An Interview with Barry Hall

WHI: Can you provide a bit of background regarding Buck’s research in global health promotion and wellness practices?

BH: Over the past six years, we’ve established two unique, major studies in global health promotion. The first is our global survey that investigates current practices and emerging trends in employer-sponsored health promotion programs. We’ve conducted the survey five times since 2007, and it gets bigger and more interesting each time. The latest (November 2012) edition was conducted in 10 languages and includes 1,358 employers based in 45 countries, representing more than 17 million employees.

Over this period we’ve seen some phenomenal growth trends, as well as some persistent challenges. And we’ve learned that the most popular approaches are not necessarily the most effective at achieving desired health and business outcomes. So we set out to complement our broad, global survey with a more focused study to investigate and learn from organizations that have successfully developed and implemented global strategies. We sat down with the health promotion leaders from thirteen carefully selected multinational companies and collected detailed information in order to surface insights and identify success factors that can benefit others seeking similar success. Our report, “Winning Strategies in Workplace Health Promotion,” is intended to help employers at every level make progress toward a successful and sustainable business model for global health promotion.

WHI: Worksite health promotion can be perceived by many practitioners as being an “Invented here in America” movement, if not by methodologies, then by sheer numbers. Is this an accurate observation, or have we, as practitioners, been myopic in what other countries have accomplished when it comes to employee health and wellness?

BH: I think both are true to some degree. There is definitely an American “flavor” of health promotion that has emerged in recent years, characterized by voluntary but heavily-promoted programs driven by financial incentives and often supplemented by disease management and other condition-focused resources. Market demand in the U.S. has spawned an explosion of creative wellness program vendors and service providers, with many innovative approaches being incubated and commercialized, such as gamification, social media and mobile technology.

However, any perception that workplace wellness is primarily an American invention is clearly not accurate. For example, presenteeism—the business metric arguably most relevant to measurement of wellness programs—is a concept developed in Europe, and a core focus of health promotion programs worldwide. And the “incentive-free” approach of many employers outside the U.S. has enabled them to build high levels of employee engagement, based on cultural and intrinsic motivators, to a degree that makes many U.S. employers drool with envy.

WHI: In countries that have socialized medicine, is worksite health promotion less prevalent or do these programs have a different focus?

BH: In general, yes. From our global survey, we see that the top reason for investing in health promotion programs among U.S. employers is controlling health care costs. Other countries with socialized health care systems have a stronger interest in other areas, such as reducing employee absence and presenteeism. The top driver in Europe and Canada is boosting workforce morale and engagement. In Asia and Australia, it’s improving workplace safety. However, most of these goals rank highly for employers in all regions, which is why workplace health promotion has such broad global appeal.

WHI: Mental/emotional issues seem to have a higher importance in other countries than in the U.S.. How are these other countries addressing such issues as depression and stress within the workforce?

BH: There’s no question that mental health and well-being is one of the most signifi-
cant health promotion challenges of the 21st century. Employers in many countries outside the U.S. are increasing their focus in this area. Our surveys show that top strategies to address stress include leadership training, stress awareness programs, physical activity, and various work-life benefits. Most of these approaches are designed to help individuals cope with work environment pressures and demands, but fewer employers focus on assessing and improving psychosocial working environment factors such as work design, balancing job demands with levels of knowledge and ability, addressing role ambiguity, and eliminating bullying or harassment at work. However, employers are not alone in pursuing improvements. Some European countries (Italy, Spain, and the UK) and even the European Union, are instituting laws that seek to identify and reduce psychosocial risks and work-related stressors. Countries, such as Finland, Singapore, and Brazil, recognized the many benefits of worksite health promotion earlier than others and are more active. There is tremendous growth in Asia where the wellness concept has been received enthusiastically by many employees. In other regions, such as the Middle East or Africa, awareness of healthy lifestyles and individual responsibility needs to be increased further. Given the alarming chronic disease trends, I am convinced we will see more growth.

**WHI:** How are globally-based organizations influencing worksite health practices in which they operate, and do they have an influence on pertinent community health issues?

