



Working Towards Wellness: Practical Steps for CEOs

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This work was prepared by the Working Towards Wellness initiative of the World Economic Forum.

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REF: 150108

Executive Summary

Health promotion to reduce the burden of chronic illness has historically been viewed as the responsibility of governments and non-governmental organizations (NGOs). The workplace, if considered at all, has been seen simply as a convenient venue for these external bodies to access a target population as a “captive audience”. Increasingly, however, companies are being seen and are seeing themselves as key partners in this activity with benefits not only to society but also to the profitability of the business. This paper describes the health promotion activities undertaken by BT, a large multinational communications company, and draws out the practical lessons learned from implementing such programmes.

Health promotion can be implemented successfully in the workplace to the benefit of both individual employees and the organization. However, programmes require careful planning to ensure that the specific needs of each workforce are met. Leadership is critical and partnerships with employee representatives and NGOs can offer many advantages. Focusing on small lifestyle changes that, if sustained, can have lasting benefits is a practical and achievable way to proceed. Communication has to be at the heart of any programme, but segmenting the market by gender, geography and, perhaps, by ethnicity is crucial. Simple messaging and practical tools are most likely to bring success and introducing some fun to the programme helps maintain interest. Every campaign should be evaluated to ensure that it is having the desired impact and surveys of knowledge and attitudes can usefully be supplemented by objective measures that demonstrate changes in behaviour. Chronic disease requires long-term commitment to behavioural change, which in turn requires a sustained programme of health promotion – the investment is small but the return can be substantial.

Background

The telecommunications sector is characterized by a workforce that is predominantly male, with low turnover and ageing – the average age in BT is 44 and rising. The nature of the work is also changing as improvements in technology have made work less physically arduous; a survey of BT employees in 2005 found that 42% were overweight and 23% were clinically obese. These factors have contributed to a rise in the incidence of chronic disease (diabetes, hypertension, heart disease, cancer, etc.) in people at work. The human cost of these diseases is significant and there is also a negative impact on the company through increased sickness absence, reduced productivity and rising healthcare costs.

BT therefore determined to promote better health among its workforce by encouraging the small lifestyle changes that, if sustained, can prevent or mitigate the effects of chronic disease. The guiding principles were that any programme should be integral to the behavioural change elements of BT's People Strategy, should focus primarily (but not exclusively) on men and should make best use of the company's own products and services. The result was a nutrition and exercise programme entitled Work Fit that was delivered primarily as an interactive intranet resource supplemented by hard copy information and participative events. Over 16,500 people (20% of the UK workforce) engaged actively with the programme over 16 weeks and as many again were passive participants. The average weight loss over the 16 weeks among those who engaged was 2 kilos and a follow up survey six months later revealed that 52% had maintained lifestyle changes.

Subsequent Work Fit programmes have addressed smoking cessation, mental health and cancer with continuing high impact. The initial campaign was later rolled out internationally and other programmes have been designed for a global audience. The lag time on hard measures, such as mortality and morbidity, is such that impact cannot yet be measured, but there was a small fall in sickness absence during the course of the campaign and perceptions within BT have shifted to see health as a business issue that can be addressed.

Creating the Environment

There was a groundswell of opinion within the company over several years that more should be done on health promotion. This was manifested in various ways, including comments by managers, discussions among the trade unions and individual communications to senior leaders, though there was neither clarity nor commonality about what should be done. There was a general appreciation that the prevalence of chronic diseases was increasing but the immediate trigger to take action was the perception that sudden deaths from heart disease were becoming far more common than previously. Analysis of the data revealed that, on average, one company employee was dying in this way every 2 weeks. That single statistic presented in its stark simplicity was critical in securing buy-in from board level to every part of the organization.

Leadership came from the health and safety directorate of the central human resources function. Considerable work had already been undertaken in driving improved safety performance through behavioural change programmes and extension into health promotion was both logical and consistent with the overall people strategy. The behavioural change message in safety was geared to individuals taking personal responsibility and supporting colleagues to succeed; precisely the same behaviours required to prevent chronic disease. Developing closer working relationships with the trade unions was important in securing safety improvements and it was therefore natural to take the same partnership approach with health.

