



Welcome to:

Path To Wellness - January 2004 Edition

For leaders who value their team

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In this feature:

Corporate Wellness Programs - What Gets Measured Is What Gets Done

One of the most difficult aspects of corporate wellness programming is convincing stakeholders (management and employees) that there is an actual bottom line benefit. The difficulty to date with such programming is that the benefits tend to be more anecdotal rather than research based. This issue will give you some ideas on the pre and post evaluation research that can align your programming to the corporate bottom line.

- **National Wellness Survey - Measurement Results**
- **Step One - Benchmarks**
- **Step Two - Performance Measurement - Process, Impact, Outcome**
- **Step Three - Measurement, Review and Redirection In A Comprehensive Workplace Health Program**
- **Compelling Research Support For Wellness**

- ***Bonus* - 2004 Compilation Of More Than 315 Wellness Awareness Days, Weeks & Months**
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This free, semi-annual e-newsletter highlights information on employee and corporate wellness. It provides you with various how-tos, and updates you on significant research and statistics that may assist you in your wellness programming. If you like what you read - pass this on to your colleagues. If you don't find that this information meets your needs - let us know what we can do to improve the next issue.

Written and Distributed by:

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Measurement - National Wellness Survey Report 2000

The *Second Tri-Annual Buffet Taylor National Wellness Survey* shows that workplace wellness is becoming increasingly important to the Canadian Business community. Four hundred and twenty-two businesses representing 716,885 employees responded to the 1999 survey.

Measurement Related Results:

- Only 23.9% evaluated their wellness programs, which explains why the data associated with workplace wellness is so limited and mostly anecdotal.

- A majority of companies underestimate the time it takes to show reasonable improvements in employee health (Canada Life 10-year analysis provides one of the best know indicators).

Step One - Determine Benchmarks - Health Canada [Active Living](#)

"It is important to build evaluation into the planning process from the beginning, otherwise it will be hard to measure whether or not the initiative is effective." T. Horne, Making A Difference

Initial research should examine:

- Employee activity levels before the program is started
- Employee health
- Current costs of illness to benefit programs
- Stress levels
- Absenteeism patterns
- Employee satisfaction
- Retention rates
- Productivity and performance

Some of these can be assessed through your initial [Employee Wellness Questionnaire](#), while others would come from your HR data.

Step Two

After the program has been running for at least a year, follow-up research should be undertaken to measure the short-term results of the wellness intervention. Repeat evaluations should be done again at the 5 and 10 year mark.

"Evaluation does not have to be a daunting task, but it is vitally important to the success of your workplace health initiative." Health Canada

Measuring outcomes - Health Canada

Ideally, performance measurement enables an organization to:

- Determine if a program has been implemented as planned (*process measurement*);
- Determine if a program has met its quality assurance criteria (*process measurement*);
- Assess if a program is attracting the volume of participants that it intended (*process measurement*);
- Document the individual employee health impacts of a program (*impact measurement*);
- Identify the health outcomes of a program as it relates to disability management and absenteeism rates (*outcome measurement*);
- Determine the cost benefit of a program (*outcome measurement*); and
- Establish whether an ongoing commitment to the program is justified.

Process measurements

Process measurements review *short-term program/intervention oriented results* – quality control measures aimed at determining if the program/intervention itself has achieved its objectives. These may be derived through after intervention evaluation forms.

Typical process measurements include:

- Participation rates
- Adherence levels (if a long-term program)
- Participant satisfaction
- Perceived value
- Management commitment

Impact measurements

Impact measurements review *medium-term individual employee results*. They identify whether or not intended individual health outcomes are occurring on a personal level. Post Employee Wellness Questionnaires may be utilized to determine these results.