**BH:** Some multinational organizations are having a significant impact on raising awareness of the importance of employee health and vitality in many countries in which they operate. For example, in some European countries in which health benefits are provided by the state, employers are beginning to establish a new dialogue with workers about the importance of their personal health and lifestyle, and bring health promotion concepts into the workplace. Community health issues vary by country, but successful multinational health promotion programs often embrace important local health issues. Employee Assistance Programs (EAPs), a staple component of health promotion programs worldwide, but especially outside the U.S., focus on issues such as alcoholism—the leading cause of death among working-age adults in Finland (and the third leading cause of death and disability worldwide, according to the WHO). Addressing HIV/AIDS is a focus for employers in South Africa, where 17% of working adults are affected. And increasing access to scarce and much-needed preventive and primary health care is a key focus of wellness programs in countries such as India and China. Obviously, we have a long way to go in all of these areas, but health promotion strategies are helping to move the needle for employees of multinational organizations, and hopefully raise the bar for other, local employers to follow suit.

**WHI:** What can American companies learn from companies in other countries and how they view health promotion?

**BH:** There is a relentless focus in the U.S. on managing health care cost trend. This is completely understandable. It’s the primary reason that health promotion has blossomed so substantially in the U.S. in recent years. But many U.S. employers are so single-mindedly focused on deploying wellness programs as a cost control tactic that they risk missing the much greater potential benefit of improving organizational performance. An employer that’s truly dedicated to creating a healthy, high-performing workforce approaches health promotion differently from one bent on cost control.

U.S. employers also could benefit from a higher awareness of the organizational importance of stress management. For years our global survey has identified stress as the top focus of employers worldwide—except in the U.S., where it is ranked sixth. Unaddressed stress will be a barrier to success in many other health promotion areas such as exercise, nutrition, and tobacco cessation. I don’t know why U.S. employers focus so much less on stress, but I suspect it’s a combination of factors: denial that stress is a problem, concerns that there is little that can be done to help, and a mistaken assumption that stress does not drive up health care costs as much as other health risks, and thus offers lower business value.

**WHI:** What recommendation would you make to employers seeking to improve their health promotion efforts?

**BH:** I believe it’s important for health promotion professionals to remember that their companies are organized for a business purpose, not for making their employees healthier. That said, I would encourage them to seek out and embrace what drives the business, and align employee health with it as tightly as possible.

Also, recognize that there are many different health promotion challenges that face employers around the world, and there is much we can learn from each other. By paying attention to health issues and organizational approaches more globally, employers in all parts of the world can implement smarter, more successful health promotion programs.
Introduction

How does one of the world’s leading energy companies, with more than 25,000 employees spread across the United States alone (and more than 83,000 employees worldwide) create an employee health management initiative that is effective and easy to manage? For BP, with U.S. headquarters in Houston, TX, 16 refineries, and nearly 22,000 retail sites globally, the answer comes in the form of the BP Wellness Program.

While BP has had local level employee health management activities for years, in 2010 the BP Wellness Program marked a transition to a more strategic and comprehensive national program designed to help BP employees and their families become aware of their health status, provide tools to maintain and improve their health, and educate them on how to be engaged consumers of health care. The BP Wellness Program partnered with the internal communications department to develop a brand identity for the program using the identifying phrase “becoming a healthier you.” The goal of the program is to inspire people to become healthier versions of themselves.

Creating a National Wellness Strategy

Following best practices for comprehensive program design, BP worked with its population health management partner, StayWell Health Management, to develop a national program that meets the health needs of all employees.

Key attributes of the BP Wellness Program include:

- Health assessment questionnaire (HQ)
- Web-based health information portal
- Personal health record
- A “Health Advisor” call to a health professional focused on reviewing the individual’s HQ results or introducing them to various program opportunities
- Interactive web-based wellness classes on lifestyle topics
- Physical activity campaigns
- Web-based six-week health improvement programs
- Financial wellness classes
- A 52-week intensive weight management program
- Biometric health screening
- 24/7 nurseline; case management
- Employee Assistance Program (EAP)
- Targeted telephone-based and mail-based health coaching programs
- Telephone-based and onsite disease management (DM) coaching programs

To supplement the program and service offerings mentioned above, BP also implemented a number of environmental and workplace cultural supports to augment the effectiveness of behavioral interventions including:

- Local level wellness programs
- Wellness calendar
- Quarterly health newsletters
- Access to healthy foods at work
- Healthy options and nutrition information in BP cafeterias and vending machines
- Safe, accessible walking paths
- Subsidized fitness center membership
- Onsite fitness centers, classes, and walking programs
- Fitness breaks or stretch breaks during meetings
- Bicycle racks and locker rooms on BP campuses
- Flexible work time policy to accommodate physical activity during the work day
- Onsite health and wellness facilities that include primary and urgent care, pharmacy, physical therapy, dental and vision care

