

# Working Towards Wellness\*

- an Indian perspective



Produced by PricewaterhouseCoopers

\*connectedthinking

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# Executive Summary

## Setting the Context

**As part of a study that PricewaterhouseCoopers (PwC) conducted in conjunction with the World Economic Forum's Working Towards Wellness initiative, it examined the challenges facing businesses as a consequence of the growing epidemic of chronic disease, which is the leading cause of death and disability worldwide.**

**The purpose of the study was to act as a facilitator and stimulant of greater business engagement to help prevent chronic disease through employee wellness programmes. The goals of this initiative was to engage CEOs and business leaders to commit to improve employee health; help companies take practical steps to do this; and facilitate collaboration between stakeholders to help prevent chronic disease**

## Purpose of this report

**The current report draws heavily on the findings of the report highlighting the findings of the global study conducted by PwC and places the global report in an Indian context. The study conducted globally becomes even more critical for countries such as India, as such chronic diseases are increasingly affecting people in developing countries poised for growth. In addition, 2% of the capital spent on workforce is lost to disability, absenteeism and attendance arising from chronic diseases. Combined, these indirect costs are more than the additional direct medical claim costs that some employers incur.**

**The report therefore tries to set the context of how such global findings relate to India, and in particular take a look at case studies around the growing Information Technology (IT) and Information Technology enabled services (ITeS) services industry in India . Indian multinationals in this segment have been prominent in using the workplace to promote long-term health behavioral change to the measurable benefit of themselves, their employees and local communities.**

**Deriving from these experiences, and its experience worldwide, the current report first examines the nature of the problem in India, and then suggests a framework to corporations adopting wellness programmes, geared towards making these initiatives effective.**

2% of the capital spent on workforce is lost to disability, absenteeism and attendance arising from chronic diseases.

## What is well being?

Wellness is commonly defined as an organized set of activities designed to help individuals and their family members make and/or maintain voluntary behavior change(s) that help reduce their health risks and/or enhance their ability to function.

## What is a chronic disease?

The U.S. National Center for Health Statistics defines chronic diseases as one that persists for a long time i.e. for 3 months or more. The major contributors to chronic diseases are health damaging behaviors ranging from tobacco use, lack of physical activity and poor eating habits. Chronic diseases such as cardiovascular diseases, cancer, diabetes, obesity are fast becoming the leading cause of death and disability in both the developed and developing world.

In particular, in regions such as India, with a growing urban population that is increasingly susceptible to such life-style diseases, chronic diseases are expected to cause a greater number of deaths than non-chronic diseases.

Chronic diseases, however, are among the most preventable diseases. Adoption of healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these diseases.

## Who is affected by chronic diseases?

Traditionally chronic diseases have been associated with the wealthy and elderly sections of society. However, it has now been proved that all sections of the society and people from different age groups including those who are in the working age are equally vulnerable to chronic diseases. The diseases cut across boundaries and people from both developed and developing nations are affected. In low and middle income countries approximately 80% of all disability-adjusted life years (DALYs) are lost due to chronic disease before the age of 60. The impact of chronic diseases and related risk factors have far reaching implications ranging from consumption and saving decisions, labour-market performance, and human-capital accumulation. Evidence shows that chronic diseases have had a significant negative impact in terms of economic growth in high-income countries. There is a growing realization among the policy makers in the developing countries that measures would have to taken to ensure that economic development does not get hampered due to the ill effects of chronic diseases.

The major contributors to chronic diseases are health damaging behaviors ranging from tobacco use, lack of physical activity and poor eating habits.

All sections of the society and people from different age groups including those who are in the working age are equally vulnerable to chronic diseases

## Key Findings

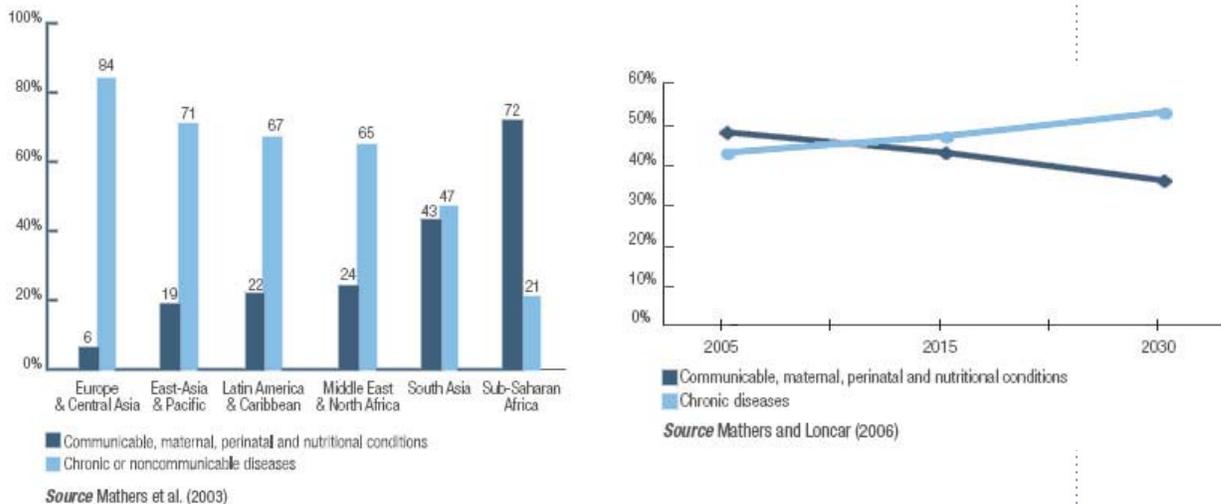
### The global challenge of chronic disease

- In 2005, an estimated **35,000,000** people across the world died from diseases which included cardiovascular disease (stroke and heart disease), cancer, chronic respiratory diseases and diabetes. This is double the number of deaths from all infectious diseases like HIV/AIDS, malaria, tuberculosis, maternal and peri-natal conditions and nutritional deficiencies put together. It is also estimated that of the 64 million estimated deaths in 2015, a staggering 41 million will be from chronic diseases.
- Deaths from chronic diseases are expected to increase by 17% over the next 10 years, from 35 million to 41 million, caused largely by an ageing population and increasing numbers of people exposed to risk. Deaths from infectious diseases, maternal and peri-natal conditions and nutritional deficiencies combined are projected to decline by 3% over the same period.
- Chronic disease is not restricted to developed nations or older populations: chronic disease is growing fastest in low-income countries; almost half of those who die from chronic diseases are below 70 years of age.
- Only 3% of all health expenditure in the member countries of the Organization for Economic Cooperation and Development (OECD) was directed at prevention and public health in 2004.
- Many business leaders and policy analysts acknowledge that prevention is not adequately financed.

Deaths from chronic diseases are almost double that of deaths caused by other ailments.

The proportion is estimated to increase by 17% over the next 10 years

**Figure 1: Proportion of communicable, maternal, peri-natal and nutritional conditions against chronic or non-communicable diseases**

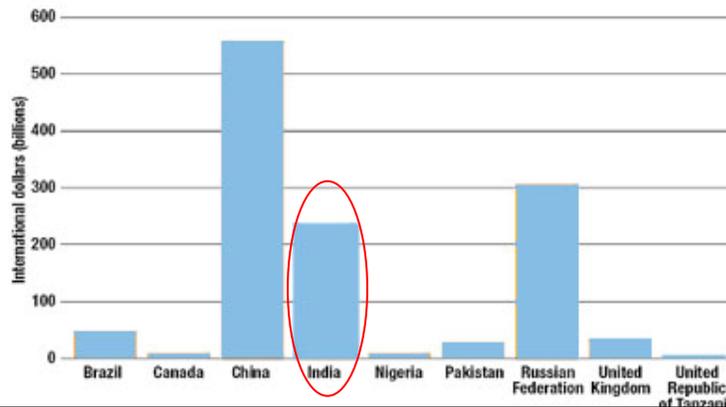


## The Indian context

- In 2005, it was estimated that chronic diseases in India accounted for almost 53% of all deaths and 44% of disability-adjusted life years (DALYs). It is estimated that deaths from chronic diseases would register a sharp increase from 3.78 million in 1990 to 7.63 million in 2020 accounting for 66.7% of all deaths.
- India's loss in terms of losing potentially productive years due to deaths from cardiovascular diseases in people aged between 35-64 years is one of the highest in the world. By 2030, the loss is expected to rise to 17.9 million years which is 940% more than the loss estimated in the USA.
- In India diabetic nephropathy is expected to develop in 6.6 million of the 30 million patients suffering from diabetes.
- Number of people with hypertension is expected to see a quantum leap from an estimated 118.2 million in 2000 to 213.5 million in 2025.
- The projected foregone national income for India due to heart disease, stroke and diabetes during the period 2005 – 2015 is estimated to be more than \$200 billion.

Chronic diseases in India accounted for almost 53% of all deaths and 44% of disability-adjusted life years (DALYs).

**Figure 2: Projected foregone national income due to heart disease, stroke and diabetes in selected countries, 2005–2015**



- The dominant form of cardiovascular diseases in India includes coronary heart disease, stroke (ischemic >50 and hemorrhagic).