Learning Points

- Build on general aspirations for a healthy workplace
- Establish an appropriate focus for leadership
- Use company data to highlight the scale of the issue and express it simply
- Seek to secure buy-in at every key level in the organization
- Ensure programmes are consistent with and linked to other initiatives

Assembling the Team

BT operates with a very small strategic health and safety team, which provided the leadership for the programme. External support was recognized from the outset as being essential to bolster specialist health knowledge and to provide the resource to create the content for the programme. Various healthcare providers were considered to fill this role but none had the depth of expertise being sought nor the apparent willingness to embrace an innovative approach that circumvented their existing products and services. A partnership was therefore created with an NGO whose charitable purpose is the promotion of good health, especially among men, and representatives attended all steering group meetings. In subsequent programmes, different NGOs have been selected on the basis of the skills and expertise they can provide.

The trade unions were partners from the outset and contributed as enthusiastic and highly practical members of the steering group. BT is a group of companies and each of the major operating divisions provided representation – usually from the HR function. Communications was considered critical and key players from both the internal and external communications teams were active in planning and delivering the programme. It rapidly became clear that the primary delivery medium would be BT's intranet and IT expertise was therefore enlisted. A project manager was appointed and the programme was run according to normal business practice with timelines and a budget. The steering group gave overall direction and the project manager had operational control supported by a much smaller group with content production and communications at its core. It was also necessary to identify suppliers for requirements such as logistical support, printing, procurement and sourcing of incentives, distribution arrangements, creative marketing and branding, video support and event management. Where these were identified early, the social benefits of the project could be leveraged and costs minimized.

Learning Points

- Enlist specialist help to produce content for the programme
- Healthcare providers may not have the skills or motivation to fill this role
- NGOs can be useful partners if their aims align with the programme
- Employee representatives can provide balance and practicality
- Operational divisions need to be engaged in design and delivery
- Communications is key and must be involved early and consistently
- Health promotion programmes must be run like any other business project
- A range of suppliers may be required – early identification is beneficial

Constructing the Programme

Health promotion is a broad topic and there is a danger of communicating bland general messages unless a clear focus is maintained. Work Fit was therefore initially geared entirely to reducing the risk of heart disease through improved nutrition and increased exercise. Obesity is clearly an important element in this, but robust direction was required to prevent the programme being positioned as a weight loss initiative which, it was felt, would fail to engage the key male target population. Similarly smoking, though recognized as important, was avoided in the initial campaign because it would increase the scope further than could be accommodated, narrow down activity from something applicable to all and send mixed messages to the workforce. Smoking cessation was addressed separately in a subsequent programme that linked support for giving up with a company-wide ban on smoking in premises and vehicles.

The aim was to encourage small lifestyle changes that would ultimately result in health improvements. It was felt that the programme had to run over a reasonable timescale if people were to see tangible results from their efforts and 16 weeks was set as the project cycle time. Messaging was divided into 16 blocks so that each week of the campaign would have a different focus and a different emphasis to appeal to a broad audience. Individuals were encouraged to register for the programme so personalized communications could be delivered, rates of participation could be assessed and progress tracked over the life of the project.

Learning Points

- Keep a clear focus on the aim of the programme and its key messages
- Avoid project “creep” even when additional issues are relevant
- Promote making small but sustained changes that won’t deter people
- Break messages down into small, easily assimilated chunks
- Capture individuals by registration so they can be targeted later
- Allow enough time for results to show through for individuals and groups

Reflecting Diversity

BT's population in the UK is 75% male with an overwhelming predominance of people in middle life. The ethnic mix broadly reflects that of the general population, with some 9% of the workforce being non-caucasian. Outside the UK, the age distribution is more evenly spread with more young people, but men still predominate. Women are recognized as being more aware of and interested in health and traditional communications in this area appeal especially to women. Work Fit therefore specifically targeted men in terms of the language used and the communications channels used. Despite this effort, proportionately more women participated, although their average body mass index (BMI) was significantly lower than that of the men who engaged (i.e. appearance rather than just health may have been an important stimulus for women). Understanding the demographics and psychology of the workforce for whom health promotion is being designed is therefore critical. The drivers for men and women to participate in health promotion programmes are very different and schemes need to reflect this – men are a much more resistant audience and require special attention.