Comprehensive Engagement Strategy

Even the most effective programs will fail to achieve their goals if employees do not take advantage of them and the resources that are available to them. While many employers leverage financial incentives or rewards programs to drive participation in wellness programs, BP takes a more holistic and integrated approach, which includes benefit plan design, a full suite of wellness offerings, comprehensive communications, and senior leadership engagement.
As BP developed its national strategy, program developers engaged stakeholders from across the organization from senior management to grassroots wellness champions to ensure broad buy-in and support for the overall program strategy. BP’s Wellness Council includes representatives from each of BP’s major locations and leadership from the Occupational Health, Safety, and Human Resources functions. The Wellness Council is an active ongoing promoter of national programs and local level wellness activities.

BP uses an ongoing, multimodal set of communications strategies to reach its diverse population. Annually, nearly 100 different types of communications, using ten delivery vehicles, are sent. BP communications prominently display the program logo and are personalized for each individual. A central support to the communications strategy is a personalized web portal available to employees and their partners.

BP also relies on a comprehensive approach to incentives, which has evolved over time. In 2010, BP created two primary medical plan options, and used the plan design to drive participation and encourage smarter health care consumerism. Both PPO options had the same monthly premium and had an 80/20 PPO design; however, the incented health plan option had an average estimated savings in annual out-of-pocket expenses per family of $1,200. To be eligible for the 2010 incented plans, employees were required to take a health assessment, which served as a gateway into the wellness program. To remain eligible for the incented plan 2011, employees needed to earn at least 1,000 points by participating in a variety of wellness programs, each worth 125-500 points. BP’s incentive design applied a phased approach to keep things simple in the program’s first year, and then added additional wellness activities in the next program year. In 2011, the program was expanded to include spouses (along with employees), thereby making wellness a family activity. Since families accounted for 60% of BP’s health care spending, it made sense to get the whole family to participate in wellness.

**Strong Participation Drives Superior Outcomes**

In the three years since BP first launched the *BP Wellness Program*, participation in all aspects of the program have remained high. Of those eligible to participate in the wellness program (individuals in the PPO medical plan), 92% participated in the health questionnaire to gain entry into the incented health plans. Over the next two years, participation in the *BP Wellness Program* continued to remain high (93% in 2011 and 90% in 2012). These results are well above comparable norms for clients that use other types of incentives to encourage participation in wellness programs. What is even more encouraging is that once individuals gain entry to the initial incented health plan, the requirement that individuals earn 1,000 points each calendar year...
to remain eligible for the incented health plan, drives very high participation in multiple additional program components. Table 1 provides participation rates in program components by calendar year. Although individual program component participation rates decreased slightly as spouses became eligible for programs, the number of individuals that have completed at least one component of the program remains well above industry averages for similar programs.

Strong participation rates across multiple program components yielded impressive health behavior change at the population level. BP achieved a 5.6% reduction in the average number of lifestyle-related health risks among all repeat HQ participants from 2010 to 2011, which exceeded an industry research best-in-class level of 4.7% risk reduction.\(^1\)

Since behavior change has been associated with desirable health care cost trends, it is no surprise that the BP Wellness Program was effective in managing BP's health care cost trend. BP's overall health care cost trend was 3.5% below their 2011 projected health care trend of 10.5%. Also, a rigorous return-on-investment study was conducted, in which participant health care costs were compared to nonparticipant health care costs from pre-program launch through the end of the second program year. Multivariate regression models controlled for the influence of age, gender, baseline health, and health care costs. The study yielded an estimated savings of $61 per wellness participant per month and a savings of $215 per disease management (DM) coaching participant per month. These savings resulted in a return of $3 for every dollar invested in the second year of the BP Wellness Program.

Industry Recognition for BP's Best-In-Class Program

The time, resources, and energy that BP has invested in the BP Wellness Program has yielded high levels of employee satisfaction with the program in addition to its impressive participation rate, behavior change, and cost impact results. In fact, the company was recognized for its efforts and success in 2012, by the National Business Group on Health, by naming BP a recipient of its “Best Employers for a Healthy Lifestyle” award. However, BP is not resting on these laurels. The program continues to evolve as the program strategy team works to keep it fresh and drive repeat participation rates year after year, which is the key to sustained business results.