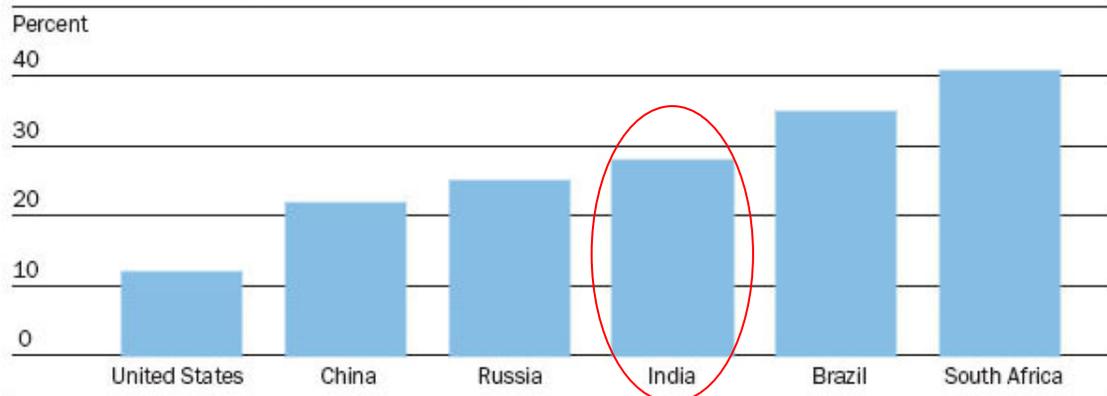
**Figure 3: Stages of the Epidemiological Transition and its status by region**

Stage	Description	Life expectancy (years)	Dominant form of CVD	Percent of deaths due to CVD	Regions affected
Degenerative and man-made diseases	Increased fat and caloric intake, widespread tobacco use, chronic disease deaths exceed mortality from infections and malnutrition	60	CHD, stroke (ischemic and hemorrhagic)	>50	Europe and Central Asia, northern East Asia and the Pacific, Latin America and the Caribbean, Middle East and North Africa, and urban parts of most low-income regions (esp. India)

**SOURCES:** Adapted from A.R. Omran, "The Epidemiologic Transition: A Theory of the Epidemiology of Population Change," *Milbank Quarterly* 49, no. 4 (1971): 509; and S.J. Olshansky and A.B. Ault, "The Fourth Stage of the Epidemiologic Transition: The Age of Delayed Degenerative Diseases," *Milbank Quarterly* 64, no. 3 (1986): 355-391.

- Between 2000 – 2030, India is likely to experience more deaths of people in the age group of 35-64 than USA, China and Russia.

**Figure 4: Proportion of deaths in six countries attributable to cardiovascular disease (CVD) among people aged 35-64, 2000 – 2030**



**SOURCE:** S. Leeder et al., *A Race against Time: The Challenge of Cardiovascular Disease in Developing Countries* (New York: Trustees of Columbia University, 2004).

As Globalization and urbanization converge in India to make chronic disease a significant problem, the corporate sector needs to take a close look at effective Workplace Wellness Programmes to tackle the situation along with the Government

### Chronic disease and workplace wellness programmes

The World Health Organization report entitled "Preventing Chronic Diseases, a vital investment" points out that at the moment four out of five chronic disease related deaths happen in the low and middle income countries. It also highlights the fact that

people in these countries tend to develop the chronic diseases at younger ages and suffer for a longer period and die sooner in comparison with their counterparts from the developed world.

Traditional beliefs and myths surrounding the chronic diseases are fast being broken around the world especially in the low and middle income countries. It has been proved that:

- Chronic diseases are not restricted to the developed world, nor do they affect the elderly people only
- Economic burden from the diseases are manifold and affects all levels of society including individuals, families, communities and the nation.
- Economic consequences from the chronic diseases justify increased public-policy interventions from an efficiency perspective.
- Effective interventions are possible at a reasonable cost and emphasis should be on primary prevention which occurs even before the disease has been detected to improve health standards without heavy reliance on a sophisticated health system, which is often not available in developing countries.
- There are still a lot of gaps in existing knowledge in relation to the developing countries and there is an urgent need to find out more on the economic consequences of the diseases, public-policy rationales and the cost effectiveness of interventions.

**Dr. Anbumani Ramadoss, Minister of Health & Family Welfare, Government of India in the same report acknowledges that the country’s public health advocacy till date has concentrated mainly on infectious diseases. He does mention, however, that the Government is aware that almost 66% of all deaths in 2020 is likely to be from chronic diseases. The Government has now decided to address the issues related to chronic diseases with equal energy and focus and is keen to involve and work together with the private sector and the civil society with a goal to prevent chronic diseases and save millions of lives.**

The role of the private sector in India in prevention of chronic diseases is of paramount importance at this moment. India’s total health care expenses as % of its GDP is much lower than the world average of around 9%. The country’s public expenditure on health as a % of the total health expenditure is lower than countries like China, Pakistan and Bangladesh and is far lower than the world average.

**Figure 5: Total health expenditure as % of GDP against public expenditure on health as a % of total health expenditure**

Country	Per Capita Exp (\$)	Total Health Exp as % of GDP	Public Exp on Health as a % of total Health Exp
USA	4499	14.6	44.9
Germany	2422	10.9	78.5
Canada	2058	9.6	69.9
UK	1747	7.7	83.4
World Avg	482	9.3	58.1
Mexico	311	6.1	44.9
Brazil	267	7.9	45.9
China	45	5.8	33.7
India	23	6.1	20.7
Pakistan	18	3.2	34.9
Bangladesh	14	3.1	25.2

Four out of five chronic disease related deaths happen in the low and middle income countries.

Effective interventions are possible at a reasonable cost.

Almost 66% of all deaths in 2020 would be from chronic diseases

The global average of health care expenses is 9% of the GDP The % is much lower in India.

Treatment of chronic diseases requires drug and inpatient treatment over a much longer period than many other communicable diseases increasing the risk of becoming impoverished.

**Source: World Health Report, 2005; World Development Report, 2004**

India today bears the burden of both communicable and non-communicable diseases. Along with the existence of infectious diseases like tuberculosis, malaria, pneumonia, HIV/AIDS, hitherto neglected diseases like diabetes are likely to take endemic proportions. It is expected that the country would have a population of around 57.2 million diabetic patients by the year 2025 many of whom would be adults of working age.

In a country like India, the two fundamental aspects of a household's consumption associated with chronic diseases are:

- Direct spending on availing treatment on one hand and on goods like alcohol and tobacco on the other, which are primarily responsible for poor health.
- Ability to keep consumption levels constant in the face of "health shocks" from disease.

It has been found that disease related spending could have detrimental effects on the other important household consumptions. Treatment of chronic diseases requires drug and inpatient treatment over a much longer period than many other communicable diseases, thereby increasing the risk of becoming impoverished. In India, medical costs of diabetes care from private healthcare providers could be as high as 15% and 25% of the total household income (Shobhana et al. 2000). The ability to keep the overall consumption at a constant level is also relevant, as failure to 'smooth' consumption (through formal means or, as in most developing countries, informally) is traditionally considered as a welfare loss that justifies public policy intervention from an economic perspective.

A 2005 study (Bonu et al. 2005) highlighted that in India, the risk of distress borrowing and selling increases exponentially for patients who smoke and who are hospitalized. The risk is even more for those who do not smoke but are from households where others smoke.

**Figure 6: Risk of distress borrowing and selling during hospitalization in India, 1995 - 1996**

Risk of distress borrowing/selling...	Odds ratio
...for individuals who use tobacco	1.35
...for individuals who do not use tobacco but belong to households that do	1.38
...for individuals who do not use tobacco but belong to households that both use tobacco and alcohol	1.51

Source Bonu et al. (2005)

Note Odds ratios are adjusted and statistically significant at the 5% level.

Given the above, the importance of workplace wellness programmes are increasingly being seen as important as:

- The workplace is an important location for successful prevention strategies because employees today spend a growing amount of time at work and employers can influence behavior by providing a supportive environment and leveraging existing infrastructure to offer low-cost but effective interventions.

The risk of distress borrowing and selling is more for those who do not smoke but are from households where others smoke.

Workplace is an important location for successful prevention strategies

Work-life balance and perks are increasingly becoming important to companies in India

- Potential to increase productivity: a conservative estimate of the benefits from improving the general wellness of a workforce indicates a likely annual return of three to one or more.
- Winning the global war for talent: Healthcare benefits, work-life balance and perks are increasingly becoming important to companies in India which want to keep employees happy and to attract new talent. Indian companies like Wipro and Infosys have developed comprehensive wellness programmes for their employees. The programmes have been developed based on the recognition that employees need to be mentally resilient to cope with work related stress. Wipro has a clearly articulated Environment, Health & Safety Management Policy which acts as the catalyst behind its wellness programme which encompasses overall mental and physical well being of its employees. Infosys' programmes with an emphasis on collaborative care and wellness management on the other hand cover all its employees in India. The programme has already been implemented in Australia and is expected to be rolled out in China in the near future.

## Leveraging the Gold Standards framework in Employee Wellness programmes

Based on an analysis of organizational experience in designing & implementing employee wellness programmes across various countries, preventing chronic disease requires a strategy that starts with gold standards for structuring and measuring success. There are four elements in this strategy: [Leadership](#), [Culture](#), [People](#) and [Process](#)

These standards require a coordinated approach. For example, active leadership is crucial, but it alone will not guarantee success. It must be coupled with interventions, incentives and measurements. The individual elements of the framework have been presented below.

Leadership	Promote active leadership of senior management in wellness initiatives
Culture	Align wellness goals with business strategy Create a supportive environment and culture focused on wellness
People	Target interventions based on unique characteristics of employee population Offer incentives to encourage participation and better outcomes Use targeted and ongoing mass communication
Process	Collaborate with external parties through public-private partnerships Establish evaluation and monitoring programmes to measure change, outcomes and financial impact

## A call to action

### **Take the pulse:**

Business leaders should assess the health risks of employees. The metrics can provide a baseline to measure progress.

### **Embed a culture of health:**

The principles of healthy living must become integral to an organization. Wellness must be inseparable from business objectives and long-term mission.

### **Manage the change:**

Commit the appropriate resources to improve the health of the working population. Help employees to change and sustain improvements in their lifestyles by, for example, developing programmes for them to follow.

### **Collaborate and consolidate:**

Enhance the effectiveness of wellness programmes by collaborating with and supporting health programmes in the wider community.

### **Lead by example:**

Executives - starting with the CEO and through to department heads - can demonstrate their personal commitment to a healthy work environment by engaging with employees and their communities on health initiatives.