The behaviours impacting on health have deep origins in which upbringing and culture are pivotal. Although BT's company language worldwide is English, for Work Fit to have impact outside the UK it was necessary to translate and tailor material for different geographies so it was meaningful. Support materials and services tend to be country specific, which introduces significant complexity when implementing a programme on a global basis. This has been reflected in later campaigns where representatives from key geographies have been involved from the earliest planning stage so core material reflects diversity as far as is practicable. Health issues also vary by geography and ethnic grouping (e.g. the high prevalence of diabetes among people of south Asian origin that persists in migrants' descendants). Ensuring that these aspects were addressed sensitively in the campaigns has been a priority and has helped increase penetration into groups that might otherwise have been excluded.

Learning Points

- Different strategies and messaging are required for men and women
- Health issues and attitudes vary by geography and must be reflected
- Material must be available in local languages with links to local resources
- Ethnic communities within countries may require special attention
- Planning with diversity in mind saves time, trouble and money later

Communicating the Message

Effective communication is the key to successful health promotion, and in Work Fit was central to the programme from the earliest planning stage. Health professionals are not necessarily the best communicators, and their skills in this area tend to be strongest in one-on-one verbal interaction. Harnessing the skills of the BT internal communications team to support NGO personnel proved to be the best way of creating material in language that was most meaningful for the workforce. Engaging the entire spectrum of the company communications community proved essential so that the message was cascaded appropriately within each of the operating businesses. A comprehensive communications plan was drawn up to cover all phases of the campaign, including the preparation period and the subsequent evaluation stage.

Electronic communication was at the heart of the programme in order to make best use of the company's own products and services and to minimize costs. Different options were tried for the various Work Fit programmes but the optimum mix proved to be a dedicated section of the company's intranet supplemented by regular refresher stories in the electronic newspaper and personalized e-mail communication. Feedback from individuals and personal stories were effective in stimulating interest and strengthening engagement for the campaign. Operational units supplemented company-wide material with the transmission of video clips, podcasts and webcasts linked into their regular business communications. However, total reliance on electronic media was insufficient and hard copy leaflets summarizing key messages together with road shows in multiple sites helped both to maximize the audience and to reinforce messages through varied channels.

Learning Points

- Communications expertise is a core requirement for any programme
- A comprehensive communications plan is essential
- Messages must be coordinated with individual business unit initiatives
- Multi-channel electronic communications are effective and cost efficient
- Hard copy and physical events help bring a programme to life

Securing Engagement

All change programmes, including those focused on lifestyle, are potentially threatening and a company's motives may be called into question by some employees. Running a health promotion programme as a joint venture with the trades unions (TU) and creating a joint brand (Work Fit) was critical in defusing suspicion. Working with NGOs to implement individual campaigns has also reinforced the perception that the programme is worthwhile and strengthened the company's corporate social responsibility credentials. Securing the support of the senior leadership has been essential, particularly in gaining buy-in from more junior management and in conveying the message that health transcends both spans and layers.

There is no doubt that incentives, mostly small and non-financial, have been useful in attracting attention to the campaigns and encouraging initial engagement. However, interest is short-lived unless the programme itself is engaging, professionally presented and perceived as relevant to the individual. These campaigns are competing for attention with the output of the media and the advertising industry – if they appear amateurish or are poorly organized they will fail. Regular targeted publicity is essential and coverage by the external media both provides useful validation and attracts the attention of those who may not be well attuned to internal communications. Practical tools are popular, such as the simple tracking tool for weight and exercise provided for the initial Work Fit campaign. Messages have to be kept simple and introducing an element of fun (even when the message is deadly serious) promotes greater involvement. Offering healthier foods on site and discouraging smoking at work is helpful reinforcement if timed properly. Competition is useful, especially for a male audience, and encouraging team activities possibly linked to a relevant health-related charitable cause helps sustain interest.

Learning Points

- Suspicion can be allayed by forging appropriate partnerships (e.g. TU)
- Links with suitable NGOs increase the attractiveness of programmes
- Senior leadership support is vital – especially for management buy-in
- Incentives help recruitment but need not be large or financial
- Communications and supporting materials have to be of a high standard
- Practical tools help initial attraction and sustained engagement
- Messaging must be kept simple with an appropriate fun element
- Fostering competition and links to charitable work sustain interest

Evaluating the Impact

Effecting improvements in chronic disease requires individuals to change their attitudes and behaviours but, to do that, it is often necessary to increase their knowledge base. It has therefore been standard practice in Work Fit to carry out electronic surveys of a random sample of the workforce both before and after the programme to test both knowledge and attitudes to determine if changes have been achieved. In some campaigns (e.g. mental health, where registration was considered likely to be a disincentive) knowledge tests were undertaken in association with specific modules to assess information transmission and to track participation rates.

