



*Sun Life Wellness Institute presents*

# **2011 BUFFETT NATIONAL WELLNESS SURVEY**

A comprehensive analysis of worksite wellness in Canada



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## *About the 2011 survey*

Inspired by the vision of creating more healthy workplaces in Canada and providing organizations with insight in supporting this mission, the Buffett National Wellness Survey was launched in 1997 by Ed Buffett, a leader and pioneer in workplace wellness. In July 2011, Sun Life Assurance Company of Canada acquired Buffett & Company Worksite Wellness Inc. With a commitment to workplace wellness that's stronger than ever, the newly integrated team is proud to deliver a strong 2011 survey.

The 2011 Buffett National Wellness Survey was conducted over the spring and summer of 2011. A national sample of 677 Canadian employers participated in the online survey. Respondents represented public, private and non-profit organizations ranging in size from less than 100 employees to those with more than 2,500 employees.

Survey participants include organizations that had participated in the survey in the past, as well as current Sun Life Financial clients, among others.

## *About the Sun Life Wellness Institute™*

The Sun Life Wellness Institute is a leading health and wellness knowledge exchange for Canadian employers, and stakeholders providing evidence and insight that will help influence positive outcomes in the overall health and long term well-being of Canadians.

Launched in May 2011, the Sun Life Wellness Institute collaborates with academic, public, private and wellness communities to promote research and knowledge sharing. Key studies initiated since its launch include:

- A strategic alliance with the Richard Ivey School of Business and a groundbreaking Canadian study on the return on investment (ROI) of workplace wellness programs.
- Sun Life Canadian Health Index™ – a semi-annual independent study in partnership with Ipsos Reid that profiles the attitudes, perceptions and behaviours of Canadians and their health.
- Buffett National Wellness Survey – a report on the status of worksite wellness and health promotion in Canada, conducted since 1997 by Buffett & Company Worksite Wellness.

In addition to research initiatives, an advisory council of leaders and key influencers will be established to provide insight, identify opportunities and challenges, share best practices, participate in research activities, as well as enhance market awareness of workplace health and wellness.

For more information about the Sun Life Wellness Institute, visit [sunlife.ca/wellnessinstitute](http://sunlife.ca/wellnessinstitute).

## Ed Buffett's Legacy



*Ed Buffett was the founder of Buffett & Company Worksite Wellness Inc. and along with his team, created the National Wellness Survey in 1997. Ed passed away earlier this year and the following legacy statement was written by him in 2009. It is a lasting tribute to his pioneering work in wellness and his vision of a healthier Canadian workplace. This is a vision we can all continue to champion through managing our own health, as well as working within our own organizations to positively impact the health of others.*

“It is my hope that my legacy as it relates to worksite wellness will be an appreciation of the value and contribution that every single employee brings to an organization. The heart attack that I suffered in 1994 and the subsequent changes that I have made in the way that I live my life clearly demonstrate the possibilities associated with positive change.

People are indeed important whatever the position they occupy or the role that they perform in an organization. Each of us has the opportunity to positively impact our co-workers, our clients, the organization that employs us and those organizations which are our clients. Internally, as well as when dealing with external clients, we must recognize that each day represents an incredible opportunity to impact people's lives through the manner in which we conduct ourselves. The lifestyle choices which we make personify who we are and our belief in the reality that life is a never ending journey and an opportunity for growth and an ability to positively influence one another.

I envision a group of people and an organization that functions as a cohesive team that continuously demonstrates mutual respect and which approaches life with a high degree of optimism and a belief that anything is possible. Through the example we set, by the support that we provide to one another, we are in a position to assist our peers in making informed choices which will enhance the quality of their lives emotionally, spiritually and physically.

In our work with our clients, we have a similar opportunity to affect positive change. Through the research which we have undertaken, the results that we have achieved and the practical experience that we have acquired, we are in a position to motivate organizations to rethink how they view their people, their processes, and their purpose.

Certainly, I have learned and I hope that through me others have come to know that one of our most valuable gifts is our good health. We are all our own stewards and stewards of one another and we have an obligation to help all with whom we come into contact to make informed choices resulting in healthier lifestyles.”

*Ed Buffett*

## Foreword



Many Canadian human resources managers are facing a paradox; despite high overall unemployment (7.3%)<sup>1</sup>, many organizations are concerned about recruiting and retaining the best employees<sup>2,3,4</sup>. Indeed, two-thirds of CEOs believe that there is a limited supply of skilled candidates<sup>5</sup>. Employers who are seeking information about how to construct a human resources strategy that allows them to recruit and retain employees as cost-effectively as possible are often directed to provide a positive and supportive work environment, and to demonstrate to employees that the organization values their contributions and cares about their well-being. It is not always clear, however, what specific organizational practices may create such a positive environment, or whether these practices will have tangible benefits for the organizations that offer them.

Such is the value of the 2011 Buffett National Wellness Survey (BNWS), which provides an overview of the current employee well-being promotion practices among Canadian organizations. The 2011 BNWS report offers an up-to-date “snapshot” of how public, private, and non-profit organizations in several industries are endeavoring to support employees’ health and wellness. It provides a level of detail that should allow any organization to see how their own efforts compare to those of their competitors; this information is not readily available from any other source.

The 2011 BNWS results indicate that Canadian employers consider work-related stress to be the most important health risk facing the employees in their organizations (56% of respondents), followed closely by smoking (35%), mental health issues (35%), and high blood pressure (35%). These results are broadly similar to those reported in the responses to the 2009 and 2006 BNWS surveys, and are likely to remain stable over time in the Canadian population.

The seriousness of these concerns appears to be prompting Canadian organizations to take action to assess and improve their employees’ health. Although few of the respondents (26%) indicated that they took a “strategic” approach to improving employee wellness, the majority of organizations (72%) indicated that they offered specific initiatives that were intended to improve employee health or well-being. The nine most popular initiatives made available to employees are Employee Assistance Programs (72%), influenza vaccinations (70%), first aid or CPR courses (64%), employee recognition (61%), ergonomic or workstation assessments (58%), time off in lieu of overtime (57%), flexible work arrangements (55%), staff appreciation events (54%), and including wellness information in a newsletter (49%). This pattern of responses is again similar to that which was reported in 2009 and 2006. The primary goal of these initiatives is to improve employee health (41%), but organizations also offer these programs in order to improve the organizational culture (22%) as well as to reduce employee turnover (9%) and to limit the costs related to employee benefits (9%).

Despite the sustained popularity of wellness-focused initiatives, the results of the 2011 BNWS suggest that few organizations are taking an evidence-based approach to assessing the impact of their initiatives, or keeping track of how well the eventual results match up with the anticipated benefits. Only 21% of respondents indicated that they had measured the health of the organizations’ full-time employees, with this proportion being somewhat higher in Atlantic Canada (30%) and in public-sector organizations (27%).

Furthermore, only a small proportion of organizations continuously evaluate and record outcomes of their wellness efforts (36%), or calculate and record the return on investment (ROI) associated with their wellness initiatives (31%). In earlier surveys (e.g., 2009, 2006), the proportion of organizations that did calculate and record the ROI of their wellness initiatives was somewhat lower (25% and 19% respectively), so there is some indication that organizations are becoming more interested in the financial outcomes associated with the promotion of employee well-being.

Financial outcomes notwithstanding, the majority of organizations surveyed report significant non-financial benefits from the wellness-promotion programs they have introduced. Most organizations (60%) report that they have received positive feedback from participants, and many also report that their wellness initiatives have resulted in improved employee morale (45%) and reduced absenteeism (24%). This pattern of responses is again similar to those reported in the 2009 and 2006 BNWS data. Almost all of the 2011 BNWS respondents felt that the health of their employees influenced their organization's overall performance (97%), although less than a quarter incorporated measures of employee health as part of management's performance evaluation (24%).

Given the popularity of wellness initiatives in Canadian organizations, as well as their possible benefits to Canadian employees, organizations that are not yet offering targeted programs should consider doing so. Organizations that are already making wellness programming available to their employees should assess the costs and the outcomes of their efforts carefully. Ideally, baseline data about individual-level employee absenteeism, turnover, performance, and benefit costs would first be compiled. This data could then be matched with employee participation in each available wellness initiative. With this data, organizations could then objectively assess whether employees' participation in various initiatives would relate to their absenteeism, turnover, and performance, while controlling for demographic and seasonal variables. This evidence-based approach will allow organizations to assess for themselves which wellness initiatives are most useful for them.

## *Catherine Connolly*

Associate Professor

DeGroote School of Business, McMaster University

### *references*

<sup>1</sup> Statistics Canada (August, 2011). Labour Force Survey. [www.statcan.gc.ca/subjects-sujets/labour-travail/lfs-epa/lfs-epa-eng.pdf](http://www.statcan.gc.ca/subjects-sujets/labour-travail/lfs-epa/lfs-epa-eng.pdf), 1-6.

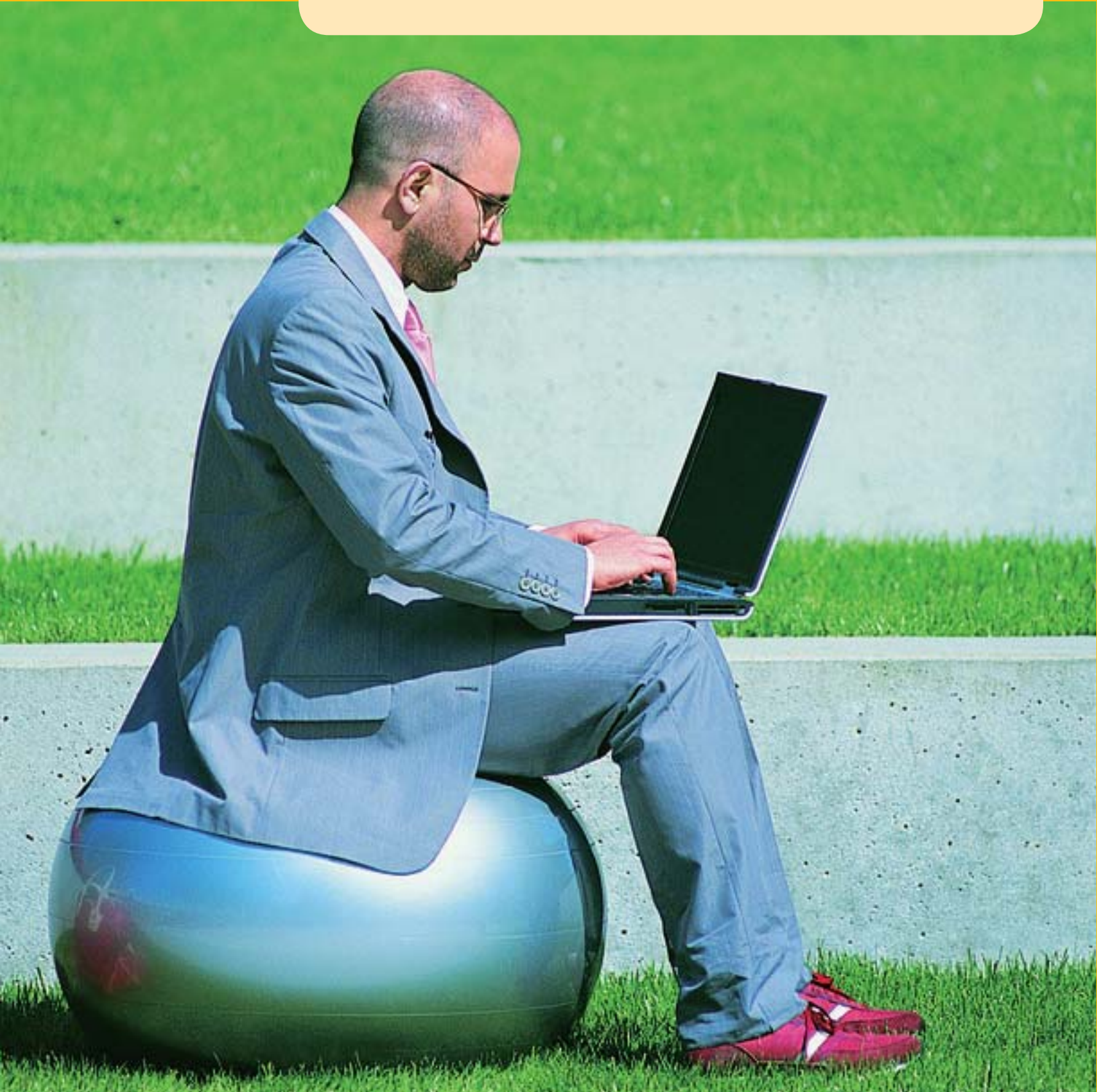
<sup>2</sup> HireRight (2011). HireRight Employment Screening Benchmarking Report. 1-35.

<sup>3</sup> Sankey, D. (June 27, 2011). Older workers in high demand: Canadian CEOs more likely to eye the experienced. Calgary Herald. [www.calgaryherald.com/Older+workers+high+demand/5012536/story.html#ixzz1ZwIitWXF](http://www.calgaryherald.com/Older+workers+high+demand/5012536/story.html#ixzz1ZwIitWXF)

<sup>4</sup> The Economist (August 27, 2011). Workers (and business) unite! Can training programs reshape America's workforce? <http://www.economist.com/node/21526915>

<sup>5</sup> PWC (2011). 14th Annual Global CEO Survey: Growth reimaged. [www.pwc.com/gx/en/ceo-survey/data.jhtml](http://www.pwc.com/gx/en/ceo-survey/data.jhtml)

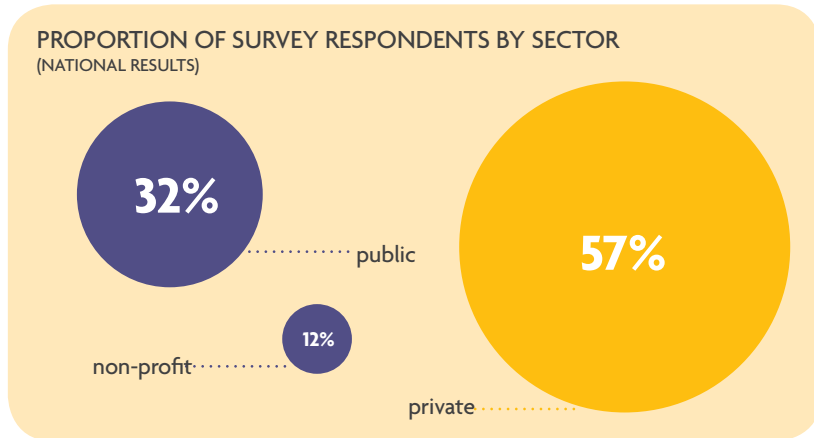
**97% of respondents agree** that employee health is directly related to corporate success – no doubt an encouraging outcome.



## Question one

### *Are you a private sector, public sector or a non-profit employer?*

In the 2011 survey, the majority of respondents came from the private sector (57%). Representation from this group increased by 12% from the 2009 survey. By contrast, participation of the public sector (32%) and non-profit organizations (12%) decreased by 8% and 4% respectively.