# Chronic disease

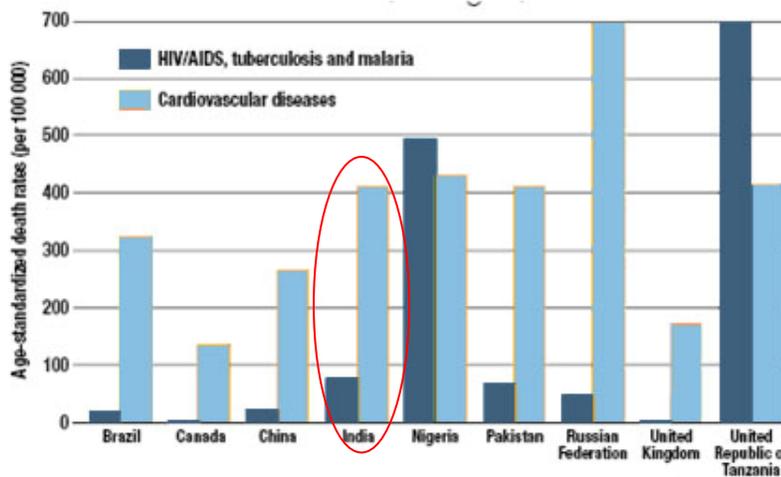
– a challenge for the World  
and India



According to the World Health Organization (WHO), approximately 60% of deaths in 2005 could be attributed to chronic diseases, including cardiovascular disease (stroke and heart disease), cancer, chronic respiratory diseases and diabetes. An ageing population and exposure to risks, such as poor diet, lack of physical activity and smoking, mean that deaths from chronic diseases will increase 17% over the next 10 years from 35 million to 41 million. To put this trend in context, the figures for deaths from infectious diseases, maternal and perinatal conditions and nutritional deficiencies are set to decline by 3% over the same time period.<sup>1</sup>

The figure below shows that this trend is set to continue for the foreseeable future.

**Figure 7: Projected death rates by specific cause for selected countries, all ages, 2005**



Source: World Health Organization

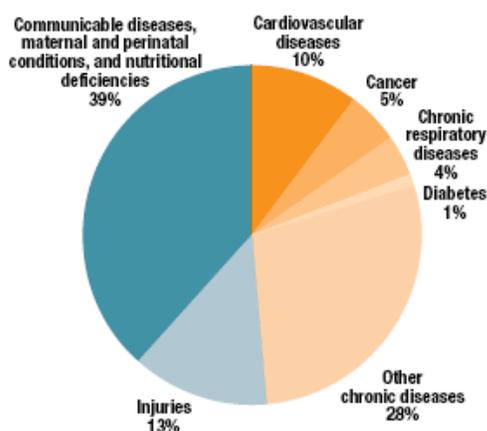
Deaths from chronic diseases may increase 17% over the next 10 years from 35 million to 41 million

Globalization and urbanization are converging to make chronic disease a problem for most countries regardless of their level of income.

### A global issue

Globalization and urbanization are converging to make chronic disease a problem for most countries regardless of their level of income. As the figure below shows, the burden of chronic disease, as measured in disability-adjusted life-years, which is used by WHO to express how a healthy life is affected by disease (in terms of premature death and disability), is growing fastest in low-income countries.<sup>2</sup>

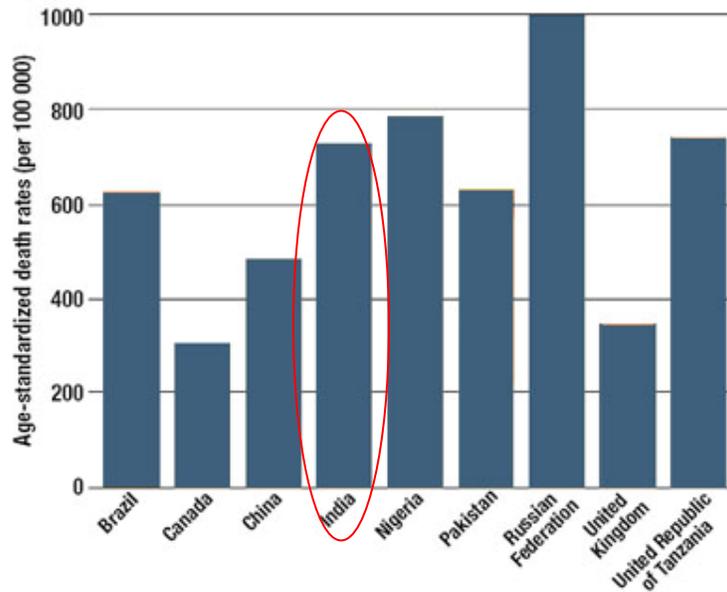
**Figure 8: Burden of chronic disease**



Out of all cause-specific deaths, what share occurs before age 60?				
	Low Income	Lower Middle Income	Upper-middle Income	High Income
Communicable, maternal, perinatal and nutritional conditions.	90%	80%	71%	21%
Chronic or non-communicable conditions	44%	33%	34%	19%
Injuries	87%	82%	83%	61%

Source Mathers et al. (2003)

**Figure 9: Projected chronic disease death rates for selected countries, aged 30–69 years, 2005**



Source: World Health Organization

The following figure presents the proportion of deaths from cardiovascular diseases in six countries between 2000 – 2030 among people aged between 35 and 64.

**Figure 10: Proportion of deaths from cardiovascular diseases in six countries between 2000 – 2030 among people aged between 35 and 64**



SOURCE: S. Leader, et al., *A Race against Time: The Challenge of Cardiovascular Disease in Developing Countries* (New York: Trustees of Columbia University, 2004).

## Economic cost of chronic disease

Given these trends it is projected that 388 million people will die worldwide from chronic disease in the next 10 years.<sup>3</sup> WHO estimates that 36 million of these deaths could be averted. Chronic disease is expensive to a country. For example, if there were a 10% reduction in mortality from heart disease and cancer, it could save the US \$10.4 trillion annually.<sup>4</sup> Similarly, the economic toll of chronic disease for developing and developed nations around the world is estimated at approximately 3% of gross domestic product (GDP).<sup>5</sup>

**Figure 11: Summary of chronic diseases and associated risk factors**

Chronic disease:	Modifiable risk factors					Intermediate risk factors			
	Smoking	Physical activity	Diet	Stress	Alcohol	High pressure	Raised blood levels	High glucose levels	Cholesterol Obesity
Chronic heart disease, stroke	■	■	■	■	■	■	■	■	■
Cancer	■		■		■				■
Diabetes		■	■			■	■	■	■
Respiratory disease	■								■

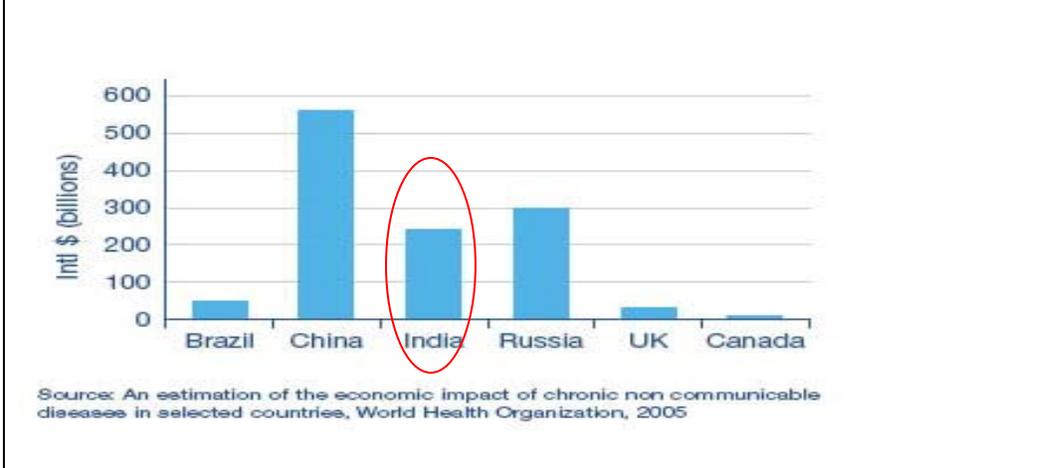
Source: PricewaterhouseCoopers Health Research Institute analysis

It is projected that 388 million people will die worldwide from chronic disease in the next 10 years

36 million of these deaths could be averted

For example, India stands to lose on average International\$ 200 billion in national income due to deaths from heart disease, stroke and diabetes from 2005 to 2015. This is illustrated in the figure below.

**Figure 12: Accumulated national income losses (in billions of international dollars) from chronic disease, 2005 to 2015**



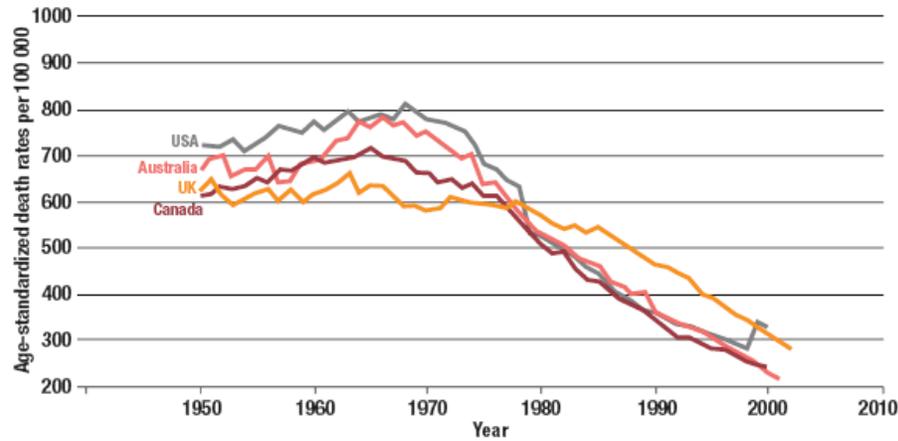
India stands to lose on average International \$ 200 billion in national income due to deaths from chronic diseases from 2005 to 2015

## Prevention rather than cure

Preventing chronic disease requires reducing tobacco intake, eating a healthier diet and exercising regularly. There are no quick fixes; people must change their behaviour. To illustrate, obesity - which contributes to higher levels of cancer, heart disease and diabetes, and has been shown to limit substantially a person's ability to work<sup>6</sup> - is on the increase as a consequence of poor eating habits and lack of physical activity. Whilst individuals have the ultimate responsibility for ensuring that they do not suffer from the risk factors of chronic disease, they can be helped if they are given the right environment, incentives and tools.

