(1):178-84.
55. Dr Tony Iton: Why Your Zip Code Says More About Your Health Than Your Genetic Code [Internet]; 2020. Podcast. Available from: <https://asecondopinionpodcast.com/dr-tony-iton-on-why-your-zip-code-is-more-important-than-your-genetic-code-in-predicting-long-term-health/>
56. National Center for Chronic Disease Prevention and Health Promotion. *Partnering for Workplace Health*. Center for Disease Control and Prevention. Available from: <https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html>.
57. National Center for Chronic Disease Prevention and Health Promotion. *CDC Workplace Health Resource Center*. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/workplacehealthpromotion/initiatives/resource-center/index.html>.
58. Thomason B. Help Your Team Beat WFH Burnout. *Harvard Business Review*. 2021.
59. Marsh & McLennan Advantage. *Digital Tools for Mental Health*. Marsh & McLennan Advantage. Available from: <https://www.mmc.com/content/dam/mmc-web/insights/publications/2020/december/Digital-Tools-for-Mental-Health-Report--Final.pdf>.
60. Welbourne TM, Rolf S, Schlachter S. "Employee Resource Groups: An Introduction, Review and Research Agenda". *Academy of Management Proceedings*. 2015;2015(1):15661.
61. Welbourne TM, Rolf S, Schlachter S. The case for employee resource groups: A review and social identity theory-based research agenda. *Personnel Review*. 2017;46(8):1816-34.
62. Bethea A. What Black Employee Resource Groups Need Right Now. *Harvard Business Review*. 2020.
63. Van Stolk C. How to Increase Participation in Workplace Health and Wellbeing Initiatives. *The RAND Blog*. Available from: <https://www.rand.org/blog/2018/05/how-to-increase-participation-in-workplace-health-and.html>.
64. National Center for Chronic Disease Prevention and Health Promotion. *Employee Level Assessment*. Center for Disease Control and Prevention Workplace Resource Center. Available from: <https://www.cdc.gov/workplacehealthpromotion/model/employee-level-assessment/index.html>.

While every effort has been taken to verify the accuracy of this information, The Economist Intelligence Unit Ltd. cannot accept any responsibility or liability for reliance by any person on this report or any of the information, opinions or conclusions set out in this report. The findings and views expressed in the report do not necessarily reflect the views of the sponsor.

LONDON

20 Cabot Square
London, E14 4QW
United Kingdom
Tel: (44.20) 7576 8000
Fax: (44.20) 7576 8500
Email: london@eiu.com

GENEVA

Rue de l'Athénée 32
1206 Geneva
Switzerland
Tel: (41) 22 566 2470
Fax: (41) 22 346 93 47
Email: geneva@eiu.com

NEW YORK

750 Third Avenue
5th Floor
New York, NY 10017
United States
Tel: (1.212) 554 0600
Fax: (1.212) 586 1181/2
Email: americas@eiu.com

DUBAI

Office 1301a
Aurora Tower
Dubai Media City
Dubai
Tel: (971) 4 433 4202
Fax: (971) 4 438 0224
Email: dubai@eiu.com

HONG KONG

1301
12 Taikoo Wan Road
Taikoo Shing
Hong Kong
Tel: (852) 2585 3888
Fax: (852) 2802 7638
Email: asia@eiu.com

SINGAPORE

8 Cross Street
#23-01 Manulife Tower
Singapore
048424
Tel: (65) 6534 5177
Fax: (65) 6534 5077
Email: asia@eiu.com