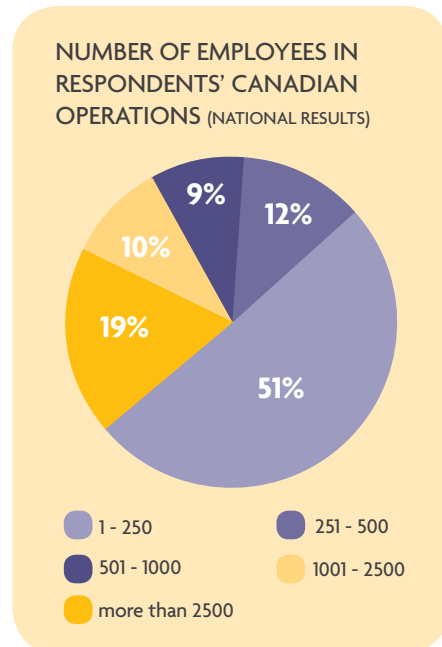


## Question two

### *Please indicate the number of full-time employees in your Canadian operations.*

This year's survey reflects significantly higher participation of organizations that have 1-250 employees in their Canadian operations. Participation from this group increased by 13% when compared to 2009 survey results, making small businesses the largest group of respondents (51%). This greater proportion of small businesses is more representative of the Canadian economy where organizations with less than 500 people make up 99.9% of all Canadian businesses<sup>1</sup>.

Industry Canada defines large businesses as those with 500 or more employees. With this in mind, large organizations make up the second largest group of respondents to the 2011 survey (38%). The remaining group is made up of those with 251-500 employees and makes up 12% of the respondents, a decrease of 3% from the 2009 survey.



## Question three

### *What are the major health risks affecting the employees in your organization?*

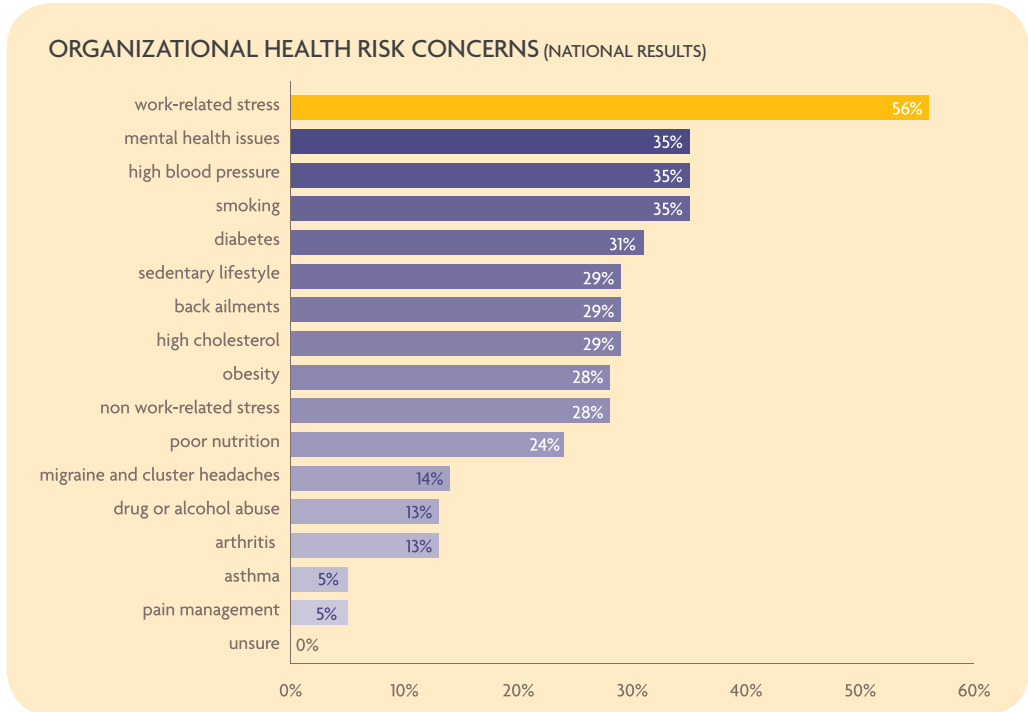
Work-related stress (56%), mental health (35%), high blood pressure (35%), and smoking (35%) continue to be identified as the top health concerns affecting organizations.

The concern regarding work-related stress in particular, presents opportunity for organizations to make a large impact on employee health with associated bottom line outcomes. Stressed employees are more likely to rate their health as poor and spend more on prescription medications<sup>2</sup>, in addition to elevating absence costs by up to 19%, disability costs by up to 30% and turnover costs by up to 40%<sup>3</sup>. Through the implementation of a strategic stress reduction initiative alone, there is potential for organizations to make a significant positive impact on employee health and the bottom line.

Analysis of the responses reveals a significant change regarding the

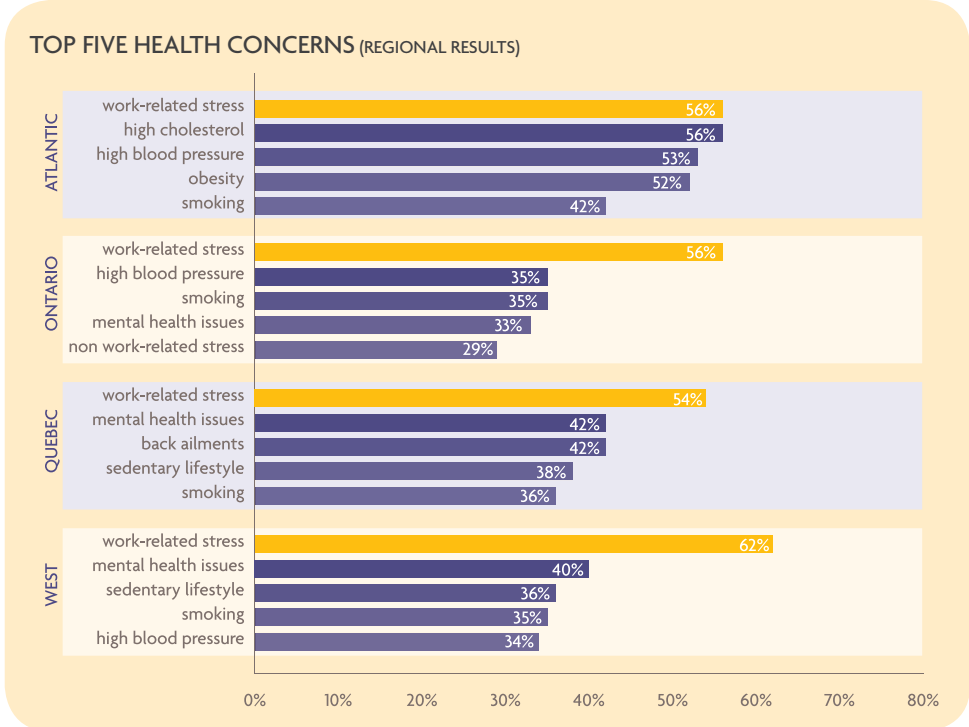


identification of diabetes as an organizational health concern. This year's results show diabetes ranking in the top five concerns for the first time. This is perhaps not surprising, given the growing prevalence of diabetes in Canada with forecasts stating that nearly three million Canadians will be diagnosed with diabetes by 2012<sup>4</sup>. These projections combined with annual direct costs for one diabetetic individual equaling up to \$15,000<sup>5</sup> indicates significant costs to organizations' benefit plans. The majority (90-95%) of diabetics in Canada represent Type 2 cases<sup>6</sup>, which is largely influenced by lifestyle factors (i.e. healthy eating, physical activity, weight management). As will be seen later in this report, these types of lifestyle habits represent seven out of the top 10 health concerns identified by respondents of this year's survey.



### Regional results

Regional analysis of health concerns indicates interesting variations with regard to health issues across the country. Work-related stress is the top health concern across all regions with over 50% of organizations in each area identifying this issue. Results in this area for Western province respondents are higher than national results (62% vs. 56%). Work-related stress and mental health issues are the top two concerns in both Western provinces and Quebec. Quebec



was the only region to identify back ailments (42%) as one of the top five health concerns. This result is considerably higher than national outcomes for this area (29%).

Diabetes was not identified as a top health concern by Western provinces, which is an interesting finding given that Alberta has the fastest growing incidence of diabetes in Canada. Current estimates state that 5.8% of the province's population had been diagnosed with diabetes as of 2010, with projections of the incidence of the disease growing to 8.6% of the population by 2020<sup>7</sup>.

Identification of mental health issues diminished in the 2011 survey in the Atlantic and Ontario regions. It is of interest to note that the physical risks high cholesterol (56%) and high blood pressure (53%) were stated as a greater concern than mental health in Atlantic Canada while high blood pressure (35%) was indicated as a greater concern than mental health in Ontario. Results pertaining to Atlantic Canada show obvious differences when compared to the rest of the country, as four of the top five health risks are identified by over 50% of the respondent population for this region. This indicates a high prevalence of these concerns across all respondents in the Atlantic region. It is important to note that, four out of the five concerns identified are direct risk factors for cardiovascular disease and diabetes and are largely modifiable.

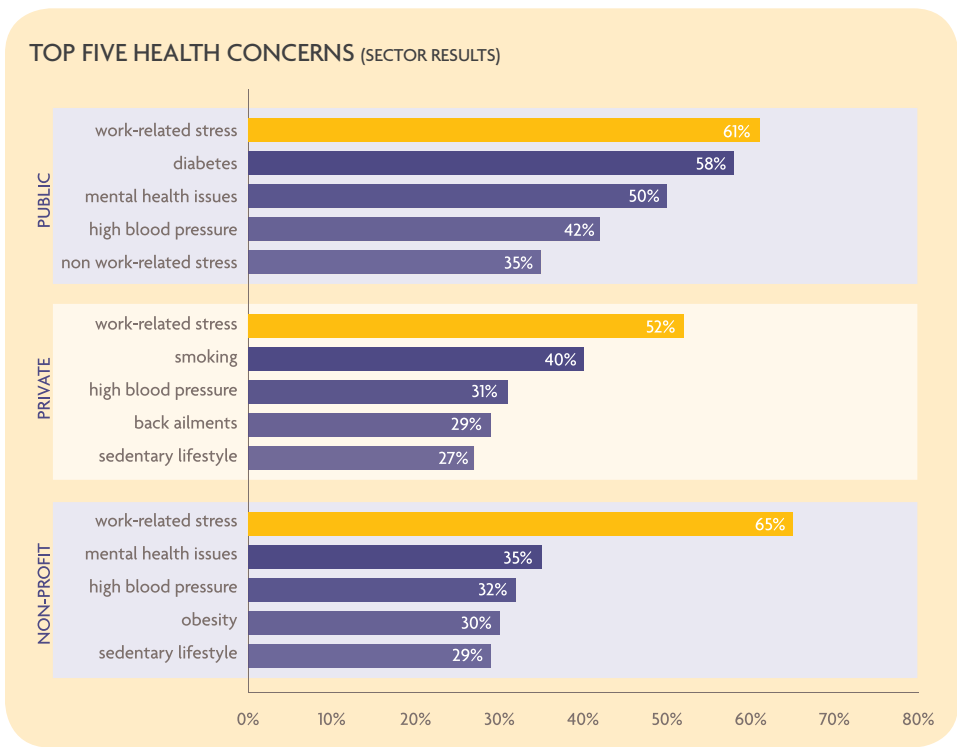
Consistent with past results, all regions identified smoking as one of the top five health concerns. Indeed, although much progress has been made in reducing smoking rates in Canada, 17% of Canadian adults reported being smokers in 2010, presenting a significant health risk to Canadian employers<sup>8</sup>.

This year's results show **diabetes** ranking in the top five health concerns for the first time.

### Sector results

Similar to regional results, sector analysis indicates a high proportion (greater than 50%) of respondents indicating work-related stress as a primary health concern. Non-profit and public sector respondents elicited results higher than the national results of 56% (65% and 61% respectively).

When compared to national results, private sector respondents cited higher than average results for smoking as an identified health concern (40% vs. 35%). Similarly, the public sector largely exceeded the national average for diabetes identification with a response rate 27% higher than the average (58% vs. 31%).



## Question four

*During the past 12 months, has your organization measured the health status of all of its full time employees?*

This question was added to the 2011 survey to capture specific information on the proportion of respondents measuring employee health status. Measuring employee health status is key to a successful workplace wellness program. As is the case with any workplace initiative, it is essential that a foundation for baseline data collection and measurement be in place. Baseline data collection, typically measured through programs like Health Risk Assessments, drive initiative implementation and results. Without this information, population health concerns are not known, thereby impairing effective health promotion initiative design and the implementation of a wellness program. Subsequent measuring is required in order to ensure the program is achieving the desired outcomes, both in noting successes that impact the individual employee and the organization as a whole, as well as identifying areas of improvement to maximize the program's impact.

Analysis indicates that only 21% of responding organizations currently measure employee health status. This is disappointing as it indicates missed opportunities to help improve the health of employees and the resulting employer benefits that come from a healthy workforce. Although some organizations may be taking some measures to assess health status, comprehensive population assessment is lacking.

### Regional results

Atlantic respondents were most likely to measure employee health status, trending at 9% above the national average (30% vs. 21%). Meanwhile, Quebec respondents elicited the lowest proportion of organizations performing baseline measurement activities (10%).

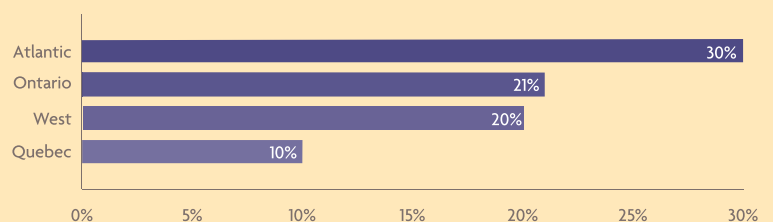
**21%** of responding organizations currently measure employee health status.



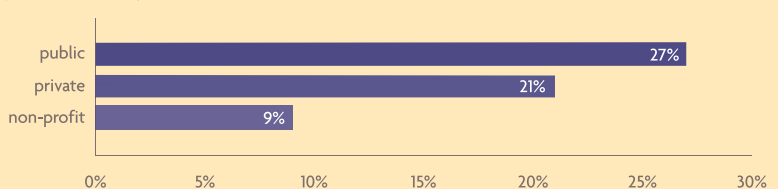
### Sector results

The public sector indicated the highest response rate with regard to health measurement collection (27%). This result may indicate that public sector organizations are under greater scrutiny in terms of support for health and wellness initiatives, due to the public nature of budget procurement. In comparison, 21% of private organizations and 9% of non-profit organizations indicated they measure the health status of their employees.