Preventing chronic disease requires reducing tobacco intake, eating a healthier diet and exercising regularly.

**Figure 13: Heart disease death rates among men aged 30 years or more, 1950–2002**



### Behaviour change and the workplace

The causes of the main chronic diseases are well established and well known. The most important risk factors are:

- Unhealthy diet and excessive energy intake
- Physical inactivity
- Tobacco use

These lead to the heightened risk of the chronic diseases in form of raised blood pressure, raised cholesterol levels and obesity. These risks are especially significant in the Indian scenario. It is the World's second largest consumer of tobacco resulting in experience huge rates of cancer, including the largest numbers of oral cancer in the world. The treatment costs for tobacco-related diseases are estimated at US\$ 7.2 billion just for the year 2002–2003. Moreover there has been a noticeable shift in the lifestyle with working population falling prey to the evils of unhealthy diet & food habits which is further complicated by their sedentary & often erratic work lives.

Traditionally governments, not employers, have been responsible for the health of people in terms of prevention as well as treatment. However, many business and policy leaders now believe that governments alone cannot prevent the spread of chronic disease due to persistent underspending on public health initiatives.

For instance in 2004, only 3%<sup>7</sup> of all health expenditure was directed at prevention in 2004 in the OECD member states. In addition, public health funding as a percentage of total health funding has dropped in about half of these countries, leaving even less to pay for prevention.

So, as more countries industrialize and participate in the global economy<sup>8</sup>, the workplace will become an increasingly important place to prevent chronic disease:

- **Targeting the working population**

Employees are a large, discrete population who are relatively easy to target. The median number of employees at Fortune 500 companies in 2006 was 26,000. The

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Governments alone cannot prevent the spread of chronic disease

The workplace will become an increasingly important place to prevent chronic disease

active workforce also represents a large percentage of the global population (approximately 54%).<sup>9</sup>

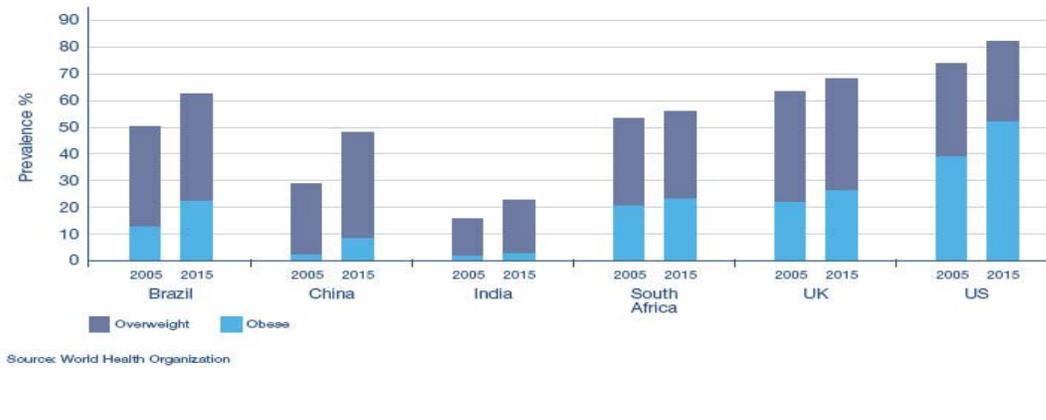
Working adults spend more time at work - approximately one-third of their day - than in any other setting - so the workplace is an important place to institute changes in behaviour. This is particularly true for workers in developed economies, where the majority of workers are engaged in wage and salaried employment. By contrast, the majority of workers in the developing economies of sub-Saharan Africa and Asia continue to work as self-employed workers and contributing family workers.<sup>10</sup> However, as these countries develop, more workers are likely to be drawn into formal employment.

- **Work is increasingly sedentary**

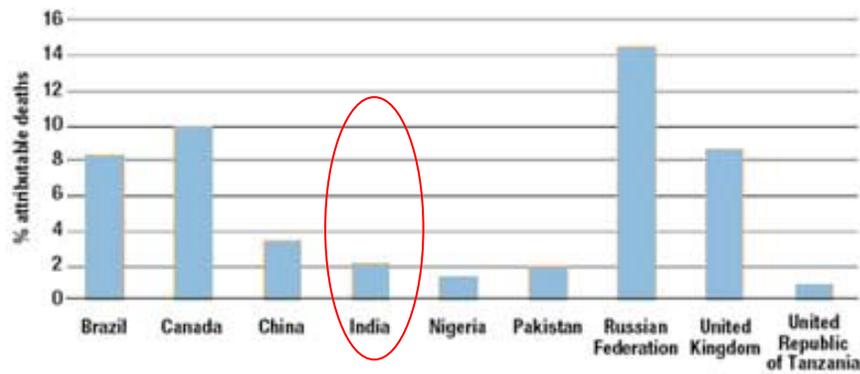
The sedentary nature of much work today increases the risk of chronic disease amongst employees. The service sector employs three-quarters of all workers in developed nations and is expanding rapidly in the traditionally low-income economies, according to the International Labour Organization (ILO)<sup>11</sup>. In 2005, 38.9% of all employees globally worked in the service sector - up from 34.5% in 1995 - and the ILO reports that service companies are expected to overtake agriculture as the largest employment sector globally. Service-sector employment has been increasing most rapidly in India and other developing nations with strong information technology (IT) businesses.

The sedentary nature of much work today increases the risk of chronic disease amongst employees

**Figure 14: Percent of population who are overweight or obese (BMI ≥ 25 kg/m<sup>2</sup>) by country for those aged 15 or more years or more, estimates from 2005 to 2015**

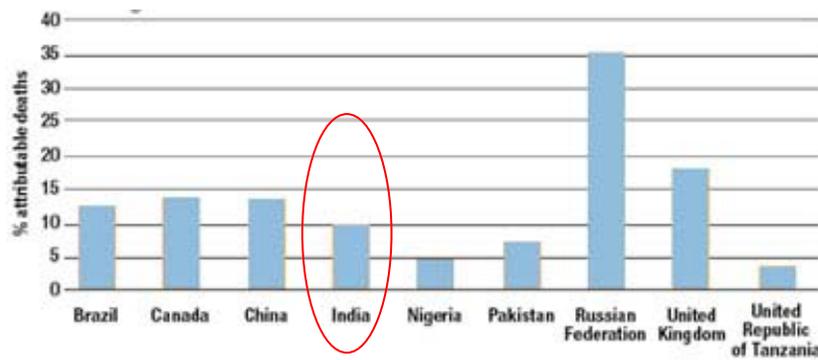


**Figure 15: Percent of attributable deaths from raised body mass index by country, all ages, 2002**



Source: World Health Organization

**Figure 16: Percent attributable deaths from raised blood pressure by country, all ages, 2002**



Source: World Health Organization

- Making the most of the workplace setting

Employers often have an existing infrastructure, which they can leverage, to enable them to offer relatively low-cost but effective interventions.

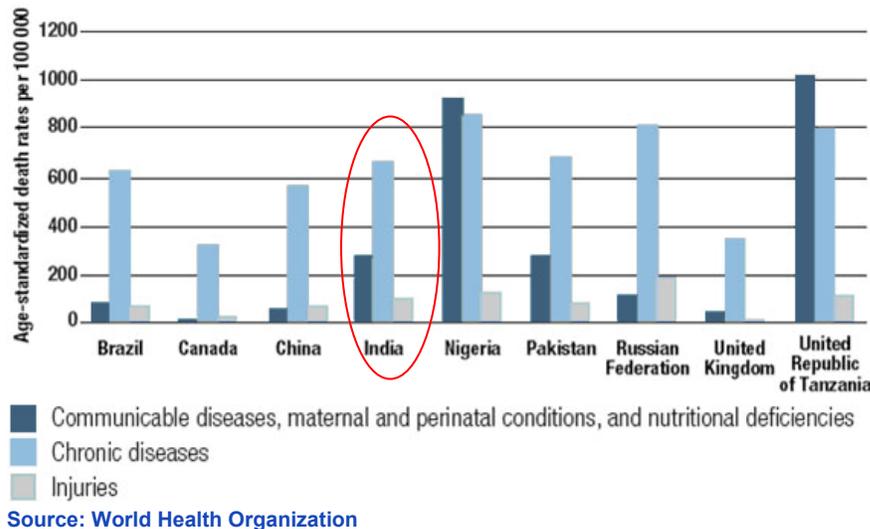
Overall, the expansion of corporations around the world has created a need for chronic disease prevention strategies that are both global in scope and customized to local values and health needs.

### Wellness initiatives

Attempts to improve wellness at the workplace in developed countries have tended to focus on preventing chronic diseases by tackling their associated risk factors: physical inactivity, poor nutrition and smoking. Each factor reduces productivity and can lead to serious and expensive health problems. This is reflected in the high number of deaths caused by the chronic diseases.

Preventing chronic diseases is possible by tackling their associated risk factors: physical inactivity, poor nutrition and smoking.

**Figure 17: Projected main causes of death, selected countries, all ages, 2015**



With the estimated deaths from chronic diseases registering a sharp increase from 3.78 million in 1990 to 7.63 million in 2020 accounting for 66.7% of all deaths, the wellness initiatives to prevent these are all that more essential in the Indian context.