Typical impact measurements may include:

- Decreased Employee Health Risk usually through health-risk assessments;
- Improved Health Beliefs and Attitudes through health surveys;
- Improved Perceived Health Status through health surveys;
- Readiness for Change through health surveys;
- Improved Employee Satisfaction, as measured by a questionnaire;
- Employee perception of greater personal power and control over their work environment, as measured by certain stress indicators;
- Reduced incidence of new cardiovascular cases in STD and LTD; and
- Reduced incidence of new musculoskeletal injuries.

Outcome measurements

Outcome measurements are *longer term, organization-oriented results* that indicate whether or not a program is generating the intended economic outcomes for the organization.

Typical outcome measures include:

- Decreased incidence of illness or injury associated with stress, cardiovascular and musculoskeletal disorders;
- Reduction in the length of a disability associated with stress, cardiovascular and musculoskeletal disorders;
- Cost savings in health benefits such as long-term disability, short-term disability (and/or weekly indemnity), Workers' Compensation,

- and drug utilization associated with stress, cardiovascular and musculoskeletal disorders; and
- Financial measurements, including cost/benefit analysis and Return on Investment calculations.

A survey from the Workplace Health Research Unit, 2003 found that managers do not see the clear link between the corporate health program and the overall corporate strategy and the don't see the impact of the program in their reality. These measurements need to be tied with the overall business outcomes and need to make sense to the individual business unit managers.

Step Three - Measurement, Review and Redirection In A Comprehensive Workplace Health Program

"What gets measured is what gets done."

Once the data is tracked from employee wellness questionnaires, programs evaluations and HR data the wellness committee needs to review the progress of their initiatives. The data ensures that the current programs are operating satisfactorily and that the employee needs are being met. They may also show the way to new initiatives and the need for new action plans.

This data will also ensure that all stakeholders will see the bottom line impact of creating a healthy workplace. Without this data, leaders may make decisions that do not consider the health of their most valuable asset - their employees.

As solid research in workplace health programs increases there may be a change to anchoring the programs to broad organizational goals that then decreases the need to prove the benefits of each individual program.

"Many leading organizations are moving away from a focus on return on investment measures and are aligning workplace health programs to the their

human capital management, 'employer of choice', or triple bottom-line reporting strategies." Conference Board Of Canada

Compelling Research Support For Wellness

There is a national and international shortage of solid, corporate research backing the benefits of wellness in the workplace that is shared and easily accessible. (See the July 2002 issue for corporate return on investment figures or [Welcoa](#)) However, here is a look at some research studies that should aid in a commitment to health promotion.

Dr. Martin Shain, a researcher with the Centre for Addiction and Mental Health in Toronto, has conducted numerous studies on stress management in the workplace.

- Shain concludes that unhealthy workplaces create adverse health outcomes, including more than double the rate of heart and cardiovascular problems as well as significantly higher rates of anxiety, depression, demoralization, alcohol and prescription and over-the-counter drug use
- Workplaces with a high stress level also make workers much more susceptible to a wide range of infectious diseases.

The University of Michigan's Health Management Research Center has studied wellness programs at 1,400 businesses employing more than two million employees over the past 15 years.

- It has determined that health promotion programs result in reduced rates of absenteeism, fewer instances of short- and long-term disability and lower employee benefits costs, as well as improved morale and increased productivity.

Carleton University professor, Linda Duxbury, recently conducted the largest-ever Canadian study on work-life balance. Her research shows that over the last decade, work-life balance has become an important workplace health issue.

- During this period, job satisfaction declined, job stress increased and employees exhibited less of a commitment to their organizations.
- Over 50% of the 30,000 individuals surveyed indicate that they are, or have experienced, role overload while trying to balance work and personal commitments.
- More individuals are spending a greater number of hours at work each week and taking work home.

According to Duxbury, employee mental health has worsened as a result of work-life conflict, while the costs associated with creating a supportive work environment are surprisingly low. On the other hand, she says, the costs of not responding are high.