HAVE MEASURED THE HEALTH STATUS OF ALL FULL TIME EMPLOYEES (REGIONAL RESULTS)



HAVE MEASURED THE HEALTH STATUS OF ALL FULL TIME EMPLOYEES (SECTOR RESULTS)



## Question five

*Does your organization take a strategic approach to wellness that includes all of the following: data analysis, multiple wellness initiatives, follow-up, continuous evaluation and calculation of return on investment?*

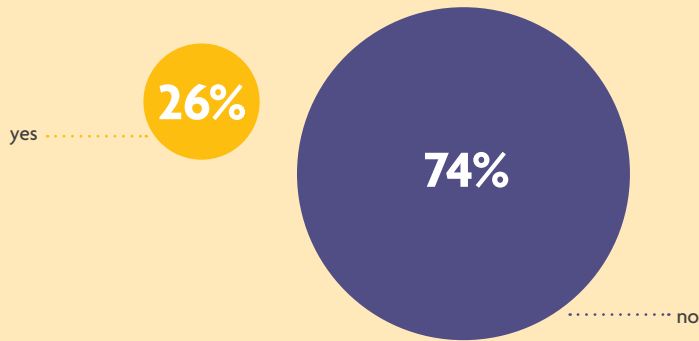
Examining whether organizations are implementing a comprehensive and strategic wellness strategy was a new addition to the 2011 survey. Many wellness experts would agree that the gold standard of wellness implementation includes a number of necessary components (data analysis, multiple wellness initiatives, follow-up, continuous evaluation and return on investment calculation) that ensure a sustainable program with long-term success.

The majority of respondents (74%) indicate they have not adopted a comprehensive wellness strategy. Data outcomes for this question correspond with the results of question four as measuring the health status of employees is a necessary component of a comprehensive wellness strategy. These outcomes suggest a significant missed opportunity. When comprehensive wellness promotion is integrated into an overall business strategy, many positive outcomes are often observed.

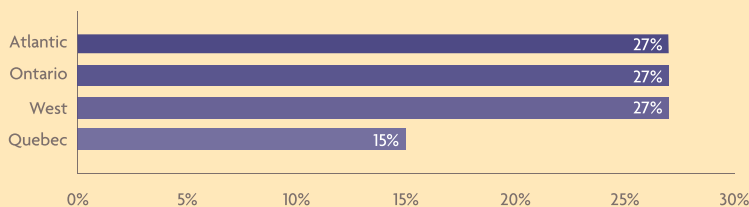
Typical examples of positive outcomes include: heightened awareness and knowledge among employees regarding healthy lifestyles, increased morale and employee satisfaction due to positive corporate culture changes, high participation in wellness initiatives and employee buy-in, positive behaviour modification, and ultimately health risk reduction. All of these outcomes have a high propensity to result in healthier, happier employees and ultimately greater organizational performance by way of lower costs and increased productivity.

It is interesting to note that compared to national results, the public sector is more likely to take a strategic approach to wellness (38% vs. 26%). This outcome corresponds to the high affirmative response rate for measuring the health status of employees among this group.

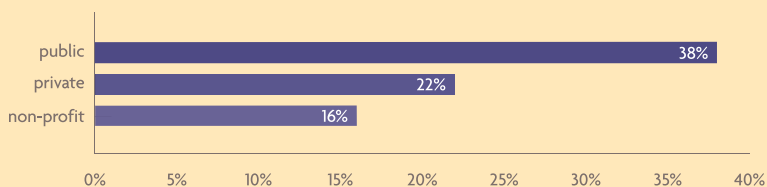
ORGANIZATIONS TAKING A STRATEGIC APPROACH TO WELLNESS  
(NATIONAL RESULTS)



ORGANIZATIONS TAKING A STRATEGIC APPROACH TO WELLNESS  
(REGIONAL RESULTS)



ORGANIZATIONS TAKING A STRATEGIC APPROACH TO WELLNESS  
(SECTOR RESULTS)



## Question six

*Do you currently offer any wellness initiatives at your workplace (see question eight for examples)?*

In 2011, 72% of respondents reported offering wellness initiatives to employees. This is a smaller proportion of respondents than in previous Buffett National Wellness Surveys, an outcome that may be attributed to a number of factors including a larger representation of small organizations that are less likely to implement wellness and differing definitions of wellness among organizations.

That employee wellness is not on the agenda of all Canadian organizations is disappointing simply due to the fact that most common health concerns in Canada are highly preventable and represent an enormous opportunity for Canadian organizations to make a positive difference by supporting and promoting prevention.

The 2010 Sun Life Canadian Health Index Report states that 60% of Canadians feel employers have some responsibility in helping employees achieve better health<sup>9</sup>. It is without question that the workplace is an ideal environment to promote healthy behaviour. Employers are in a unique position to help Canadians achieve better health due to the considerable amount of time employees spend in the workplace, the large impact that the workplace has on all aspects of health and an employer's unique opportunity to provide incentives. The financial impact of influencing behaviour change for just a small group of employees can be considerable. For instance, assisting 10 employees to quit smoking creates a potential cost avoidance of close to \$34,000 in reduced absenteeism, heightened productivity and lessened use of health benefits<sup>10</sup>.

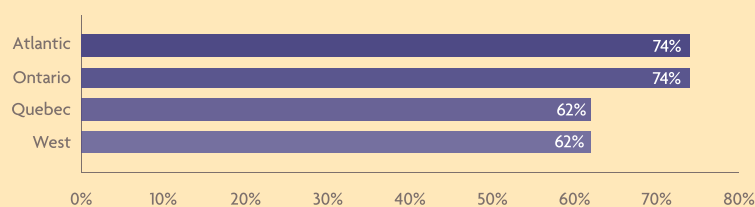
# 72%

of survey respondents are offering at least one wellness initiative.

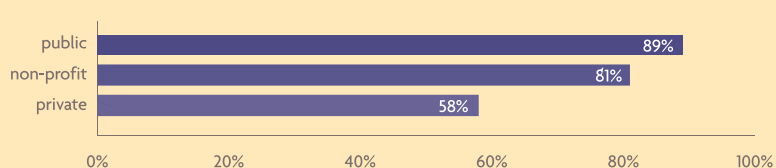
### Regional results

When compared to national results, organizations in Ontario and the Atlantic provinces yielded the highest positive outcomes (74% for both regions), which are slightly above the collective percentage for all regions (72%). It is interesting to note that the outcomes of these two regions surpass results for the Western region and Quebec by a significant 12%.

CURRENTLY OFFERING WELLNESS INITIATIVES (REGIONAL RESULTS)



CURRENTLY OFFERING WELLNESS INITIATIVES (SECTOR RESULTS)



### Sector results

The public sector ranks first in number of organizations offering wellness (89%) with the private sector being the least likely to give positive responses (58%). This outcome may be due to the greater number of small organizations in the private sector, which may be less likely to offer wellness initiatives. Non-profit occupies the second spot, with 81% offering wellness initiatives.



**The workplace and the health of the workers within it are inextricably linked.**

Ideally, workplaces should not only protect the safety and well-being of employees but also provide them opportunities for better long-term health and enhanced quality of life.

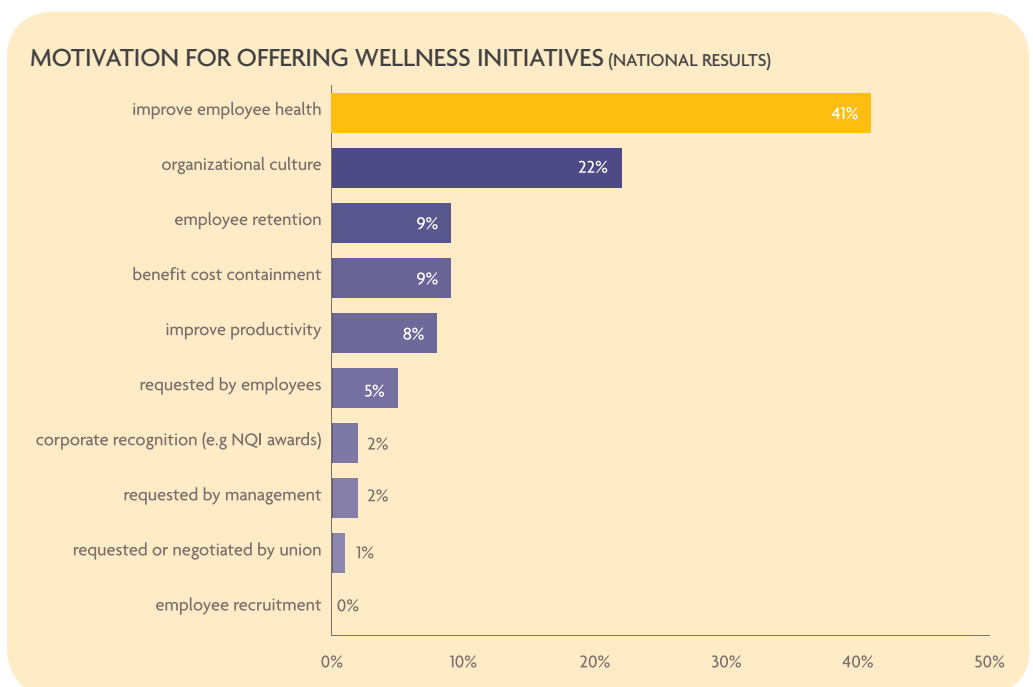
Centers for Disease Control and Prevention website, 2011.

## Question seven

*Please choose the answer that best describes your organization's motivation for offering wellness initiatives.*

The following results detail the ranking of organizations' primary motivation to implement wellness initiatives. The top two motivators were found to be improve employee health (41%) and organizational culture (22%). Though organizational culture is still ranked as a significant motivator for implementing wellness, this category decreased from 2009 when organizational culture was ranked first with 53% of the responding population selecting this response. It is doubtful this outcome signifies a diminished stance on the significance of organizational culture, but rather a preference to indicate improve employee health (a new response option in 2011) as the primary motivator. Coming somewhat distantly behind the top two motivators were employee retention (9%), benefit cost containment (9%) and improve productivity (8%). It is interesting to note that employers that indicate employee retention is a significantly greater motivator than employee recruitment (9% vs. 0%).

These outcomes support those found in the most recent wellness survey performed by Medisys, where 95% of respondents indicated increasing employee satisfaction and engagement as the top motivator for implementing wellness programs<sup>11</sup>. This highlights the significance of employee-focused motivators as a priority in Canadian organizations.

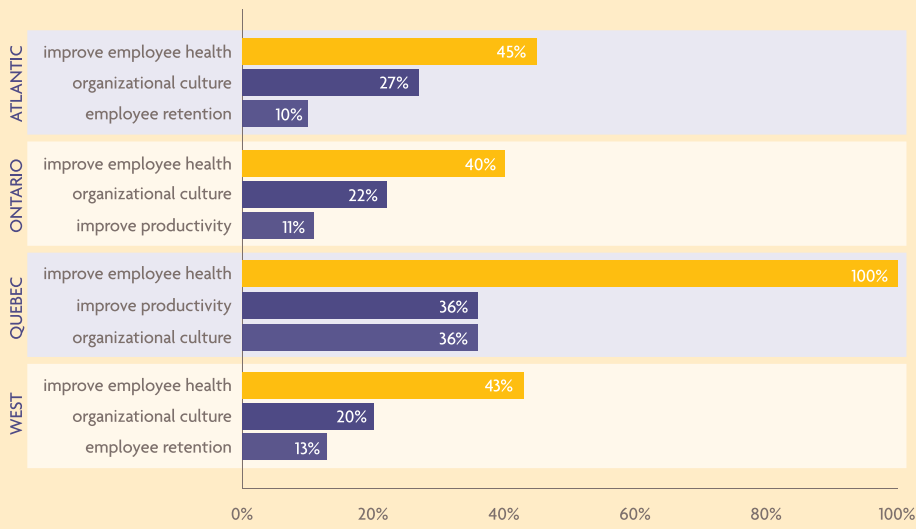


### Regional results

Regional analysis indicates some slight variations in motivation. All regions indicated improve employee health and organizational culture as the top two reasons for implementing wellness. However, Quebec respondents, while ranking improve employee health as first, indicated improve productivity as the second most common motivation (36%). Contrary to sector analysis outcomes, benefit cost containment did not appear in the top three motivators for any region.

Improving employee health (41%) and improving organizational culture (22%) were found to be the top two motivators for offering wellness.

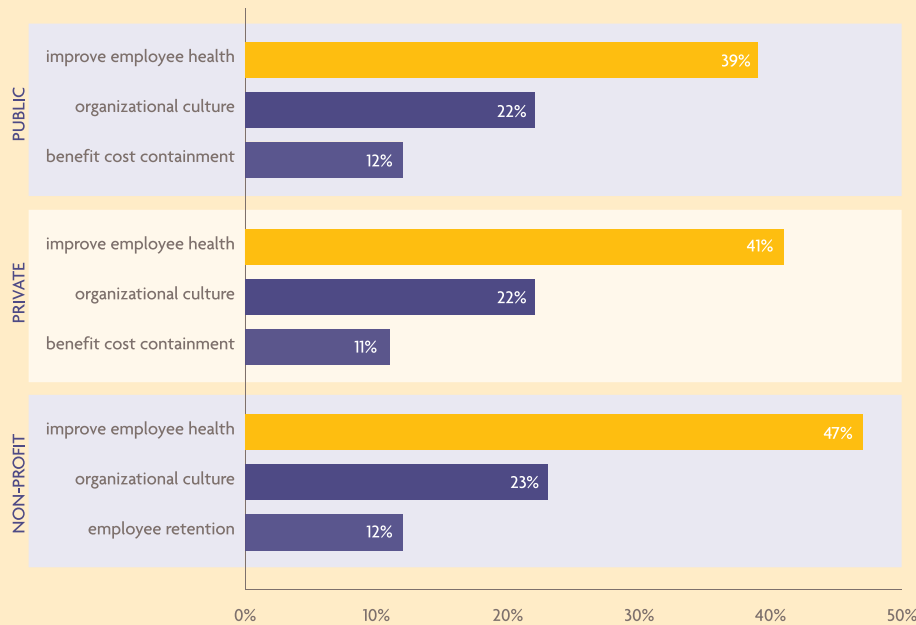
### MOTIVATION FOR OFFERING WELLNESS INITIATIVES (REGIONAL RESULTS)



### Sector results

The top two motivational factors for all sectors are consistent with national outcomes; however, there are some differences with regard to motivations lower down the list. An interesting finding is that the public sector was the only sector to rank benefit cost containment among its top three motivations — indicating that financial outcomes may be more at the forefront of this sector’s wellness objectives than they are for non-profit and private sectors.

### MOTIVATION FOR OFFERING WELLNESS INITIATIVES (SECTOR RESULTS)



## Question eight

*Which of the following wellness initiatives has your organization offered in the past year for employees?*

Analysis into the types of wellness initiatives being offered provides insight into the nature and extent of wellness programming in Canada. The following response options were added to the 2011 survey: pneumococcal vaccinations, sun safety, wellness websites, executive medicals and health coaching.