There are two main types of wellness programme:

- Management of specific diseases**  
 This is appropriate if the target population consists mostly of high-risk individuals. A programme is developed to tackle such illnesses as type 2 diabetes and heart disease. The programme also helps individuals manage and reduce their risk factors.
- Management of behavioral risks (or risk factor reduction)**  
 This is a more broad-based approach. It focuses on unhealthy lifestyle choices such as smoking and lack of exercise and can include workshops, newsletters and sports competitions. Many companies tailor wellness programmes to suit different types of employee. They will run a programme that focuses on specific risk factors for senior management and a more broad-based approach for other employees. In both instances a regular employee health assessment, paid for by employers, can greatly inform individuals and the employer about risks to health – and what should be done to reduce the risk of chronic disease.

Some major employers have longstanding and sophisticated wellness programmes. For example:

- Wipro runs a number of wellness programmes covering its employees from both the IT and BPO sector. The programmes rolled out include aspects such as nutrition consulting, Arena (health centres), medical camps, employee well being events, Mitr (Friend) initiative to provide counseling for employees of the company etc.
- Infosys has taken a holistic approach to promote a positive environment through collaborative care and wellness management among its employees. The initiative is seen as a catalyst to improve the health standards of the employees thereby reducing absenteeism and increasing productivity.
- PepsiCo worked with the ILO to raise awareness about HIV/AIDS with the company's own employees and those working for its business partners.

Estimated deaths from chronic diseases register a sharp increase from 3.78 million in 1990 to 7.63 million in 2020

A regular employee health assessment, paid for by employers, can greatly inform individuals and the employer about risks to health – and what should be done to reduce the risk of chronic disease

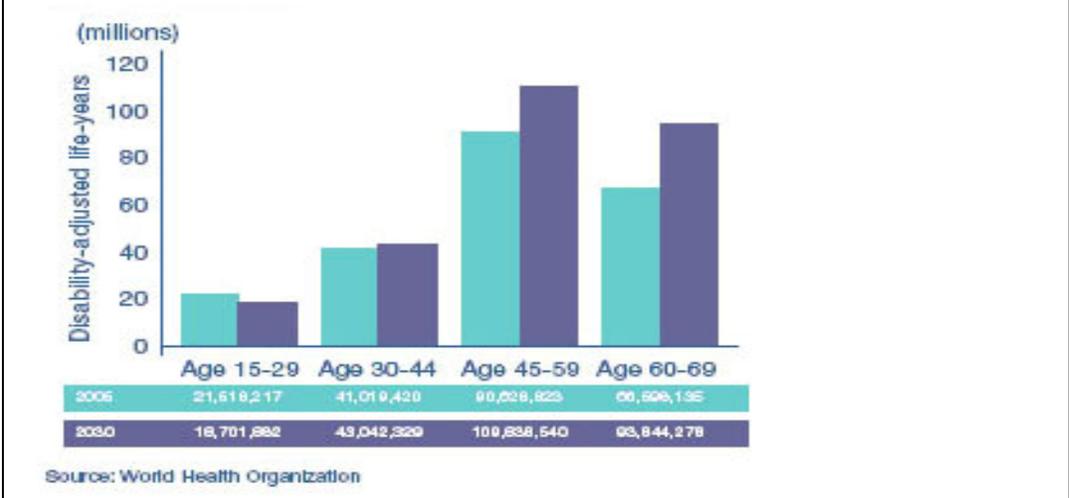
Companies can also offer incentives to employees to reduce the risk of chronic disease. For example, American Standard Companies US, reduced health insurance payroll contributions of employees who agreed to appropriate preventive health screenings, exercised more and ate more healthily.

Employers' wellness schemes in low to middle income countries have focused primarily on the prevention of infectious disease. However, employers in these countries recognize that chronic disease is a growing threat to their workers. For example, in India, the share of deaths from chronic disease is expected to increase from 40% in 1990 to 67% in 2020. One result is that spending on cardiac-related treatments is expected to grow by 13% annually.<sup>12</sup>

Also, as the figure below illustrates, the global burden of chronic disease is greatest and growing most rapidly among the most experienced employees – those between 45 and 59 years of age.

Incentives to promote awareness and reduce health risks

**Figure 18: Disability-adjusted life-years of selected chronic diseases\* by working age in 2005 and 2030 (\*cardiovascular, cancer, diabetes, respiratory)**



The global burden of chronic disease is greatest and growing most rapidly among the most experienced employees – those between 45 and 59 years of age.

As a result, a small but growing number of multinational corporations are expanding their wellness schemes to combat chronic disease around the world. Of the multinationals surveyed by the National Business Group on Health (NBGH) and PricewaterhouseCoopers, 33% reported they are rolling out comprehensive wellness programmes in multiple countries, while another 17% are rolling out a single wellness programme in multiple countries. More than half of corporations expect to invest more in wellness initiatives in the next five years.

As they spend more on wellness, companies must be sure these programmes are effective. There have always been many variations in wellness programmes – and how employees have regarded them. For example, in a PricewaterhouseCoopers survey of US-based multinationals, only 19% of respondents thought that their programmes were above average.

These are the key, and interrelated, areas in wellness campaigns that employers want to improve:

**Education:** People must be taught how to lead healthy lives. They must be shown how to avoid the behaviour that causes the risk of chronic disease. These lessons must be practiced, reinforced and rewarded. Whatever is taught must take into account employees' environment and culture.

**Involvement:** In some instances, less than 10% of the employee population have enrolled in their company wellness programmes and those who participate are not always those most at risk. However, some programmes are attracting over 70% of the workforce. This has been accomplished by offering incentives, by better communications and through the support of a company's international and local management.

**Changing behaviour:** Enrolment in a wellness programme does not always change a person's behaviour. Employers are exploring ways to encourage employees and their families to live the lessons learned during these programmes. By focusing on incentives for employees and their families, companies can improve the impact of wellness programmes.

**Making it stick:** The changes brought by wellness programmes can only last if they become part of the culture of the company and the wider community. Employers must coordinate these efforts inside and outside the workplace. The leading companies in wellness programmes have executed "from the top" strategies. Results are short-term if changes in behaviour are not embedded in the culture of the company and the community. Next in this report we look at the business rationale for wellness programmes and how wellness programmes should be implemented in accordance with the **eight key gold standards** which has been elaborated in the next section of the report.

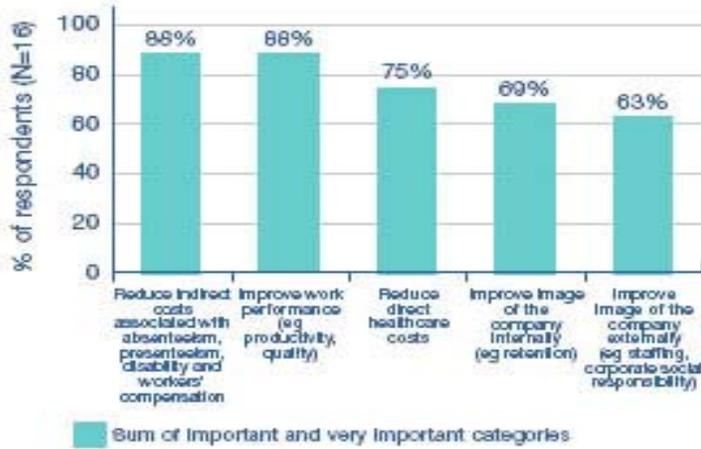
## Wellness programmes are good for employees

Employers run wellness programmes because they want to:

- Improve performance and productivity and reduce indirect costs such as absenteeism and presenteeism (on-the-job effectiveness). As shown in the figure below, employers interviewed in the NBGH and PricewaterhouseCoopers survey indicated that improved productivity and reduction of indirect costs are the primary reasons for investment in wellness programmes.
- Cut the healthcare costs of employees.
- Be more attractive places for people to work.
- Be more socially responsible and to improve their corporate image.

- Education
- Involvement
- Behavioral change
- Integration

**Figure 19: Results showing the ranking in importance of the following factors as a rationale for promoting wellness**



Source: National Business Group on Health and PricewaterhouseCoopers, 2006

About 2% of capital spent on workforce is lost to disability, absenteeism and presenteeism caused by chronic diseases, and an equal amount is spent on the direct costs of healthcare

### Productivity

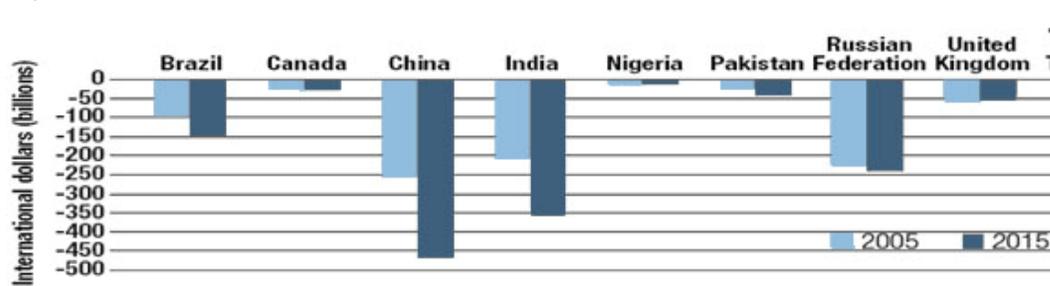
Healthy employees are more productive.

About 2% of capital spent on workforce is lost to disability, absenteeism and presenteeism caused by chronic diseases, and an equal amount is spent on the direct costs of healthcare. Different diseases have different impacts. As the figure below shows, hypertension (or high blood pressure) and diabetes have the greatest impact on productivity, while heart disease is the most expensive to treat.