- Turnover, alone, can make the case for change, says Duxbury. The cost of losing an employee and retraining a successor is estimated to be up to five times the annual salary for professionals and 20% of the annual salary and benefits for lower-level employees.
- An employer's failure to recognize the importance of this issue and make constructive changes will result in increased levels of turnover, higher incidents of depression, burnout and stress, argues Duxbury.
- In addition, there is a 20% increase in the likelihood that an employee will miss work due to work-life conflicts. Prescription drug costs will rise as productivity decreases.

The Canadian Council On Integrated Healthcare recognizes the benefits of a comprehensive workplace health program, but found the following:

- More workplace health research is needed
- Better measurements are needed, particularly productivity and performance measurements
- More longitudinal research is needed
- Funding support for research is needed and could be correlated to health care rebates

"It is vitally important that practitioners and researchers working in every setting...take part in the effort to expand the knowledge base and to communicate what they learn to others working in the field." Health Canada

BONUS

Sample List of Wellness Awareness Days, Weeks and Months for 2004 January - July

To view the complete list of more than 315 National and International celebrations visit www.WorkSmartLiveSmart.com

January

- Alzheimer's Awareness Month (<http://www.alzheimer.ca>) (CND)
- National Volunteer Blood Donor Month (<http://www.aabb.org>) (US)
- Weedless Wednesday (Jan 21, 2004) (CND)
- National Non-Smoking Week (<http://www.cctc.ca> - Jan 18-24, 2004) (CND)

February

- National Heart Awareness Month (<http://www.heartandstroke.ca>) (CND)
- Eating Disorder Awareness Week (<http://www.nedic.ca> - Feb 1-7, 2004) (CND) (US - Feb 22-29 - <http://www.nationaleatingdisorders.org>)
- Antibiotic Awareness Week (<http://www.antibiotics-info.org> - Feb 22-28, 2004) (CND)
- National Condom Day (<http://www.ashastd.org> - Feb 14, 2004) (US)

March

- National Nutrition Month (<http://www.dietitians.ca>) (CND) - (<http://eatright.org>) (US)
- Learning Disabilities Awareness Month (<http://www.ldac-taac.ca>) (CND)
- Workplace Eye Health and Safety Month (<http://www.preventblindness.org>) (US)
- National Sleep Awareness Week (<http://www.sleepfoundation.org> - Mar 28 - Apr 4, 2004) (US)

April

- Allergy Awareness Month (<http://www.aaia.ca>) (CND)
- Alcohol Awareness Month (<http://www.ncadd.org>) (US)
- National Volunteer Week (<http://www.volunteer.ca> - Apr 18-24, 2004) (CND) (<http://www.pointsoflight.org> US)
- National Organ and Tissue Donation Awareness Week - (<http://www.kidney.ca> - Apr 18-25, 2004) (CDN)

May

- Mental Health Week (www.cmha.ca May 3-7, 2004) (CND)
- Mental Health Month (www.cmha.ca) (CND) (<http://www.nmha.org>) (US)
- Correct Posture Month (<http://www.americhiro.org>) (US)
- Canada Health Day (<http://www.cpha.ca> May 12, 2004) (CND)
- World No Tobacco Day (<http://www.cctc.ca> May 31, 2004)

- International Day for Physical Activity (<http://www.who.int> - May 10, 2004)
- National Summer Safety Week (<http://www.safety-council.org>) (May 1-7, 2004) (CND)
- Schizophrenia Walk The World (<http://www.schizophrenia.ca> May 29, 2004)
- National Mental Health Counseling Week (<http://www.amhca.org> - May 2-8, 2004) (US)
- Children's Mental Health Week (<http://www.ffcmh.org> - May 2-8, 2004) (US)
- Childhood Depression Awareness Day (<http://www.nmha.org> - May 4, 2004) (US)
- National Anxiety Disorders Screening Day (<http://www.freedomfromfear.org> - May 5, 2004) (US)

June

- Stroke Awareness Month (<http://www.heartandstroke.ca>) (CND)
- National Sun Awareness Week (<http://www.dermatology.ca> - May 30-Jun 5, 2004) (CND)
- Eye Safety Awareness Week (<http://www.useironline.org> - May 27-Jun 5, 2004) (US)
- National Headache Awareness Week (<http://www.headaches.org> - Jun 6-12, 2004) (US)