Worksite Health Promotion for the 21st Century: Part 3
Dee Edington, PhD and Thomas, EdD

In this forum, we have provided a series of discussions on the topic of assessment for worksite health promotion in the 21st century. First, we presented an argument on the limitations of the health risk appraisal, followed by a second presentation on how it might be both enhanced as a measurement tool and repositioned in a 21st century assessment strategy. Part 3 continues this process, but discussion shifts from a focus on the individual to the assessment of the workplace.

Assessing the workplace has had limited attention in the field, though theory suggests that the workplace environment has a substantial impact on employee behaviors and subsequent risk factors and health status. For example, the prominently cited Social Ecology Model (Stokals, 1996), posits that behavior is a function of multiple interrelationships among social and structural characteristics of the environments in which people live. It is this interaction that ultimately affects behavior. Recent thinking recognizes that change in the workplace social and structural environment must occur for targeted behavior change to follow and, importantly, be sustained (Golaszewski, Allen & Edington, 2009). There is a saying: “You can’t manage it unless you can measure it.” Hence, if the workplace environment must be managed to influence employee behaviors, tools for measuring it become critically important.

A chapter in ACSM’s recent Worksite Health Handbook provided, perhaps, the first extensive discussion on organizational assessment (Golaszewski, 2009). The chapter presented two assessment variations. The first described systems to compare worksites against established standards for the purpose of granting some type of award, such as The C. Everett Koop National Health Award (Health Project, ND). The second, the workplace audit, a structured assessment of the health supporting characteristics of the workplace, is more in line with the intent of this discussion. In the audit, researchers typically pose a series of questions to key employees who respond to the presence of certain workplace characteristics, or researchers observe the workplace personally to identify these characteristics. In other audits, both strategies are employed. Still others are self-scored by key workplace employees. These observations are converted into numeric scores, where higher values indicate greater support for employee health. Then, organizational deficits can be identified and intervention is initiated at the company level. Several prominent workplace audits include: the HERO Scorecard (Health Management Research Organization, 2012), the New York State Department of Health’s Heart Check (Golaszewski & Fisher, 2002), and the Environmental Assessment Tool (EAT) (DeJoy et al, 2008).

Research on workplace audits is modest, although the results offer considerable promise for their use. First, as assessment tools, sufficient evidence exists supporting their reliability and validity (Golaszewski, 2009). Second, intervention at the organizational level can produce significant improvement in workplace health supporting criteria (Golaszewski & Fisher, 2002), and most of these improvements remain over time (Fisher et al, 2011). Third, interesting associations exist between organizational support scores and such variables as employee risk factors (Dorn et al, 2010), absenteeism and certain health care costs (Goetzel et al, 2007). Further, a recently published paper showed surprisingly strong relationships between organizational support scores and perceived health culture—the current hot issue in the workplace health industry (Hoebbel et al, 2012). And fourth, research shows stabilization of employee risks (Goetzel et al, 2009, Marzec et al, 2011) and decreased absenteeism (Marzec et al, 2011)—what might be viewed as a generalized health effect—following intervention directed at the workplace.

If this line of reasoning is to advance, 21st century research will need to verify much of the above, continually, and expand interventions to combine organizational strategies with targeted risk factor initiatives. As the use of these tools increases, norms by various workplace demographics should emerge and with them, likely criteria that define the “healthy workplace.” Further research will need to explore the long term implications of organizational health support enhancement. To realize this agenda, new and more sophisticated tools need to be developed, with a continued emphasis on establishing their metric properties while improving the efficiency of data collection (e.g., internet based).

If much of this research shows promise, the results could create a dramatic shift in how worksite health promotion is perceived, moving from an almost exclusive emphasis on the employee to a prominent emphasis on the workplace as a whole.
References:


In order for IAWHP to become truly an international organization, we need to establish a sustainable regional leadership network that leverages thought leaders/practitioners within their respective geographic areas of influence. As such, I am happy to present our Regional Director Network.