Projected foregone national income due to heart disease, stroke and diabetes, selected countries, 2005–2015 (billions of constant 1998 international dollars)

	Brazil	Canada	China	India	Russia	UK
Estimated income loss in 2005	2.7	0.5	18.3	8.7	11.1	1.6
Estimated income loss in 2015	9.3	1.5	131.8	54.0	66.4	6.4
Accumulated loss in 2005 value	49.2	8.5	557.7	236.6	303.2	32.8

**Figure 20: Full income loss due to heart disease, stroke and diabetes**



Source: World Health Organization

Infosys Technologies, which is a leading IT service provider in India, has adopted a wellness initiative named Health Assessment Lifestyle Enrichment (HALE). The initiative primarily consists of a portal for online dissemination of information on the various stress related issues and a hotline whereby the employees can directly receive counseling & expert opinions. The data from the portal as well as the hotline helps the HR to track key indicators like absenteeism rate with causes & resultant billing losses. These data also help to measure the effectiveness of the initiative in terms of resultant improvement in productivity. Based on all these inputs the HR takes suitable actions to deal with the prevalent wellness issues in the organization & thus increasing the benefits of the wellness initiative further.

### Make the workplace more attractive

In an increasingly competitive labour market, employers need to distinguish themselves to attract new staff as well as ensure that older workers remain healthy. For instance, there are indications that tomorrow's workforce is likely to be more suspicious of multinationals and the corporate environment, as indicated by the 5% per annum growth in one person run businesses in the US.<sup>13</sup> At the same time, as the baby-boomer generation retires, companies will lose large numbers of experienced workers.<sup>14</sup> Yet, the population in the developed world is also ageing and in response, a number of Western European countries are planning to extend the retirement age, which would mean more elderly workers suffering from chronic diseases.

Companies will have to fight harder for young talent and learn to tap and manage more effectively new and existing talent sources. A wellness programme is one way of attracting and retaining employees as well as helping to keep the ageing talent pool more healthy. A survey by the American Association of Occupational Health Nurses in 2003 found that 60% of employees regarded wellness programmes as a good reason to remain with their current employer. Other studies have shown that wellness programmes raise staff morale, enhance work-life balance, and persuade people to stay with an employer.

These workplace interventions for chronic disease prevention and control are often successful means of improving the health of employees by focusing on risk factors that inhibit productivity and also incur the health and economic burdens. These interventions can lead to large gains, both in the short and long term, for employees and employers by not only improving productivity, reduced levels of absenteeism & employer cost-saving, but also create a healthy & positive workplace environment.

Fortune magazine's annual ranking of the US Best 100 Companies To Work For<sup>15</sup> shows that healthcare benefits – and a commitment by a company to achieving work-life balance for staff – are important to keep employees and attract new ones. Fourteen companies on the 2006 list pay 100% of their employees' healthcare premiums while others have devised innovative ways to support their employees' health.

Employers need to distinguish themselves to attract new staff as well as ensure that older workers remain healthy

Wellness programs attract and retain employees

Similar packages were offered by the Sunday Times' Best 100 UK Companies To Work For.<sup>16</sup> This survey also identified culture (type of leadership and mentoring) and trust (credibility and respect) were the factors most valued by employees – factors inherently congruent with a culture of wellness. “Employees are more likely to be attracted to, remain with and value a company that obviously values them,” said Ellen Exum, director of Wellness and Prevention at PepsiCo.

For Boral Ltd in Australia – which was suffering the twin pressures of an ageing workforce and the difficulties of recruiting younger people – extending the working life of the existing workforce was a key aim of its B Well wellness programme.

### Corporate Social Responsibility

For many years European companies have regarded wellness programmes as a duty of corporate social responsibility. Many multinationals now share that attitude and include wellness in their annual reports on social responsibility. Of the 20 largest multinational companies, 75% published corporate responsibility reports online in 2006. Of those that published reports, 93% emphasized their commitment to improving the health of employees. This reflects the view of the World Business Council for Sustainable Development, a network of more than 50 national and regional business councils. The council says that corporate social responsibility is about “improving the quality of life of the workforce and their families as well as of the local community and society at large.”

The Global Reporting Initiative (GRI) also emphasizes the importance of caring for the health of employees as well as customers. GRI guidelines for reporting corporate responsibility include employee as well as customer health. The GRI's advice is followed by a growing number of multinationals.

The sheer cost of caring for employees who are unfit or ill also worries companies. The rising cost of healthcare has topped the list of executives' greatest cost pressures over the past two years, according to a survey by the Business Roundtable, an association of US corporations with a combined workforce of more than 10 million employees.

Pharmaceutical, health services, food and beverage, and fitness companies, whose products and services are closely linked to health, have been especially active in promoting wellness schemes for their employees as part of their social responsibilities strategies. For example, The Coca-Cola Company has used its position as a global employer to drive local public health initiatives. In China, where pollution is a major health threat, Coca-Cola China is collaborating with the Chinese government to plant trees. In Denmark, where cars are increasingly being replaced by bicycles, Coca-Cola Nordic has launched a programme with the Danish Cyclists Association to encourage one quarter of a million Danes to cycle. These examples show how public-private partnerships can benefit communities and companies.

Corporate social responsibility is about “improving the quality of life of the workforce and their families as well as of the local community and society at large.”

# The gold standards: a framework to prevent chronic disease



Preventing chronic disease requires a strategy that starts with gold standards for structuring and measuring success. There are four elements in this strategy: **Leadership, Culture, People and Process**

These gold standards require a coordinated approach. For example, active leadership is crucial, but it alone will not guarantee success. It must be coupled with interventions, incentives and measurements.

<b>Leadership</b>	Promote active leadership of senior management in wellness initiatives
<b>Culture</b>	Align wellness goals with business strategy Create a supportive environment and culture focused on wellness
<b>People</b>	Target interventions based on unique characteristics of employee population Offer incentives to encourage participation and better outcomes Use targeted and ongoing mass communication
<b>Process</b>	Collaborate with external parties through public-private partnerships Establish evaluation and monitoring programmes to measure change, outcomes and financial impact

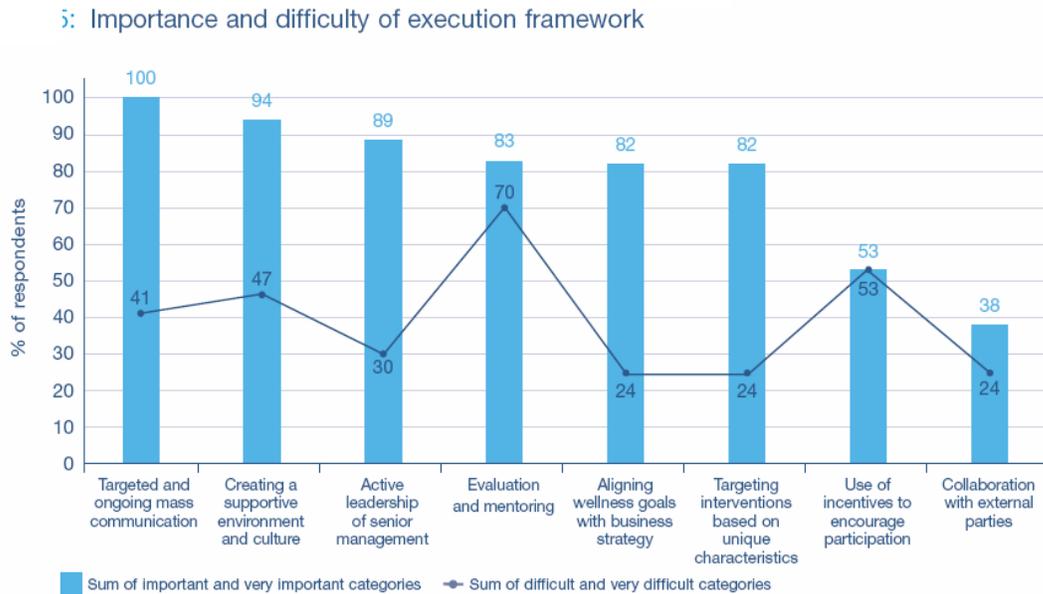
The four elements of the Gold standards for structuring and measuring success are:

- **Leadership**
- **Culture**
- **People**
- **Process**

A 2006 survey by the National Business Group on Health (NBGH) and PricewaterhouseCoopers showed that companies did not always find it easy to run effective wellness programmes. 83% of companies said “evaluation and monitoring” of employees’ health was important or very important, but 70% said it was difficult or very difficult to implement. The figure below describes the difficulties faced by companies in executing the gold standards of wellness.

Next, each of the gold standards is considered in more detail to understand the main challenges associated with implementing effective wellness programmes on a global stage.

**Figure 21: Importance and difficulty of execution framework**



Source: National Business Group on Health and PricewaterhouseCoopers, 2006

## Leadership

Leadership is often the nexus between culture, people and process. Leaders can shape the culture of a company and institutionalize ideas into systems. To quote Coca-Cola Company group director Dianne Culhane: “They not only create healthier workplaces, but they model healthier practices in their own lives and leadership.”

### Promote active leadership of senior management in wellness initiatives

- Leaders can be an inspiration. The wellness initiative at South African bank, ABSA continues to be given strong support under the current CEO, who took over two years ago. His enthusiasm about wellness inspired the senior management team which now broadcasts the benefits of wellness on the bank’s internal television network. It is no exaggeration to say that the CEO’s enthusiasm for health and fitness has spread throughout the bank.
- Adidas UK’s Know Your Numbers programme examines employees’ cholesterol, glucose and blood pressure. It also looks at cardiac risk and scores lifestyle. When the first 200 Adidas UK employees went through the programme, the company found most ate fatty diets, were overweight and had dangerously high cholesterol. “That really grabbed the company’s attention,” said Dorian Dugmore, director of Wellness International, who works with Adidas UK on these initiatives. To underline the company’s commitment to encouraging the wellness of its staff, in 2005 the CEO of Adidas UK announced the company’s health results at the same time as disclosing the company’s financial position to its employees.

Leaders can shape the culture of a company and institutionalize ideas into systems

## Culture

Wellness must extend beyond working hours. By embracing family, behavior change becomes more sustainable.