July

- Personal Health Month (CND)
- World Population Day (<http://www.unac.org> Jul 11, 2004)
- National Drowning Prevention Day (<http://www.lifesaving.org> - Jul 27, 2004) (CND)
- 2004 US Transplant: 50 Years of Transplantation (<http://www.kidney.org> - Jul 27 - Aug 1, 2004) (US)

Wellness Statistics:

- One in four families has at least one member currently suffering from mental or behavioural disorder - World Health Organization, 2001
- For each employee who gets access to treatment, the employer will save up to \$10000 per year in the cost of prescription drugs, sick leave, and wages - Global and Economic Roundtable, 2002
- Employees who are less stressed are more committed to an employer. According to the study, companies with lower stress levels also outperformed their competitors by 10 to 20%. - Comprehensive Benefits Solution, 2002
- Canadian managers received low marks in areas most strongly linked to employee engagement - Percentage of employees who say their managers do well at encouraging innovation 18%, team building 18%, coaching and developing skills 14%, providing goals and direction 16%, recognizing and rewarding good performance 18%, communicating effectively 27%, integrity 21%, exercising good decision making 20%, empowering employees 20%, being considerate 37% - Towers Perrin, 2002
- Top retention drivers - balance, clarified expectations, performance review, support team, communicating career opportunities, developing

skills, pay, leadership effectiveness, advancement, reputation -
Towers Perrin, 2002

- The cost of employee absence is estimated to be \$8.6 billion annually for Canadian employers - Canadian Council On Integrated Health, 2002
- 86% of respondents felt that their employer should be sponsoring programs to help them deal with serious or long-term illness. - Aventis, 2001
- 41% (equal to 2000 findings) say that their employer does not do nearly enough to help them manage stress at work. - Aventis, 2001
- From 1993 to 1999 the number of employers having a wellness program for their employees rose from 33% to 52%. - Conference Board Of Canada, 1999
- Only 17.5% of organizations in Canada offer comprehensive wellness programs. - Buffett Taylor, 2000

Upcoming Wellness Events:

- [Workplace Health and Well-being](#): Strategic Solutions for Workplace Stress - Toronto, ON - March 3-4, 2004
- [Workplace Health and Well-being](#): Strategic Solutions for Workplace Stress - Calgary, AB - March 22-23, 2004
- Mental Health Week - May 3-7, 2004 Visit [CMHA Toronto](#) or [CMHA National](#) for information and suggestions on planning your celebration.

Useful Links On www.WorkSmartLiveSmart.com

- Compilation Of More Than 100 Wellness Programs And Activities
- Compilation Of More Than 315 National and International Wellness Days, Weeks and Months
- Sample Employee Wellness Questionnaire
- Free Wellness Articles for use in employee newsletters

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www.WorkSmartLiveSmart.com

Comments/Submissions/Program Highlights:

If you would like to submit an article/a how-to/or a how-you-went-about/or highlight an upcoming wellness event, please send Beverly your information at info@WorkSmartLiveSmart.com

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About The Sponsors:

Beverly Beuermann-King is the owner and trainer for Work Smart Live Smart and is the Education and Development Consultant to the Canadian Mental Health Association Toronto Branch. Both companies feature a wide variety of affordable and customized corporate wellness workshops. For companies in the Toronto area, please visit the CMHA at www.StressSense.com. Outside of Toronto, please visit Beverly directly at www.WorkSmartLiveSmart.com.

Next Issue

July 2004 - Corporate Wellness Programs - Developing Buy In

- **Corporate Philosophy**
- **Motivating and Rewarding Employees**
- **Legal Duty**
- ***Bonus* - 2004 Compilation Of More Than 315 Wellness Awareness Days, Weeks & Months (August - December)**

Have A Happy 2004!