Overall, the top six initiatives identified are consistent with previous results with Employee Assistance Programs (EAP) leading the way with 72%, followed by Flu shot (70%) and First Aid/CPR (64%). As has been the case in past surveys, the commitment of Canadian organizations to implement EAP is strong and shows how fundamental these programs are considered for the management of mental health and personal issues. Conversely, when compared to 2009 results, First Aid/CPR demonstrated an 8% decrease in responses. This result can be attributed to this initiative being considered by many organizations as a mandatory health and safety offering rather than a wellness initiative.

Similar to previous years' results, there are disconnects regarding respondent identified health concerns and wellness initiatives offered. For instance, the majority of the top 10 health concerns (seven out of 10) are direct risk factors for a number of chronic diseases, yet most of the top 10 initiatives identified do not address these risk factors. Nutrition education bottoms out the top 10 initiatives and directly addresses the top health concerns identified by employers, but even this initiative was selected by less than half of respondents (41%).

The 2010 Sun Life Canadian Health Index found that 54% of Canadians report having two or more risk factors for chronic disease<sup>12</sup>. Meanwhile, research demonstrates that employees with multiple risk factors have 50% more days absent and incur three to four times more health-care costs than employees with no risk factors<sup>13</sup>. Clearly, the importance of implementing employee health measurement strategies in order to align employee needs and employer initiatives is high.

Respondents continue to implement initiatives that are supportive of a positive organizational

NATIONAL RESULTS	
WELLNESS INITIATIVES	RESPONDENTS
EAP INITIATIVES	72%
FLU SHOT PROGRAM	70%
FIRST AID / CPR COURSES	64%
EMPLOYEE RECOGNITION	61%
ERGONOMIC / WORKSTATION ASSESSMENT	58%
TIME OFF IN LIEU OF OVERTIME	57%
FLEXIBLE WORK PROGRAM	55%
STAFF APPRECIATION EVENTS	54%
COMMUNICATE WELLNESS VIA NEWSLETTER	49%
NUTRITION EDUCATION	40%
HEALTH AWARENESS / PREVENTION / MANAGEMENT / EDUCATION PROGRAMS	36%
SMOKING CESSATION	36%
FITNESS SUBSIDY	35%
WELLNESS WEBSITE	33%
STRESS MANAGEMENT PROGRAMS	31%
WORK / FAMILY BALANCE PROGRAMS	31%
BLOOD PRESSURE SCREENING	30%
ON-SITE FITNESS PROGRAM	29%
EMPLOYEE HEALTH RISK ASSESSMENT	25%
HEALTH FAIR	25%
SUN SAFETY AWARENESS	25%
HEALTHY CHOICES IN CORPORATE CAFETERIA	23%
PAID TIME TO PARTICIPATE IN WELLNESS INITIATIVES	23%
SUBSIDIZED EXTERNAL EDUCATION PROGRAMS	23%
TIME MANAGEMENT TRAINING	22%
HEALTH RELATED COMPETITIONS	21%
INVOLVE EMPLOYEES IN THE ORGANIZATION OF WORK	21%
WELLNESS NEEDS ASSESSMENT	19%
CHOLESTEROL SCREENING	18%
EXECUTIVE MEDICALS	17%
FITNESS ASSESSMENTS	17%
ON-SITE MASSAGE PROGRAM	17%
INVOLVE EMPLOYEES IN WORK SCHEDULING	15%
HEALTH COACHING	13%
DIABETES SCREENING	12%
BACK CARE PROGRAM	11%
CAREGIVER SUPPORT (ELDERCARE)	9%
ON-SITE CHILDCARE	5%
PNEUMOCOCCAL VACCINATIONS (I.E. PNEUMONIA)	5%
NONE OF THE ABOVE	0%

\* NOTE: RESPONDENTS WERE ABLE TO SELECT ALL APPLICABLE RESPONSES.

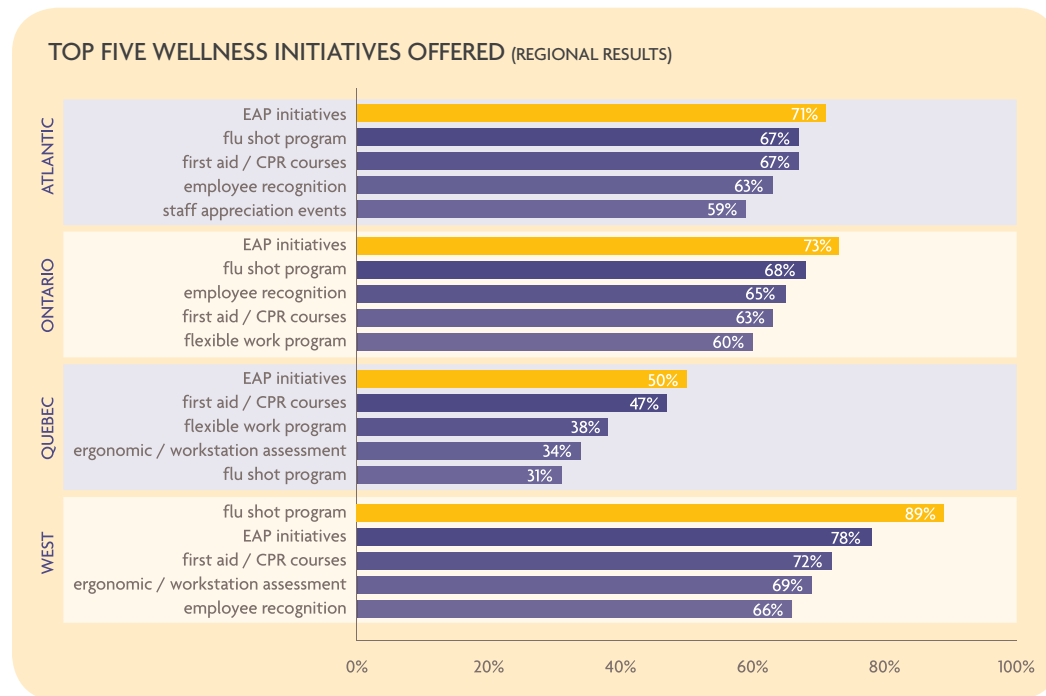
culture with employee recognition, staff appreciation events, time off in lieu of overtime and flexible work programs appearing within the top 10 initiatives. This consistent outcome is an encouraging result for the area of organizational culture enhancement and its related benefits. It is unfortunate that the same consistency is not yet there with regards to employees' physical health and specifically the prevention of chronic disease.

### Regional results

Results from organizations representing the Atlantic provinces parallel national results, in that there is a large disconnect between identified health concerns and initiatives implemented. Analysis of health concern results indicate significant concerns regarding cardiovascular risk factors including high cholesterol, high blood pressure, obesity and smoking with greater than 40% of all responding organizations identifying these issues. Despite these results, only two of the top 10 initiatives for this region directly impact these health risks (blood pressure screening – 49%, nutrition education – 51%).

Smoking was identified as a top health concern among all regions; however, it is interesting to note that smoking cessation programs were offered by only 36% of all respondents and only appeared in the top 10 initiatives for Western respondents. This is also a missed opportunity as the predicted organizational annual cost savings for each employee that quits smoking is \$3,365<sup>14</sup>.

With regard to flu shot initiatives, an interesting finding is that Western provinces elicited an outcome significantly higher than the national results (89% vs. 70%).



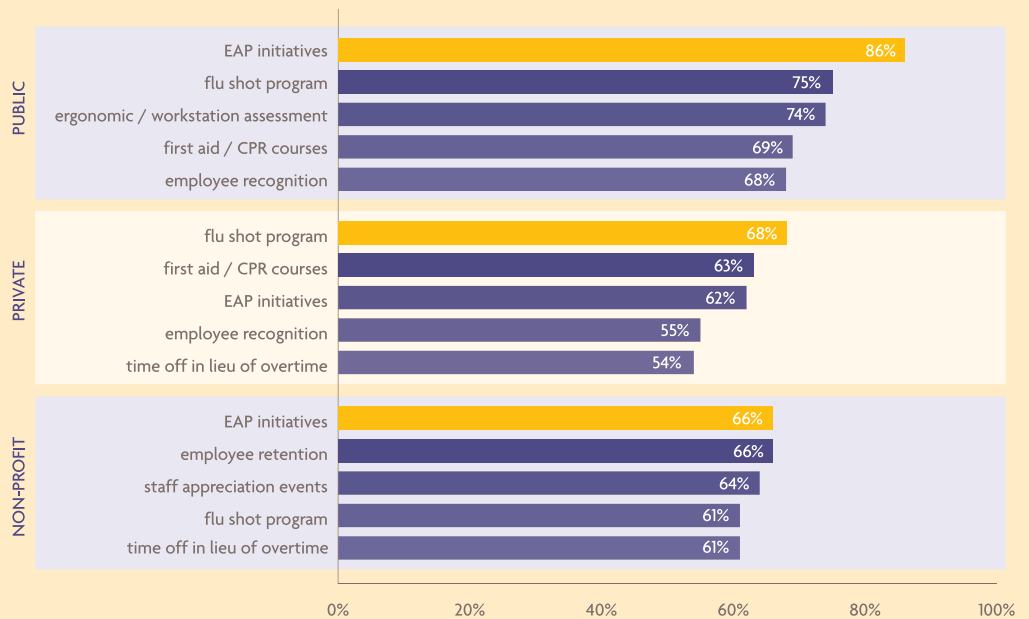
## Sector results

Sector analysis reveals results similar to the national outcomes. Employee Assistance Programs appear in the top two initiatives for non-profit and public sector respondents but rank third in the private sector. Conversely, the public sector is more likely to offer Employee Assistance Programs when compared to national averages (86% vs. 72%).

Though differences in results among the sector groups are not overly significant they are notable. Firstly, the private sector is more likely to offer fitness subsidies than other groups (38% vs. 35% national average). Secondly, when compared to national outcomes the public sector is more likely to offer nutrition education (50% vs. 41% national average).

Consistent with national results, it is important to note that organizations' wellness initiatives continue to be somewhat out of sync with the vast number of their reported health concerns.

TOP FIVE WELLNESS INITIATIVES OFFERED (SECTOR RESULTS)



“The rapidity of innovation and the unpredictability of the directions it may take imply a need for considerable investment in human capital.”

- Alan Greenspan

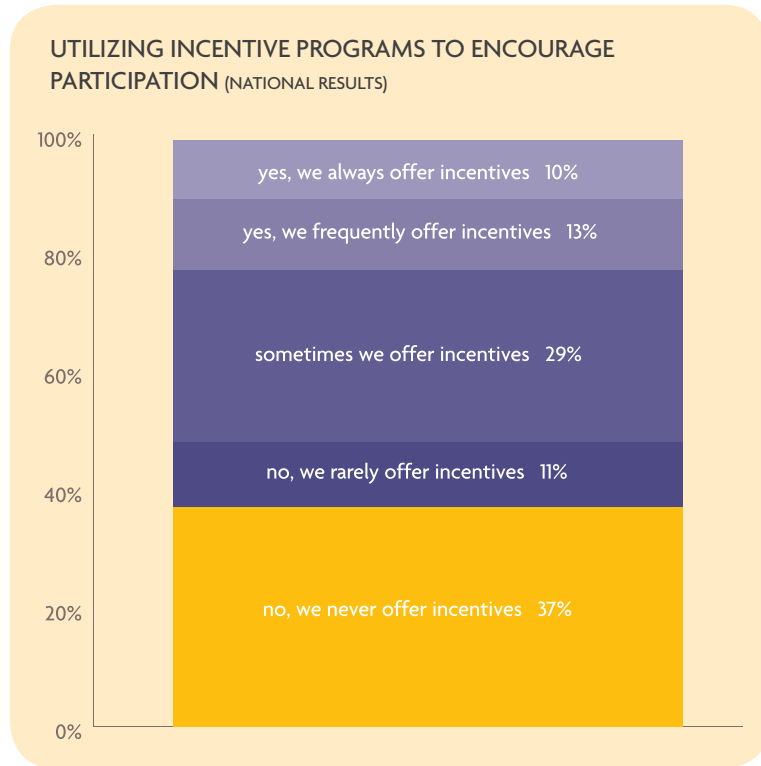


## Question nine A

### *Do you utilize incentive programs to encourage participation in your wellness efforts?*

In 2011, an additional question was added to provide a more accurate picture of how frequently organizations are offering incentives for the purposes of encouraging participation in wellness programs. The most popular response was no, we never offer incentive programs (37%), while a mere 10% of organizations indicated yes, we always offer incentives. When the affirmative responses (sometimes we offer incentives, we frequently offer incentives, and we always offer incentives) are amalgamated, it is apparent 52% of organizations are offering incentives at least some of the time. This outcome is consistent with past findings.

This relatively high incidence of incentivization is positive. Research clearly demonstrates when the appropriate tools for behaviour change are paired with the right incentives, there is greater likelihood of successful behaviour change<sup>15</sup>.

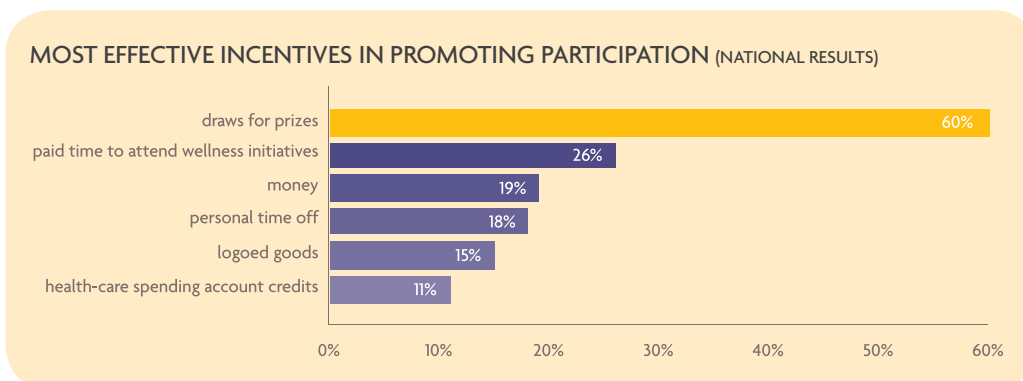


## Question nine B

### *What have been the most effective incentives in promoting participation in your wellness efforts?*

Determining the types of appropriate incentives that will encourage participation within a budget is a challenge for most wellness strategies.

Respondents indicate the two most effective incentives continue to be draws for prizes (60%) and paid time off to attend wellness initiatives (26%). Using money as an incentive has risen in prominence to third, while the new option, health-care spending account credits was the least popular choice at 11%. It is not surprising that health-care spending account credits did not elicit a larger response as these accounts don't have great penetration among group benefit plans. As health-care spending accounts become increasingly commonplace, it is predicted that this response may grow more popular among respondents.



## Question ten

*Which (if any) of the following activities has your organization completed in regards to its wellness efforts? Please select all that apply.*

National results indicate the top three wellness activities performed by respondent organizations are analyzed claims data (52%), secured senior level support (42%), and developed an annual budget for wellness initiatives (40%). In 2011, analyzed claims data surpassed secured senior level support to become the number one activity organizations are completing. Other than this change, the top eight activities remained consistent when compared to 2009 results.