### Align wellness goals with business strategy

- Some companies have taken a holistic approach wherein Employee Wellness is seamlessly embedded into other employee engagement initiatives. Infosys Technologies, which is a leading IT service provider in India, has adopted a similar approach. As a corporate principle, it aims to maintain a positive environment through collaborative Care and Wellness management. It has adopted an integrated approach to improving health, controlling costs, increasing productivity, and reducing absenteeism through a wellness initiative named *Health Assessment Lifestyle Enrichment* (HALE). The initiative primarily consists of a portal for online dissemination of information on the various stress related issues and a hotline whereby the employees can directly receive counseling & expert opinions. This initiative also helps Human Resources (HR) to track patterns and take suitable actions to deal with the prevalent issues in the organization. These planned interventions ensure wellness program being comprehensive & proactive.

### Create a supportive environment and culture focused on wellness

- For Wipro, which is one of the leading players in both IT & BPO sector, encouraging employee wellness is an integral part of its corporate culture. This is reflected in its numerous health & safety initiatives which supplement existing health benefits. Some of these are Nutrition consulting, Health centers, medical camps & regular Well-being events like the Annual Wipro marathon. However the most successful of all the projects has been one called *MITR* which means 'friend' in Hindi. In this programme, 28 employees, all volunteers, were trained to counsel fellow employees to manage stress. "Mitr" signifies to employees that they do have a friend in Wipro and that they should be able to confide and share their problems with us. We at Mitr can help them cope with their problems," said Wipro's Anil Jalali, head of compensation and benefits.

## People

Employers often find that staff are reluctant to take part in new wellness programmes so companies must take a sophisticated approach to persuade them to participate.

### Target interventions based on unique characteristics of employee population

- Microsoft found that healthcare costs for obese employees were 35% to 40% higher than average. The company subsequently designed a personalized, physician-supervised programme for obese employees, which included nutrition counseling, an exercise programme and behavioral counseling. Enrollees must be diagnosed with obesity or be clinically overweight and have other chronic diseases. Microsoft realized that cost was an important consideration. To ensure that an employee is fully committed they must pay 20% of the cost of the programme. The company pays US\$ 6,000 per employee, which is approximately 80% of the total cost of a programme. The children of unfit and unwell employees are also encouraged to at well and exercise.

### Offer incentives to encourage participation and better outcomes

- The dangers of chronic disease should be enough to convince employees to change

By embracing family, behavior change becomes more sustainable

Companies must take a sophisticated approach to persuade employees to participate in wellness programs

their behaviour. But often it takes more than alarming statistics about heart disease, diabetes and cancer. That is why some companies reward staff for being more aware about their health. For example, several companies pay US\$ 50 to US\$ 1,000 to employees for completing a health risk assessment.

- To encourage more physical activity, Virgin Life Care - a South African company - and a US insurer have developed HealthMiles, where gift cards are given to employees who exercise regularly. The programme centres on using USB-enabled pedometers and the results of every exercise session are fed into a personalized Web page so that each employee can privately compare his or her performance with others of the same age and gender. Within six months in 2006, 30% of the employees who had taken part in the programme had significantly improved their fitness. In addition, 16% of those with hypertension had normalized their blood pressure.

#### Use both targeted and mass communication

- Employers should use every method - such as the internet, newsletters, 24-hour help lines and management-led initiatives - to raise awareness about health and the risk of chronic disease with employees. For example, a large multinational healthcare product manufacturer's wellness programme provides free pedometers for employees. The company's senior management encouraged their use by leading a walk one afternoon each week. The scheme began in Singapore and is being extended to India and China.
- ABSA and Cadbury Schweppes use wellness champions, employees who can encourage and inspire colleagues to lead healthier lives.

## Process

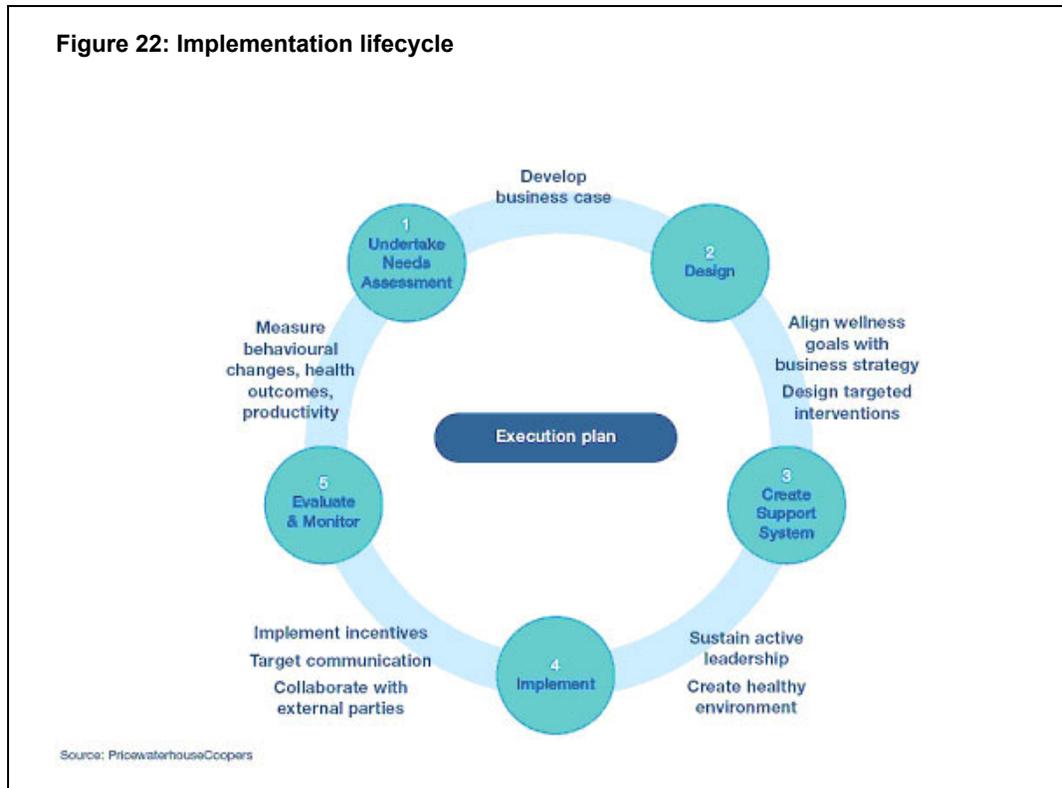
- Processes that measure and monitor wellness initiatives strengthen the motivations of both companies and employees. The figure below shows the key processes that make up the development and implementation of wellness programmes.

#### Collaborate with external parties through public-private partnerships

- Companies have often worked with external entities to combat infectious diseases such as HIV/AIDS. Of those surveyed for this report, about one-third said they were working with local or regional government agencies, a third with non-governmental agencies and a third with patient advocacy organizations. For example, in India, PepsiCo worked with the ILO to raise awareness about HIV/AIDS with the company's own employees and those working for its business partners. This kind of partnership can be extended to fighting the spread of chronic disease.

Processes that measure and monitor wellness initiatives strengthen the motivations of both companies and employees

**Figure 22: Implementation lifecycle**



- Employees often cannot or will not use health resources even when they need them. Either they cannot afford to take time off work, they do not know the best resources to use or they are too busy to leave work. For example, in Mexico the manufacturer American Standard brought in local clinicians to examine employees and their dependants.
- A large Indian IT company has rolled out prevention programmes in India, Australia and China using local resources. For example, the company works with Narayana Hrudayalaya, a hospital in Bangalore with the hospital holding workshops on chronic diseases for employees.

**Establish evaluation and monitoring programmes to measure change, outcomes, and financial impact**

Evaluation and monitoring are the **most difficult** aspects of the gold standards, according to multinational corporations surveyed. To quantitatively measure the impact of prevention programmes on chronic disease, employers need a baseline.

- A large healthcare product manufacturer uses a global profiling tool to measure changes in health culture by examining the response to smoking cessation schemes, participation in healthy eating programmes and attendance at fitness centres. It also measures behavioral change by benchmarking the percentage of employees with various risk indicators.
- As part of General Mills’ wellness promotion called “Lose 10 Pounds in 10 Weeks,” they partnered with the Mayo Clinic to measure and evaluate the impact of the programme on employees with a Body Mass Index (BMI) of 25 or greater. The aim of the programme was to engage these overweight employees in losing weight in a healthy and sustainable way. The net result was:

Establish evaluation and monitoring programmes to measure change, outcomes, and financial impact

- 1,321 enrollees
- 500 participants overweight at time of enrolment
- 443 enrollees who lost eight
- 2,990 lbs. = total weight loss
- 6.7 lbs. = average weight loss per person
- Average BMI went from 27.9 to 27.0

However, employees often worry that a wellness initiative, with health examinations and tracking a person's progress towards a healthier lifestyle, is a threat to their privacy. People are especially concerned that they will be penalized if they are classified as unhealthy. "Privacy is the number one concern for employees; people want to know what you're going to do with this information," noted a PepsiCo executive. Hence, companies have to emphasize the confidentiality of a wellness initiative, and use independent, external experts, who are trusted by employees. The information collected by these external experts is usually only available to companies as aggregated data, which does not allow individuals to be identified, but is necessary for monitoring and reporting wellness.

- Woolworths (SA) Pty Ltd has included a confidentiality performance metric for all of its providers of health-screening services to demonstrate to their employees that confidentiality matters.
- Microsoft found that privacy issues went beyond data issues. For example, in its weight loss programme, the company found that some people did not want to exercise with their colleagues.

The company now ensures that employees have access to a number of fitness centres. So far, 2,000 people in 12 states have participated in Microsoft's weight loss programme. These people are already healthier: they use fewer prescription drugs and visit doctors less often.

- For Nestlé S.A., the importance of confidentiality and discretion makes evaluation complex. Different territories have different attitudes towards privacy but there is a general understanding that they do not follow individuals' results. As a consequence, understanding the overall impact of their programmes is a challenge. The company is likely to discuss this issue with business consultants to see if it can be resolved.

## Implementing the gold standards on a global basis

Wellness is international but health programmes must also take account of local conditions. There must be a balance between general objectives and methods and the specific requirements of employees in different parts of the world.