Behaviours are harder to track and rely upon honest self reporting. Consumption of tobacco and alcohol have been assessed in this way and exercise levels were measured by inviting individuals to log scores from pedometers, which were issued as part of the programme. Weight and waist size are also useful objective measures that reflect behavioural change and represent important risk factors. People seem to respond best to the provision of a secure site for their personal use from which anonymized data can be drawn for statistical analysis. The lag time between improvements in health status and metrics such as sickness absence renders any direct correlation difficult, but there is growing evidence that intermediary measures such as weight and exercise levels are independent predictors of attendance and performance.

Learning Points

- Pre- and post-campaign surveys of knowledge and attitudes are essential
- Knowledge tests can also be used to track participation rates
- Tracking lifestyle behaviours relies on honest self-reporting
- Weight and waist size are useful objective measures and key risk factors
- Provision of a secure website encourages self-monitoring
- Anonymized self-monitoring data can be used to track group impact
- Metrics such as sickness absence improve before chronic disease effects

Sustaining Momentum

There is a danger that health promotion can be seen as a fashionable initiative that therefore fails to produce the sustained changes in lifestyle that are required to have an impact on chronic disease. Individual campaigns tend to decay in terms of engagement, especially when run over prolonged periods. Work Fit has therefore evolved into a rolling programme of health promotion that is built into a standing resource for BT people with regular new campaigns addressing different aspects of chronic disease prevention and management. Individual campaigns are structured to excite general interest at the outset and then to refresh engagement through local events, such as road shows, and more widely through competitions, quizzes, etc. that are linked to small incentives. By utilizing standard company communication channels and partnering with NGOs, costs have been kept low and equate to less than 5% of a traditional screening programme.

All campaigns have been run under the overarching Work Fit “brand” with consistent imagery, but each initiative takes a slightly different approach in terms of packaging and content. The key messages of small behavioural changes leading to benefits for the individual and the business are repeated again and again. Major campaigns are interspersed with short, sharp refresher initiatives linked into normal life events such as getting in shape for the summer holidays and recovering after the Christmas and New Year festivities. Family engagement is encouraged through publicly accessible programmes and activities geared towards nutrition and exercise in a non-work context. Senior leaders are briefed on a regular basis and the business benefits in terms of motivation, corporate responsibility and performance metrics are highlighted.

Learning Points

- A rolling programme of health promotion is required
- Campaigns need to be refreshed throughout their lives to avoid decay
- Use of different communication channels aids refreshment
- Consistent branding and imagery helps reinforce key messages
- Linkage to preparation for and recovery from holidays is effective
- Family engagement promotes involvement by the workforce
- Business leaders should be reminded regularly of benefits

Conclusion

Health promotion can be implemented successfully in the workplace to the benefit of both individual employees and the organization. However, programmes require careful planning to ensure that the specific needs of each workforce are met. Leadership is critical and partnerships with employee representatives and NGOs can offer many advantages. Focusing on small lifestyle changes that, if sustained, can have lasting benefits is a practical and achievable way to proceed. Communication has to be at the heart of any programme, but segmenting the market by gender, geography and, perhaps, by ethnicity is crucial. Simple messaging and practical tools are most likely to bring success and introducing some fun to the programme helps maintain interest. Every campaign should be evaluated to ensure that it is having the desired impact and surveys of knowledge and attitudes can usefully be supplemented by objective measures that demonstrate changes in behaviour. Chronic disease requires long-term commitment to behavioural change, which in turn requires a sustained programme of health promotion – the investment is small but the return can be substantial.

Acknowledgements

This report was prepared by Paul Litchfield of BT Group and the World Economic Forum's Working Towards Wellness team, Xihong Ai, Helena Leurent and Sarita Nayyar.

This report is the product of a collaboration by many individuals and organizations and has also benefited greatly from comments and contributions by Mark Batt of NHS Institute; John Clymer of Partnership for Prevention; John Cooper of Unilever; Alistair Dornan of Right Management, a Manpower Company; Susan Fleming of The Coca-Cola Company; Christine Hancock of the Oxford Health Alliance; Michael J. Thompson of PricewaterhouseCoopers; Janet Voûte of the World Heart Federation; Gayle Crozier Willi of Nestlé; and Derek Yach of PepsiCo.

We would like to thank them for their invaluable support.



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