Analyze claims data; consistently evaluate wellness initiatives; conduct a needs assessment; and record baseline data (i.e. record drug utilization prior to implementation of wellness) are the four activities that relate to quantifying results and demonstrating return on investment figures in regards to wellness efforts. Response rates pertaining to these activities are somewhat disappointing and indicate that many organizations are not performing the activities necessary to measure results. Specifically, only 18% of organizations indicated they record baseline data. Baseline data that captures health benefit claims and employee health status prior to implementing a wellness program is vital to designing the right program and quantifying its results. In addition, the number of organizations that conducted a needs assessment is low (21%), despite its importance in determining the health and wellness needs of employees — another imperative for designing an impactful program.

A mere **18%** of organizations indicated they record baseline data. Baseline data is vital to designing the right program and quantifying its results.

### Regional results

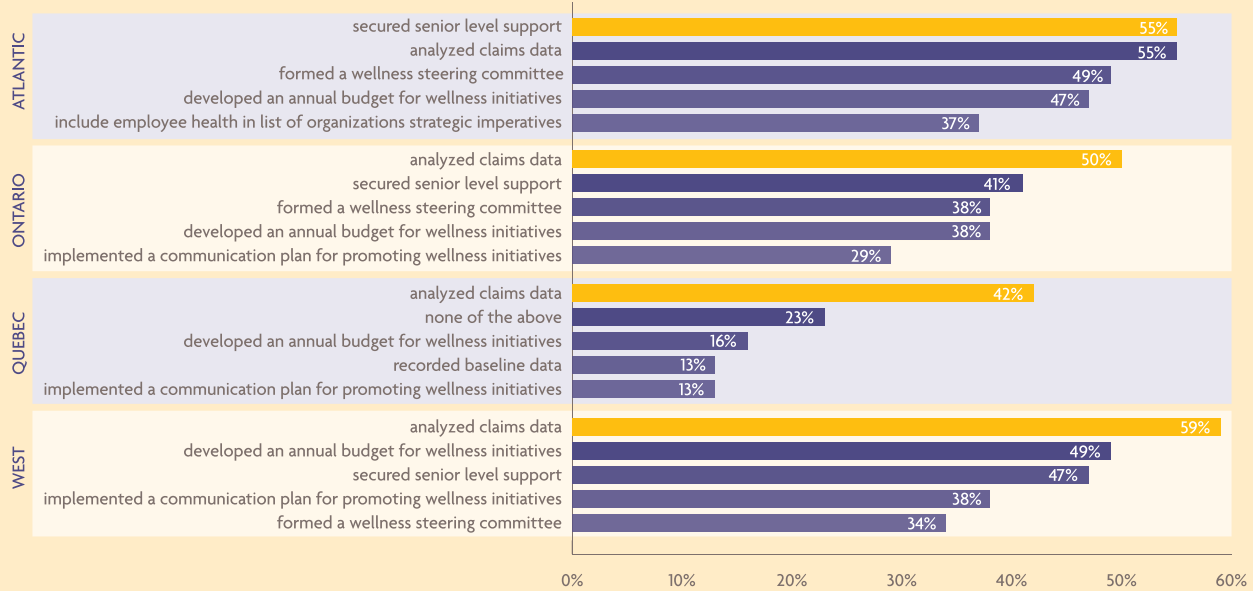
In Atlantic Canada, Western Canada and Ontario, the top wellness activities mirror the national results with secured senior level support, analyzed claims data, formed a wellness steering committee, and developed an annual budget for wellness initiatives all among the top five activities organizations are completing. When examined closely, Atlantic Canada demonstrates particularly positive results, as this region is the most likely to develop an annual budget for wellness (47%) and include employee health in a list of the organizations strategic imperatives (37%).

Quebec data shows some interesting differences from the rest of the country. Although this region represents the smallest sample group, results indicate that Quebec organizations are the least likely to analyze claims data, consistently evaluate wellness initiatives, conduct a needs assessment, and record baseline data, all of which are key to designing an effective wellness program and demonstrating its results.

NATIONAL RESULTS	
WELLNESS ACTIVITY	RESPONDENTS
ANALYZED CLAIMS DATA (E.G. WORKERS COMPENSATION DATA)	52%
SECURED SENIOR LEVEL SUPPORT	42%
DEVELOPED AN ANNUAL BUDGET FOR WELLNESS INITIATIVES	40%
FORMED A WELLNESS STEERING COMMITTEE	36%
IMPLEMENTED A COMMUNICATION PLAN FOR PROMOTING WELLNESS INITIATIVES	31%
INCLUDED EMPLOYEE HEALTH IN A LIST OF THE ORGANIZATION'S STRATEGIC IMPERATIVES (E.G. MISSION)	27%
CONSISTENTLY EVALUATED WELLNESS INITIATIVES	23%
CONDUCTED A NEEDS ASSESSMENT	21%
NONE OF THE ABOVE	18%
RECORDED BASELINE DATA (E.G. RECORDED DRUG UTILIZATION PRIOR TO IMPLEMENTATION OF WELLNESS)	18%
CREATED A COMPREHENSIVE ORGANIZATIONAL HEALTH POLICY	15%
IMPLEMENTED AN OPERATING PLAN	14%

\* NOTE: RESPONDENTS WERE ABLE TO SELECT ALL APPLICABLE RESPONSES.

## ACTIVITIES COMPLETED BY ORGANIZATIONS (REGIONAL RESULTS)



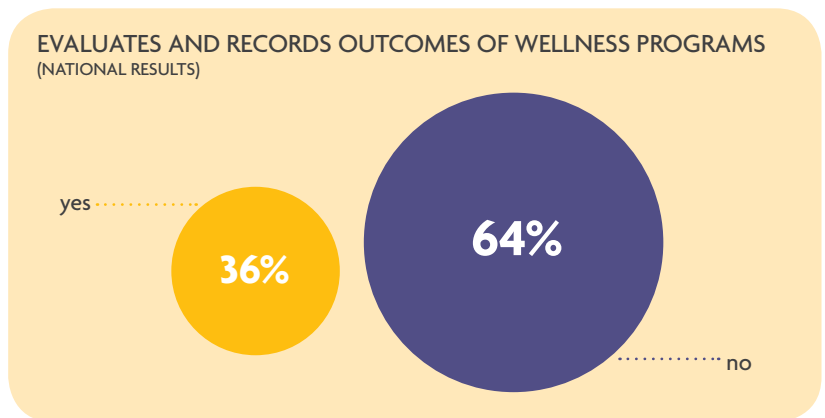
According to the 2010 Sanofi-Aventis Healthcare Survey, perception of health benefit plan quality increases among employees who have access to and participate in wellness programs.

## Question eleven A

### *Does your organization continuously evaluate and record outcomes of its wellness efforts?*

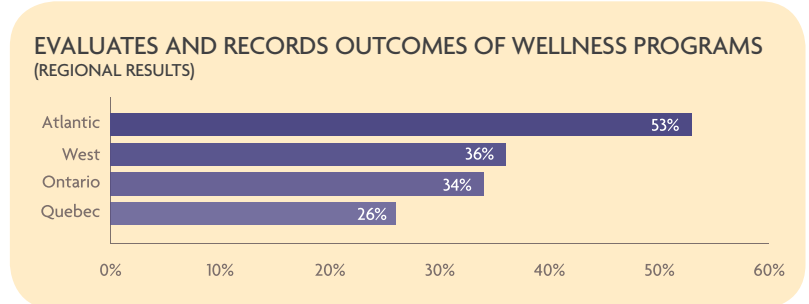
Outcome evaluation is a key element to a successful wellness strategy. It is through evaluation and outcome analysis that continuous improvements can be made to a strategy to ensure initiatives are in line with population health needs and interests. This critical step heightens opportunities for employee health risk reduction and return on investment.

Results are consistent with past years in that the majority of respondents (64%) indicate they do not evaluate program results. This is not surprising as the majority of organizations, as indicated in question 10, are not recording baseline data, which is necessary to report outcomes. This is unfortunate as there are many ways to evaluate the successes of a wellness strategy no matter how big or small the organization. Further, the presentation of positive outcomes can have a huge impact on future results, and evaluating outcomes provides insight into how programs can be adapted and refined in order to meet program objectives.



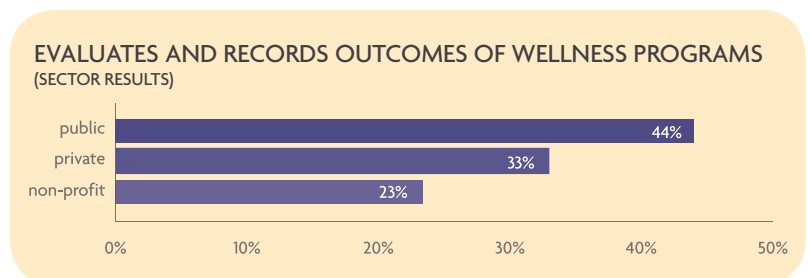
### *Regional results*

Organizations in the Atlantic provinces are most likely to evaluate program outcomes (53%) when compared to national results, whereas Quebec respondents were the least likely to indicate evaluation practices (26%). Ontario and the Western provinces came in at 34% and 36% respectively.



### *Sector Results*

Although sector results parallel national results in terms of the majority not evaluating outcomes, the public sector is most likely to indicate in the affirmative (44%). This outcome correlates with results from question four (measurement of employee health status) in that the largest proportion of respondents indicating a positive response was from the public sector. Non-profit organizations are the least likely to implement evaluation practices (23%) and sit well below the national average (36%).



## Question eleven B

### *Does your organization endeavour to calculate and record the return on investment associated with your wellness efforts?*

There is a growing body of evidence that substantiates the financial returns that a wellness strategy can yield and the list of organizations that are successful at yielding these returns is growing. Calculating return on investment figures has always been a tricky subject in the Canadian experience. The primary reason is due to the lack of a consistent method used to reach an accurate return on investment figure. The methods used vary depending on the organization and the data collected, which as survey results continue to indicate, is limited. Adding to the difficulty of confirming financial impact is an inability to control varying factors and make linear comparisons.

Calculating return on investment continues to elicit a low amount of affirmative responses (31%). Organizations are more likely to evaluate outcomes such as participation, employee feedback etc., than delve into the more complex and elusive financial effects.

#### *Regional results*

Results pertaining to return on investment for the regions are consistent with outcomes of previous questions concerning measurement. For instance, when compared to national results, organizations from the Atlantic provinces are more likely to evaluate financial returns (33% vs. 31%). Meanwhile, Quebec elicited the least amount of respondents that evaluate financial outcomes (19%).

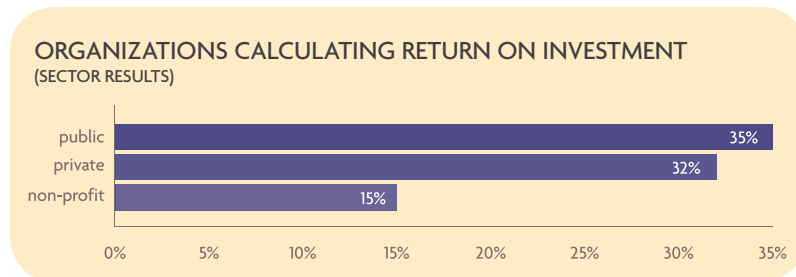
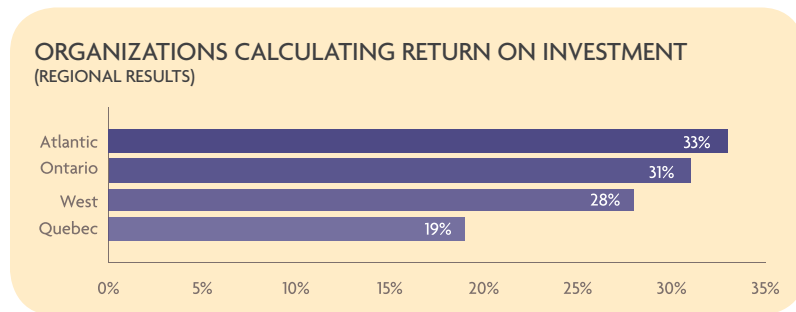
#### *Sector results*

Like the regional results, sector results indicate similar findings to other questions regarding whether employers are measuring outcomes. For example, when compared to national outcomes, public sector organizations are more likely to implement measurement practices with regard to employee health status, initiative outcomes and return on investment calculation. Private sector organizations also elicit a result higher than the national average with 32% of organizations indicating return on investment calculation. Non-profit businesses are the least likely to implement strategic evaluation practices with only 15% indicating an affirmative response for return on investment outcomes.



**31%** of organizations report they calculate return on investment.

Organizations are more likely to evaluate outcomes such as participation, employee feedback etc., than delve into the more complex and elusive financial effects.



## Question twelve

*Have you experienced any of the following as a result of your wellness efforts?  
Please select all that apply.*

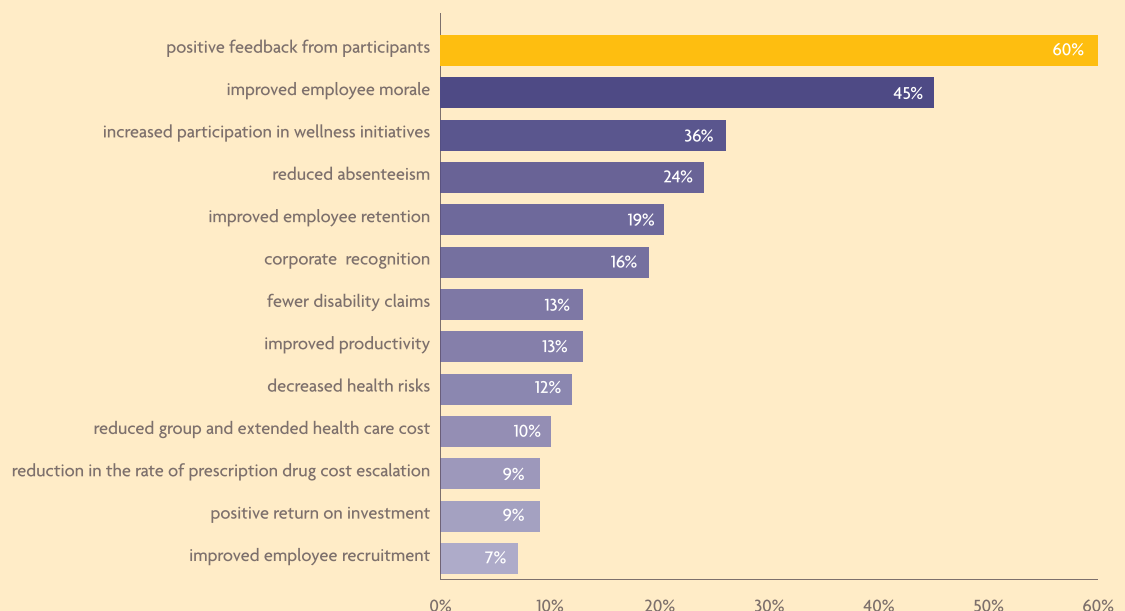
The success of a wellness strategy should not be based solely on financial outcomes as this presents a very narrow demonstration of its value. Rather, other success indicators should be measured to present a broader overview of success. The results of this survey confirm that although containing health benefit costs is on the radar, there are other factors including improving employee health, organizational culture and employee retention that precede this in importance, and in fact are realized by many organizations.