For example, in developing and undeveloped countries with little infrastructure, by necessity there is likely to be more focus on basic health needs and education. In the United States and Western Europe, where expert healthcare services are provided by insurers or government, companies address different problems amongst employees, physical as well as emotional.

Many companies are already aware of the need to balance the international and local components of wellness. Within the basic framework of a programme local executives take account of factors such as recruitment/retention, healthcare costs and productivity.

Privacy is the number one concern for employees; people want to know what you're going to do with this (health examination and tracking) information

Necessity of a balance between general objectives and methods and the specific requirements of employees in different parts of the world

For example, Coca-Cola Australia does not include questions about the use of seatbelts in its Health Risk Assessments because this is so ingrained in the culture that it would be considered foolish, or offensive, to ask.

- For three years a Wellness Unit at Nestlé S.A., where wellness is “part of the DNA of the company,” has driven a programme across a network of 250,000 employees in 85 countries. The unit works with the company’s local leaders to ensure that each programme fulfills local needs and satisfies local culture. All programmes are implemented locally; champions report to the local market leader, not to the headquarters.
- Nestlé S.A. also works closely with governments, public health authorities and patient advocacy organizations as part of its efforts to educate people about healthy living. For example, in Russia, Nestlé S.A. works with the Dietetics Institute on nutritional research; in France, it has a widely praised programme called Together, Let’s Prevent Childhood Obesity, sponsored by the company but implemented by academics. They are also working closely with WHO on workplace wellness.

# A call to action

Business leaders must act to fight the spread of chronic disease.

## **Take the pulse:**

Assess the health of employees across the world. The metrics will provide a baseline to measure progress.

## **Embed a culture of health:**

Build wellness into the mission, business objectives and policies of the organization.

## **Manage the change:**

Commit the appropriate resources to improve the health of employees. Engage with employees to develop wellness programmes that will produce long term results and which are consistent with the culture and goals of the organization.

## **Collaborate and consolidate:**

Communicate with employees and work with outside bodies where appropriate.

## **Lead by example:**

Executives - starting with the CEO can encourage and inspire employees and communities by showing that they are dedicated to living well.

Fighting chronic disease will not be easy but success will bring huge rewards: a healthy, productive and vibrant workforce.

## Conclusions: Bringing it together

This report has looked at the global challenges facing business as a consequence of the growing epidemic of chronic disease and suggested a practical framework for it at work. The figure below summarizes an analytical framework for Working Towards Wellness. With the commitment of business leaders, workplace wellness strategies and collaboration of public-private partnerships, the epidemic of chronic disease can be managed effectively. In doing so, employers can enhance the productivity of the workforce, reduce the growing burden of healthcare costs, make the workplace more attractive and build a better and more healthy global community.

**Figure 23: Analytical framework for Working Towards Wellness**

<b>Chronic disease is a growing burden</b>	<b>Employers bear increasing costs and can impact risk factors</b>	<b>Corporate Wellness programmes are diverse</b>	<b>Applying gold standard can lead to effective</b>	<b>Business leader call to action</b>
<ul style="list-style-type: none"> <li>▪ 60% of deaths worldwide</li> <li>▪ Growing by 17% in next 10 year and fastest in low income countries</li> <li>▪ Only 3% of health spending goes toward prevention in OECD countries</li> </ul>	<ul style="list-style-type: none"> <li>▪ Private health spending up; limited public health budgets</li> <li>▪ Shared public/private impact:                             <ul style="list-style-type: none"> <li>– Workforce productivity</li> <li>– Direct medical costs</li> <li>– Recruitment and retention</li> <li>– Corporate social responsibility</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Most large employers offer some kind of</li> <li>▪ Wellness programme</li> <li>▪ Variation in corporate commitment, approach, and impact</li> <li>▪ Few have taken global approach</li> <li>▪ Limited public/private coordination or collaboration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Execution</li> <li>▪ Active Leadership</li> <li>▪ Business Alignment</li> <li>▪ Supportive Environment</li> <li>▪ Targeted interventions</li> <li>▪ Health incentives</li> <li>▪ Communication</li> <li>▪ Public/Private Partnership</li> <li>▪ Evaluation and monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Take the pulse</li> <li>Embed a culture of Health</li> <li>Manage the Change</li> <li>Collaborate &amp; Consolidate</li> <li>Lead by Example</li> </ul>

# Annexure



## Annexure 1

### Select Wellness Programmes by Indian Companies

#### Wipro Ltd

##### Introduction

Wipro runs a number of wellness programs in its organization covering employees from both the IT as well as the BPO sector. The company's wellness programs encompass Health & safety initiatives where Health includes mental & physical well being and includes preventive initiatives and existing Health benefits.

The key components of its wellness programmes include:

- Nutrition consulting
- Arena (Health Centres)
- Mitr, an employee counseling initiative
- Odyssey, the Employee site
- Medical Camps
- Monthly Medical lectures
- Medical Centres
- Cafeteria, offering low calorie food
- Employee Well Being events.

##### Case Study: the MITR initiative

"MITR" (friend) is considered to be one of the most successful wellness programmes rolled out in the company. As part of the initiative, 28 people were trained for counseling fellow employees from a psychological perspective to counter stress in the workplace and in their personal lives. The key highlights of the program are:

- Chosen counselors work voluntarily ensuring full commitment and buy in from the employees.
- The counseling team goes through a careful selection process. This ensures the validity check with "motivation" vs. "Skill Set" match and requirements.
- Rigorous training is given after the selection process.
- Build up awareness about the programme and reach out to as many people as possible and helping them in personal and work related problems thereby spreading the message that there is a friend eager to be of help whenever required.
- Help is discontinued only when the employee feels confident enough to cope with his issues himself.
- Suggestions from the employees i.e. both the counselors and counseled.
- The programme is conducted in office premises and is for Wipro employees, by Wipro employees.

##### Key components of the wellness programmes

- Sustained and scalable model of wellness initiatives and practices.
  - Exclusive use of tools like the corporate intranet.
  - Involvement of key people in the programmes.
  - Drive and commitment from the top management.
- Interaction with public health agencies, bodies like National Business Group on Health (NBGH), Wellness Councils of America (WELCOA), European Network

for Workplace Health Promotion (ENWHP), specialized companies dealing with disease management and independent consultants.

## Infosys Technologies

### Introduction

Infosys maintains a holistic approach towards the wellness initiatives rolled out by the company. Recognizing that many of its people are in the age group of below 30 years who spend a substantial amount of time outside their home, Infosys have decided to ensure that its employees remain physically and mentally fit. The company has in-house doctors (via tie-ups with private hospitals) for regular check ups on one hand and professional counselors offering psychological counseling to its employees on the other.

### Most successful wellness initiative

The “Health Assessment Lifestyle Enrichment” (HALE) programme is one of the most successful wellness programmes launched by the company. The programme has six broad components including:

- Health
- Safety
- Leisure
- Stress
- Fun @ Work
- Team Building.

Each of these heads addresses a specific need. For Health & Safety extensive awareness programs have been put in place. For Leisure, the focus is on enabling Infosions to enrich their lives and become involved in events that cater to employee’s interests, hobbies and lifestyle. For stress, Infosys has a HALE Online Tool and a HALE Hotline to address employee concerns. Counseling to Infosions are offered round the clock, 365-days a year. The Hotline is available as an immediate help mechanism at all the India offices. The HALE tool, running on the HALE portal, works as an online questionnaire that addresses the probable causes of stress-physical, psychological, financial or social. The HR department regularly tracks patterns and takes relevant action to resolve the crisis or issues coming up. Planned interventions around Fun and team building are organized to ensure that the wellness programme reaches out to as many employees as possible.

### Key components of the wellness programmes

- Integrated approach to improve health and increase productivity on one hand and reduce absenteeism and control costs on the other.
- Demonstrate that company cares for its employees.
- Ensure continuous in-house feedback.
- Use the enterprise information portal for communication and disseminating knowledge about the programmes.
- Interaction with public health agencies, bodies like National Business Group on Health (NBGH), Wellness Councils of America (WELCOA), European Network for Workplace Health Promotion (ENWHP), NGOs, hospitals and psychologists.
- Programmes rolled out in India and Australia.

## Annexure 2

### References

1. Preventing chronic disease: A vital investment. World Health Organization. 2005
2. Source: World Health Organization. Economies are divided among income groups according to 2005 gross national income per capita, calculated using the World Bank Atlas method. The groups are low income, US \$875 or less; lower middle income, US\$ 876 - US\$ 3,465; upper middle income, US\$ 3,466- US\$ 10,725; and high income, US\$ 10,726 or more
3. Preventing chronic diseases: A vital investment. World Health Organization 2006
4. The Value of Health and Longevity, by Kevin M. Murphy and Robert H. Topel, University of Chicago, 15 March 2005
5. Chronic Disease, An Economic Perspective, M Suhrcke, RA Nugent, D Stuckler and L Rocco for the Oxford Health Alliance, 2006
6. Obesity in the United States Workforce, Findings from the National Health and Nutrition Examination Surveys (NHANES) III and 1999-2000, taken from Pfizer Facts 2004
7. Chronic Disease, An Economic Perspective, M Suhrcke, RA Nugent, D Stuckler and L Rocco for the Oxford Health Alliance, 2006
8. The Economist, The New Titans, 14 September 2006
9. Extracted and calculated from <http://laborsta.ilo.org/cgi-bin/brokerv8.exe#46> on 11 December 2006
10. <http://www.ilo.org/public/english/employment/strat/kilm/trends.htm>
11. Global Employment Trends Brief, January 2006, ILO
12. India Brand Equity Foundation, 2005
13. The Economist. Masters of the Universe. 5 October 2006
14. The Economist. The Battle for Brainpower. 5 October 2006
15. [http://money.cnn.com/magazines/fortune/bestcompanies/2006/best\\_benefits/health\\_care.html](http://money.cnn.com/magazines/fortune/bestcompanies/2006/best_benefits/health_care.html)
16. <http://business.timesonline.co.uk/section/0,,12190,00.html>

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