### ETIM ESU, Nigeria

**Education:** MBA, MSc  
**Current Occupation:** CEO and Managing Director of Loktim Health and Fitness Concept Ltd with a core strategy in improving wellness and quality of life and of staff through corporate wellness programs as part of and organizational intent. Manager of Central Bank of Nigeria Workplace Gym, a public speaker, motivator, and lecturer.  
**Vision:** We intend to apply the WHO model of disseminating information that focuses on skill development and lifestyle modification tailored toward employees’ interests and needs, and the integration of worksite wellness programs into the organizational culture. This is geared toward supporting individual behavior change as a panacea for quality health, reduced incidences of work-related illness, absenteeism, presenteeism, and medical cost, and enhanced productivity and improved positive corporate image. The strategy is education through networking (internet), seminars, and conferences.  
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### DR. MANSOOR ANWAR HABIB, United Arab Emirates

**Education:** MD, PhD  
**Current Occupation:** Director of Medical and Occupational Health Services at Emirates Integrated Telecommunications Company “du.”  
**Vision:** My aim is first to enhance awareness about the concept of worksite health promotion in my country and the region. In addition, I would like to increase the impact of applying this concept to productivity, engagement, and ultimately a healthy organization and a healthy community.  
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### HANS HOLDHAUS, Austria

**Education:** MSc  
**Current Occupation:** Director of Health Promotion at IMSB Austria- Olympic Centre Suedstadt, and CEO of Health Promotion & Performance at Holdhaus Ltd., based in Hong Kong/China.  
**Vision:** My intention is to promote and inspire individuals and corporations to think about the benefits of worksite health promotion programs. My Message: “Those who are fit have the power to master daily life more easily”.  
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DR. VISHAL H. MARWAH, India

Education: MBBS, MS

Current Occupation: Physician, Social Entrepreneur, and Health Promotion Consultant. Founder and Physician Leader, VISHWAS.

Vision: Through VISHWAS, we intend to create a human resource base of health promotion professionals in India. Our in-house content development team will develop culturally appropriate worksite health promotion programs and training modules for health promotion professionals, and make them available through our online platform.

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DR. PETER MILLS, Great Britain

Education: MD, PhD

Current Occupation: Co-Founder and CEO of nGage Health. Director and Owner at Glasslyn Health Solutions, Specialist in Respiratory Medicine, Whittington Hospital, London.

Vision: Promoting health, and health management, in the worksite is the cornerstone of creating a healthy and productive population as a whole. My vision is for every employer to understand the evidence that underpins the business imperative of a healthy workforce.

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DR. ALBERTO OGA TA, Brazil

Education: MD, MBA

Current Occupation: Coordinator of MBA in Health Promotion Program Management (Centro Universitario Sao Camilo, Sao Paulo), Social Responsibility Director of Sao Paulo Industry Federation (FIESP), Coordinator of Innovation Office of Health Promotion in Supplementary Health Care (Pan American Health Organization and Brazilian Health Plan Agency) and author of books about wellness and health promotion programs (Elsevier, Inc.). President of Brazilian Association of Quality of Life (ABQV)

Vision: I hope not only to further influence the growth of worksite health promotion in Brazil, but also to voice across the Pan American landscape that: “Healthy organizations help create healthy people.”

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IAWHP Membership Update
Reed Engel, PhD., and Brenda Loube, MS, FAWHP

The Membership Team is pleased to share some of our 2012 accomplishments and more importantly, our 2013 goals for the association.

2012 Accomplishments

In the past year, IAWHP continued to grow as an international health promotion resource. This was reinforced by the ABQV (Brazil) pledge to continue supporting IAHWP through its membership and passionate leaders, which accounts for nearly 350 members and increased our total membership significantly. IAWHP is now in 7 countries, and continues to seek opportunities to expand its global reach. (Refer to pages 8 and 9)

A second major objective was achieved by Board approval of an Organizational Membership option. Now larger groups (companies, associations, or other affiliated organizations), can become members of IAWHP for only $10/person (minimum of 25 members required). This represents a significant savings over the current $55/member fee, and will provide great benefits at a very economical rate.

Another 2012 goal was achieved by launching our University Network to serve and support students majoring in health, fitness, and other fields in pursuit of careers in worksite health promotion. In brief, institutions of higher education receive one faculty membership and unlimited student memberships for only $250. American University was the first to join, and we plan to expand in 2013.

Big Plans for 2013

We have big plans for 2013! In addition to promoting the Organizational Membership and University Network, IAWHP has added “Wellness Champion Services” to its array of benefits. Organizations that wish to provide resources for their champions, ambassadors, and other passionate lay leaders, can take advantage of more than 20 archived webinars, numerous educational publications, and extensive networking opportunities to connect with other champion networks via our membership directory.

Our member benefits continue to expand as new webinars are offered, past presentations are archived for members, and Worksite Health International continues to evolve—it is now available in Portuguese.

We will continue to provide bi-weekly e-news updates, an events calendar, and utilize additional social media to enhance our ability to connect our members. As always, we are happy to hear your ideas for improving the benefits we offer to our members.