Many of the response options show outcomes less than 25%. This is consistent with the low number of organizations that are calculating return on investment, measuring wellness outcomes and/or taking a strategic approach to wellness. As indicated by the Medisys survey of the top 100 employers' perceptions of wellness programs, organizations who measure program results are significantly more likely to experience positive outcomes and attain primary objectives<sup>16</sup>. These outcomes suggest a correlation between effective evaluation plans and high levels of long-term success as program evaluation assists in resultant adaptation of program objectives and initiatives thereby leading to more targeted and positive results.

The top three experiences of organizations continue to be employee focused with the top two (positive feedback from participants 60%, improved employee morale 45%) being directly related to organizational culture. Increased participation (36%) continues to rank third. Meanwhile, ranked fourth was reduced absenteeism, the only outcome in the top five that represents a direct relationship with reduced costs.

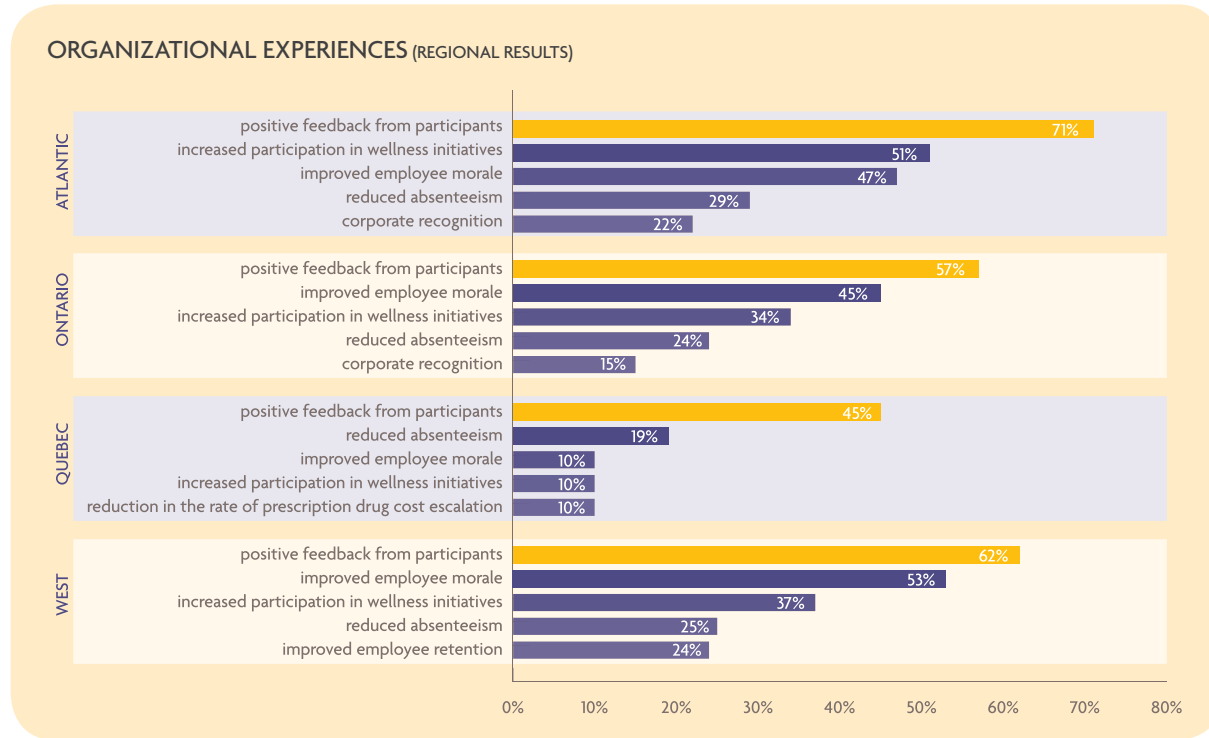
These are positive outcomes due to the impact that these employee focused results have on employee well-being. Conversely, the number of organizations experiencing decreased health risks is disappointingly low (12%), but highly correlates with the percentage of organizations implementing certain activities as seen through previously presented results. Namely, only 21% of businesses surveyed are conducting a needs assessment of organizational health risks and a meager 21% have measured the health status of all full-time employees in the past year. Decreased health risks preclude most of the financial, personal and organizational benefits a wellness strategy can generate; however, in order to decrease health risks, employee health concerns must be identified and targeted.

ORGANIZATIONAL EXPERIENCES (NATIONAL RESULTS)



## Regional results

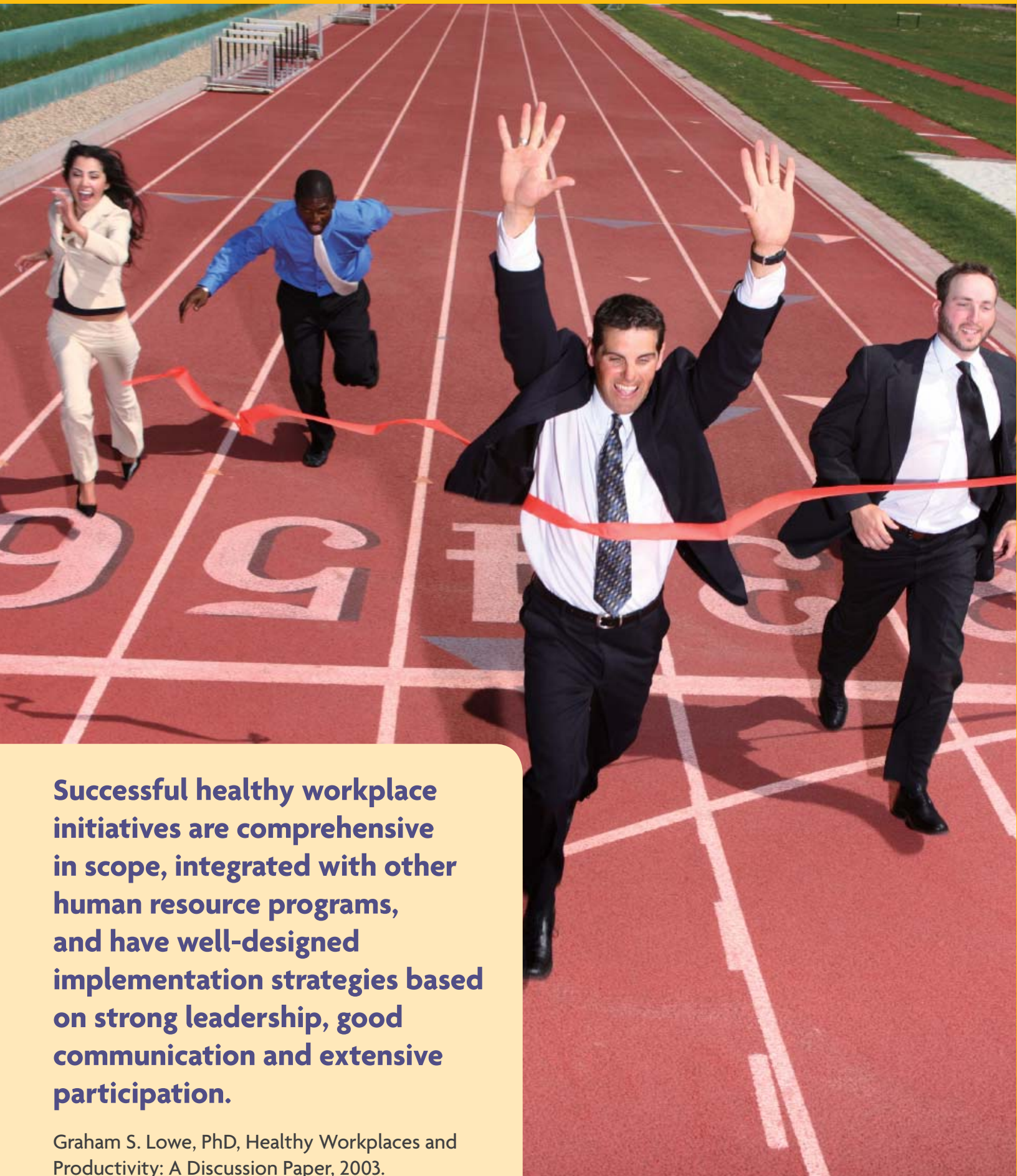
Although positive feedback, improved employee morale and increased participation are common experiences across all regions, analysis indicates some slight variations in wellness induced outcomes. When compared to national results, provinces in the West indicated a higher likelihood of achieving improved employee retention (24% vs. 19%).



**“A much higher percentage of those who track their results state that their programs meet expectations.** This implies that wellness programs are actually more effective than employers generally perceive them to be.”

Wellness in the Workplace: Aligning Intentions and Outcomes, Medisys Health Group, 2008.



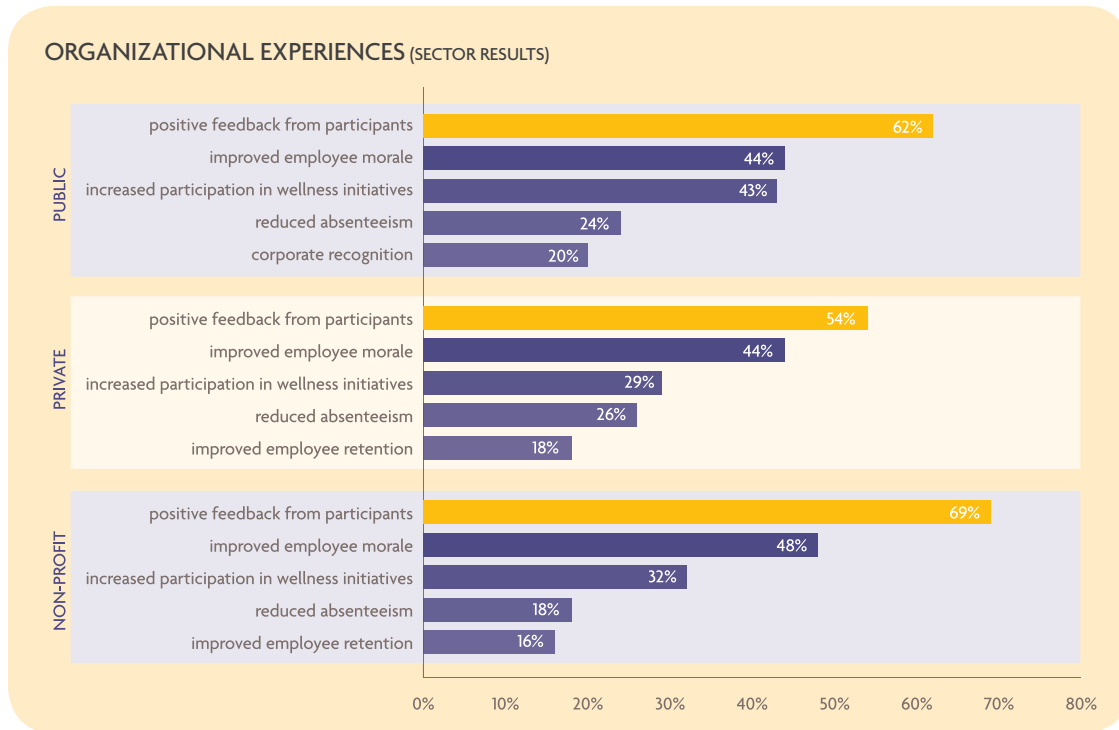


**Successful healthy workplace initiatives are comprehensive in scope, integrated with other human resource programs, and have well-designed implementation strategies based on strong leadership, good communication and extensive participation.**

Graham S. Lowe, PhD, Healthy Workplaces and Productivity: A Discussion Paper, 2003.

## Sector results

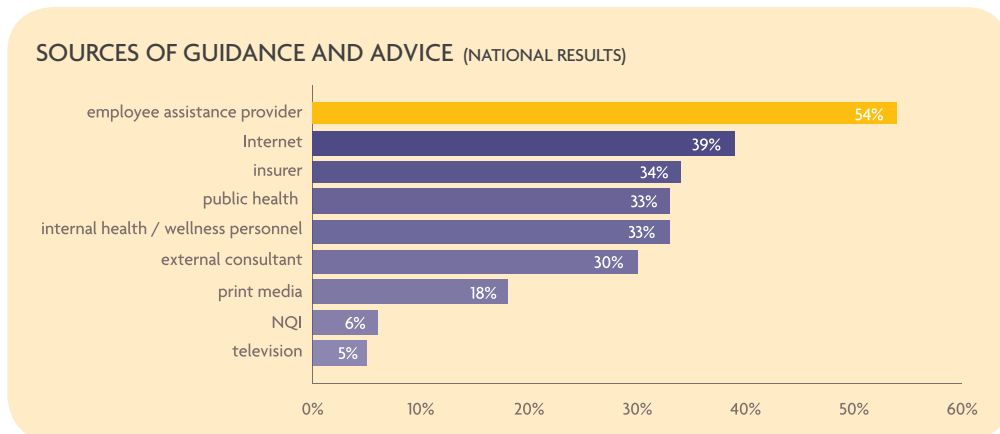
What organizations experience as a result of wellness seems to be consistent regardless of sector – perhaps not a surprising find, given some of the similarities found in the motivations for offering wellness as well as in the initiatives being offered across sectors.



## Question thirteen

*Where are you getting guidance and advice for your wellness efforts?  
Please select all that apply.*

Respondents cited the top three sources of wellness information as Employee Assistance Provider (54%), Internet (39%) and insurer (34%). The response Employee Assistance Provider speaks to the high prevalence of EAP programs across Canada and the expertise they provide in regards to the mental health sphere.



This year, the option insurer became the third most popular response, likely associated with the decrease in the responses public health and internal health/wellness personnel.

The decrease of internal health/wellness personnel seems logical considering the increased representation of small businesses in the 2011 sample, which wouldn't likely have a dedicated resource for health and wellness. It is also interesting to note that the option Internet is again a top source of information for organizations.

## Question fourteen

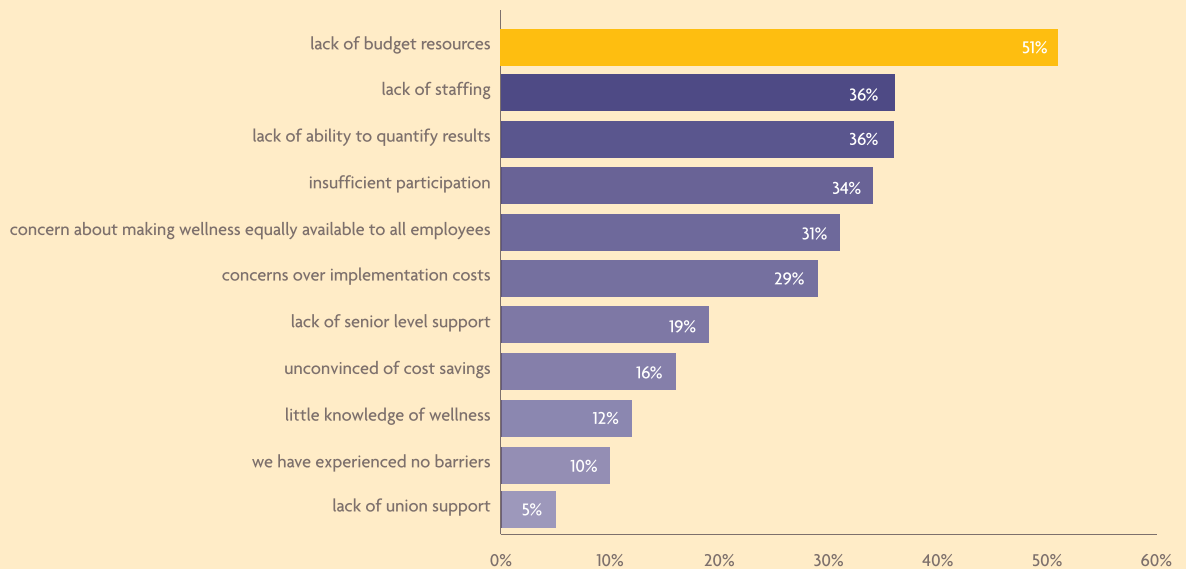
*Please identify the barriers you have experienced when implementing wellness. Please select all that apply.*

Securing finances for wellness implementation continues to be the top barrier experienced by organizations. This confirms the fact that wellness is not yet a top priority for a number of Canadian businesses despite the amount of available evidence that supports the business case for such initiatives. Studies have shown that participants in wellness programs garner health care expenses up to \$176 lower than non-participants<sup>17</sup> and lower absenteeism rates with up to three fewer missed work days<sup>18</sup>.

While a lack of budget resources is the number one barrier to implementing wellness programs (51%), lack of staffing (36%) and lack of ability to quantify results (36%) complete the top three barriers indicated. Results for lack of ability to quantify results is particularly frustrating given that most organizations are not engaging in even the most basic actions required to conduct such an analysis. For instance, as has been discussed previously, only 31% of respondents calculate or record ROI, only 21% have conducted a needs assessment and only 23% are consistently evaluating wellness data.

Securing finances for wellness implementation continues to be the top barrier experienced by organizations.

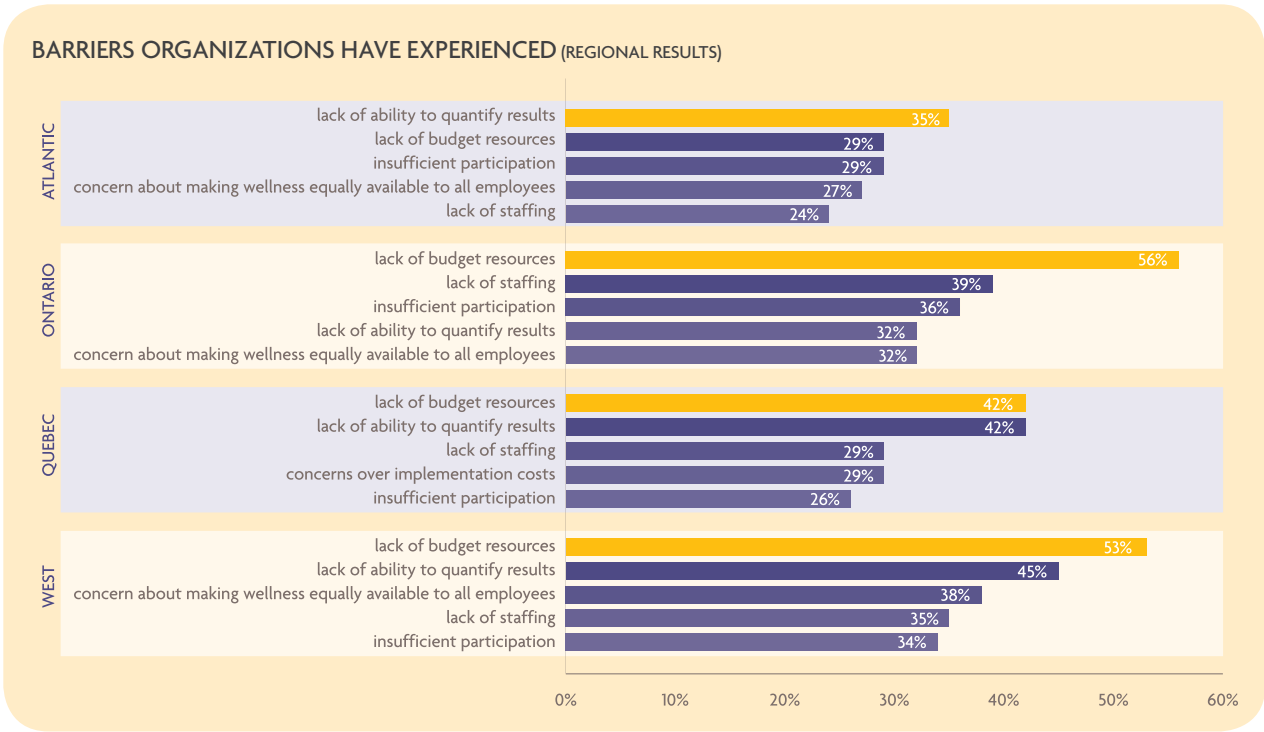
BARRIERS ORGANIZATIONS HAVE EXPERIENCED (NATIONAL RESULTS)



Insufficient participation (34%) also continues to be a challenge, indicating difficulties in engaging employees in wellness initiatives. It is interesting to correlate this outcome with the results of question nine in that the majority of organizations indicate that offering incentives is an inconsistent practice. This outcome emphasizes the need for employers to acquire effective engagement strategies to enhance participation.

**Regional results**

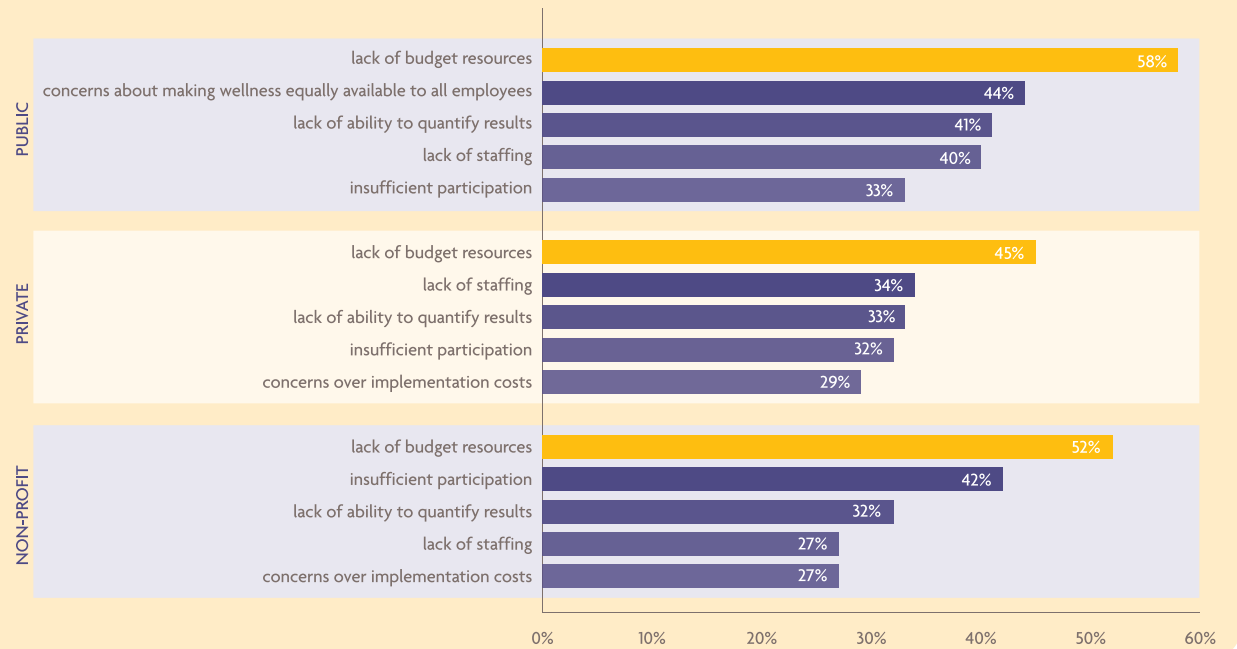
The barrier lack of budget resources is the number one barrier identified by all regions with the exception of Atlantic provinces where lack of ability to quantify results was the most common barrier. When compared to national results, the proportion of Ontario organizations noting budget resources as the top barrier is 5% higher than national outcomes (56% vs. 51%). A notable outcome of the regional analysis is that lack of staffing continues to be perceived as a significant barrier when implementing wellness with this response appearing in the top five barriers for all regions.



**Sector Results**

Although budget acquisition is the top barrier among all sectors, comparison to national results indicate that this is more of a barrier in the public sector (58% vs. 51%). This finding can likely be attributed to the financial challenges faced by organizations in this sector. With regard to the public sector, respondents were the most likely to indicate lack of ability to quantify results as a barrier when compared to national norms (41% vs. 36%). It can be assumed that the need to quantify results among organizations in the public sector is high due to the source of financial funding (i.e. tax dollars). A final notable outcome with regard to public sector results is that concerns about making wellness available to all is a top barrier identified by these organizations (44%), a result that exceeds the national outcome by 13%.

### BARRIERS ORGANIZATIONS HAVE EXPERIENCED (SECTOR RESULTS)



“Apart from having a responsibility towards employees’ health, employers stand to benefit from introducing workplace-wellness programs: as they have been shown to decrease absenteeism, while increasing productivity, retention, creativity and innovation”

Olivier Raynaud, Senior Director, Global Health and Health Industries at the World Economic Forum.



## Question fifteen A

### Do you feel that the health of your employees influences overall corporate performance?

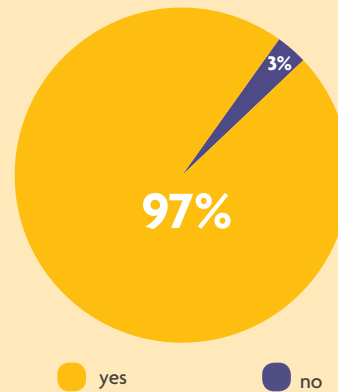
This question was a new addition in 2011 to gauge perspective on the significance of wellness to the overall performance of an organization.

Ninety-seven percent of respondents agree that employee health is directly related to corporate success – no doubt an encouraging finding.

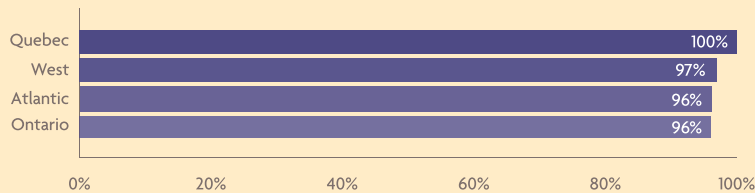
There is a large body of evidence that supports the positive correlation between employee health and organizational outcomes. An organization's capacity to perform and achieve success is largely dependent on the overall well-being of its people. For instance, a 2010 survey conducted by Towers Watson indicates organizations that implement programs supporting employee health and effectiveness experience lower absenteeism (1.8 days per employee per year), slower health benefit cost growth (by 1.2 percentage points) and optimal corporate success (higher revenue by 11% per employee)<sup>19</sup>.

Regional and sector results indicate that nearly all respondents believe employee health impacts organizational outcomes (95% or higher). Again, this is an optimistic outcome that is tempered by the fact that many organizations are not acting on this belief.

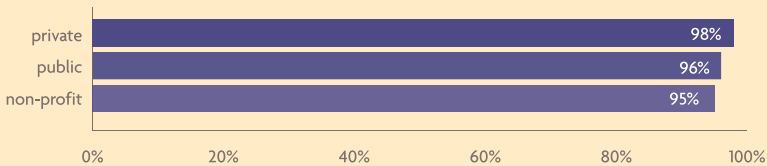
ORGANIZATIONS THAT FEEL EMPLOYEE HEALTH INFLUENCES OVERALL CORPORATE PERFORMANCE (NATIONAL RESULTS)



ORGANIZATIONS THAT FEEL EMPLOYEE HEALTH INFLUENCES OVERALL CORPORATE PERFORMANCE (REGIONAL RESULTS)



ORGANIZATIONS THAT FEEL EMPLOYEE HEALTH INFLUENCES OVERALL CORPORATE PERFORMANCE (SECTOR RESULTS)



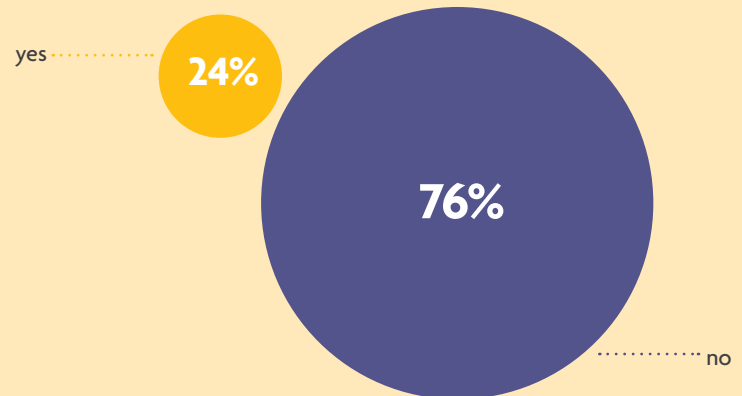
## Question fifteen B

*In your organization, is the importance of employee health recognized as part of management's performance evaluation?*

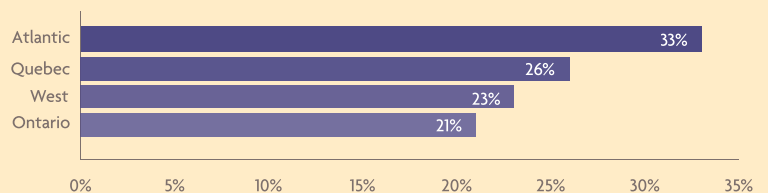
One way in which wellness is integrated into business objectives is through assessing the ongoing commitment of management to employee health via performance evaluation. Initiatives of this kind reinforce the support of senior management, and hold management accountable for the success of health and wellness initiatives.

A disappointing 24% of respondents indicated that employee health is recognized as part of management's performance evaluation. These results are particularly interesting as 97% of respondents indicate that employee health impacts overall company performance. Additionally, 42% of organizations have secured the senior level support of wellness programming, yet many of these organizations haven't taken the next step by integrating employee health into the performance evaluations of their managers.

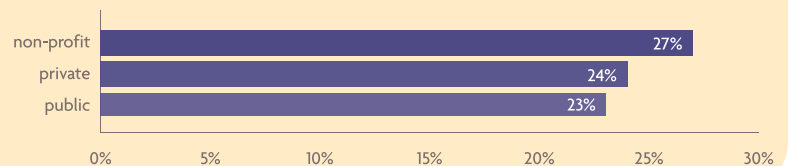
### ORGANIZATIONS THAT RECOGNIZE EMPLOYEE HEALTH AS PART OF MANAGEMENT'S PERFORMANCE EVALUATION (NATIONAL RESULTS)



### ORGANIZATIONS THAT RECOGNIZE EMPLOYEE HEALTH AS PART OF MANAGEMENT'S PERFORMANCE EVALUATION (REGIONAL RESULTS)



### ORGANIZATIONS THAT RECOGNIZE EMPLOYEE HEALTH AS PART OF MANAGEMENT'S PERFORMANCE EVALUATION (SECTOR RESULTS)



## Question sixteen A

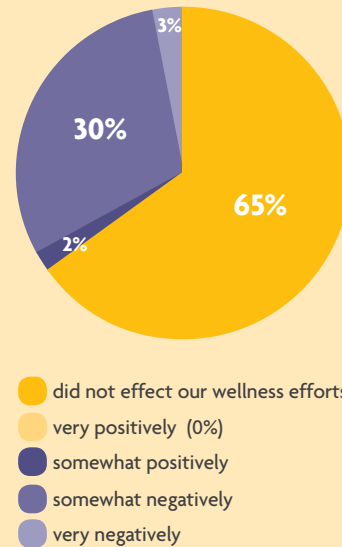
### The economy has recently affected our wellness efforts:

This question was added to the 2011 survey to investigate the impact the economy has on the continued implementation of wellness initiatives in the workplace. The economic recession of 2008 and current global instability has prompted many organizations to implement strategies in an attempt to alleviate financial strain and sustain viability. In some cases, cost cutting measures included eliminating or reducing wellness offerings despite the heightened need for these services during these times. The outcomes of this inquiry are therefore quite encouraging given that 65% of respondents indicated that the economy did not affect wellness efforts and only 30% reporting that it affected wellness efforts somewhat negatively.

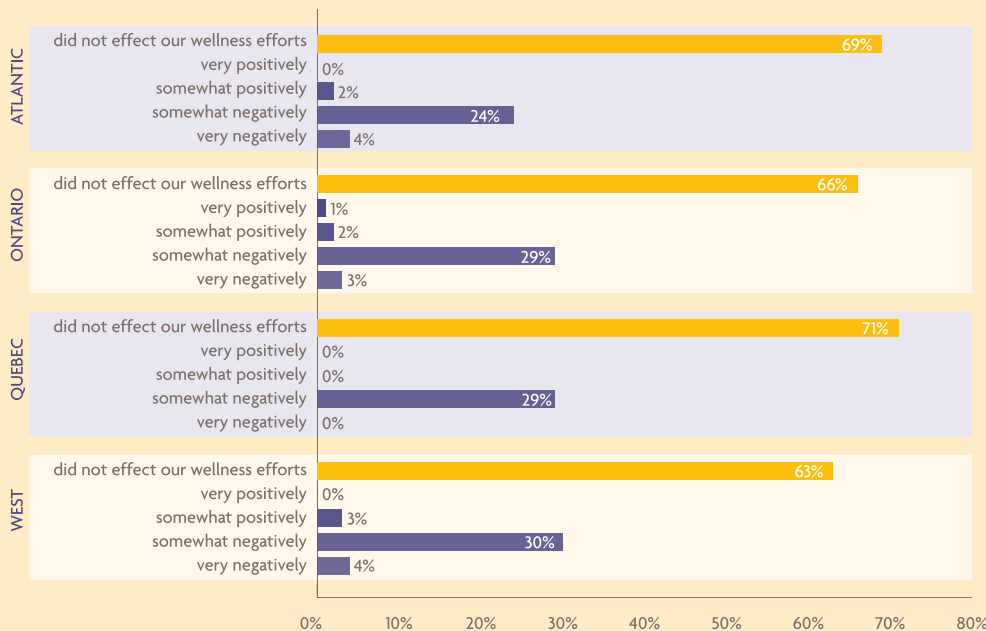
These results are consistent among all sectors and regions and parallel national outcomes. It is interesting to note that despite differences in health concerns, motivation and organizational health methodology and strategy, most organizations did not indicate severe effects on wellness offerings. This outcome supports the growing recognition of the importance of employee health as indicated by the results of question 15.

If anything, the current economy which is creating increased stress and anxiety for employees underscores the need for employers to implement preventative health programming and take steps to improve the psychosocial work environment. Motivational programs that promote teamwork, while at the same time giving employees practical opportunities to improve their lifestyles are key to improving morale. In addition to lifting spirits, wellness programs teach valuable lifestyle modification skills that can enhance one's physiological well-being thereby increasing physical resiliency to stressors. Screening programs that provide employees with personalized information help educate and bring awareness to risk factors, and behaviour modification programs provide assistance to those employees attempting to improve their lifestyle.

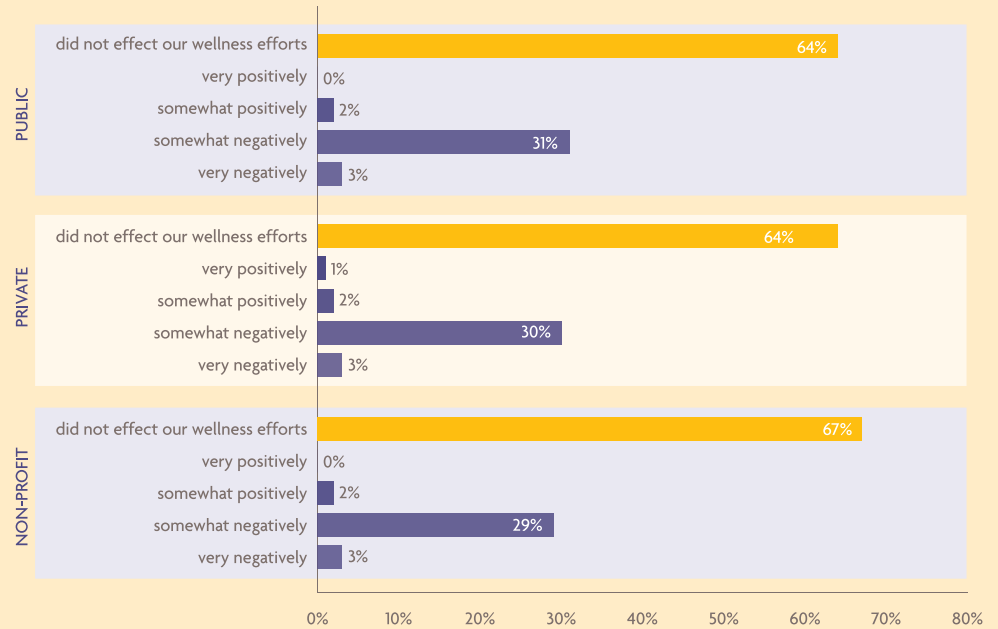
HOW THE ECONOMY HAS EFFECTED WELLNESS EFFORTS (NATIONAL RESULTS)



HOW THE ECONOMY HAS EFFECTED WELLNESS EFFORTS (REGIONAL RESULTS)



### HOW THE ECONOMY HAS EFFECTED WELLNESS EFFORTS (SECTOR RESULTS)



## Question sixteen B

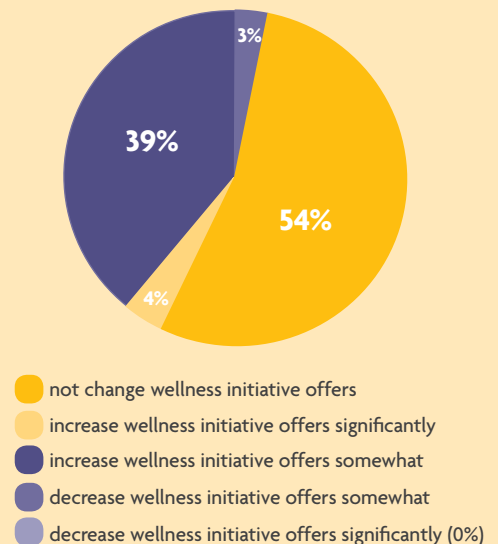
### *In the next six months, we plan to:*

In order to gauge the short-term future growth of workplace wellness, as well as the organizational priority of wellness, this question was added to the 2011 survey. When considered collectively, questions 16 A and 16 B are positive indicators that organizations are going to continue investing in wellness despite economic conditions. The majority of respondents (93%) indicated that they would either not change the number of wellness initiatives offered (54%) or increase the number of wellness initiatives offered somewhat (39%) thereby demonstrating a positive outlook for the future. Only 3% of respondents stated that they would decrease the total number of wellness initiatives offered.

Regional and sector analysis outcomes resemble national results in terms of response proportions, that said there are no significant differences between region and sector, but there a few notable observations. Firstly, with regard to sector findings, none of the non-profit organizations indicated they would decrease the number of wellness initiatives offered. Secondly, in terms of regional outcomes, Ontario organizations elicited a higher proportion of organizations indicating that the number of wellness initiatives offered will not change (57% vs. 54%).

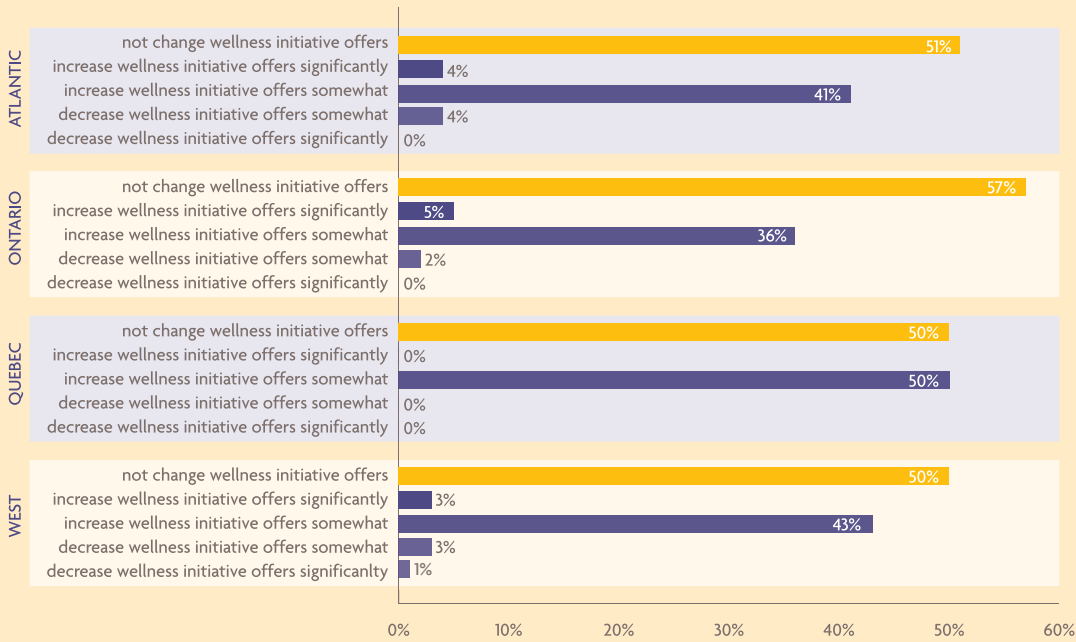
The likelihood of realizing and sustaining positive health improvements, optimal corporate culture, and return on investment figures is highly unlikely in the absence of any wellness offerings. An organization's capacity to perform and achieve success is largely dependent on the overall well-being of its people. After all, appreciating human capital is a strategy that is essential

### PLANS FOR THE NEXT SIX MONTHS (NATIONAL RESULTS)

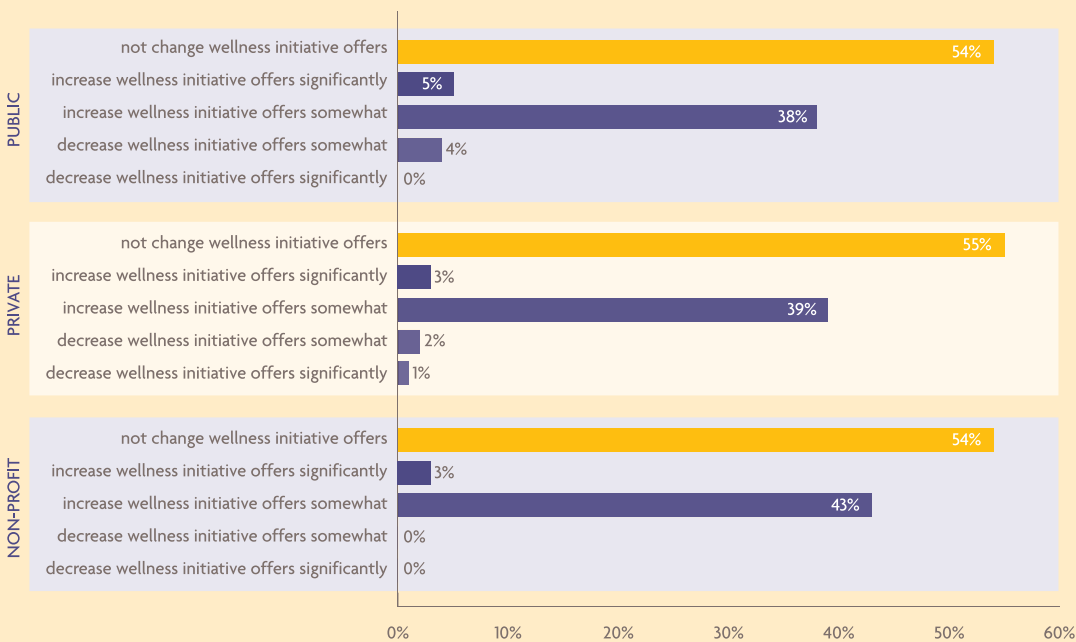


for fiscal success and overall growth. Given the aging Canadian population and current economic adversity, an organization that is not able, or willing, to evolve and outperform will ultimately fall behind, the consequences of which can be devastating to the future of a business.

### PLANS FOR THE NEXT SIX MONTHS (REGIONAL RESULTS)



### PLANS FOR THE NEXT SIX MONTHS (SECTOR RESULTS)



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\* WatsonWyattWorldwide 2009/2010 Staying@Work Report

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# Wellness Defined

## *Personal Wellness*

The ongoing pursuit of optimal physical and emotional well-being through education and a commitment to healthy lifestyles, in order to achieve balanced, whole-person health both personally and professionally

## *Organizational Wellness*

Strategic integration of organizational business objectives and individual employee needs that aim to maximize the human potential. Through supportive practices, employees and their family members are able to make lifestyle changes that will contribute to diminished health risks and an improved ability to perform in all areas of life.

## *Comprehensive Worksite Wellness*

A comprehensive wellness program is one involving data analysis, multiple wellness initiatives, follow-up, individual counselling, continuous evaluation and the calculation of return on investment<sup>20</sup>.

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