

WORKPLACE HEALTHSCAN

Forty Years and \$125 Billion Later, Has Wisdom Come With Age?

springbuk 

springbuk.com

WORKPLACE HEALTHSCAN

FORTY YEARS AND \$125 BILLION LATER, HAS WISDOM COME WITH AGE?

“MANAGING INSURANCE COSTS”

“IMPROVING THE OVERALL HEALTH”

A study of nearly 20,000 employers across industries showed employers have a

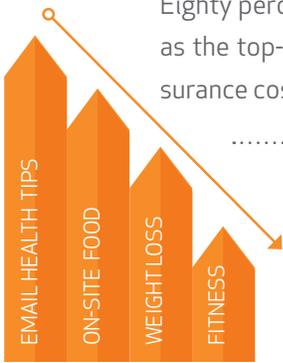
“**MARGINALLY ACCEPTABLE**”

ability to impact workplace wellness goals.



80%

Eighty percent scored “improving the overall health” of their workforces as the top-ranked objective. Over seventy percent scored “managing insurance costs” as second most important.



DIMINISHING RETURNS IN PROGRAMING.

WHAT'S NEXT?



TARGETED ENGAGEMENT

- LOW AIC
- SEDENTARY
- POOR DIET



VS



- LOW AIC
- FITNESS ENTHUSIAST
- OPTIMAL DIET



WHERE'S THE PROMISED LAND?

INTEGRATION OF EMPLOYER DATA.

WORKPLACE HEALTHSCAN

FORTY YEARS AND \$125 BILLION LATER, HAS WISDOM COME WITH AGE?

WIDESPREAD ADOPTION... AND FRUSTRATION

Despite near-universal adoption of workplace wellness programs since the 1970s, driving more than \$100 billion in cumulative corporate wellness spending, respondents in **Healthiest Employers' 2015 Workplace HealthScan survey** still describe their ability to manage costs and improve the overall health of their workforces as “marginally acceptable.”

SHARED GOALS

According to the survey of nearly 20,000 employers of all sizes, regions, and industries, employers are remarkably consistent in their workplace wellness goals. Eighty percent scored “improving the overall health” of their workforces as the top-ranked objective. And over seventy percent scored “managing insurance costs” as second most important.

“MANAGING INSURANCE COSTS”

No other objectives approached these two in importance.

“IMPROVING THE OVERALL HEALTH”

Yet on average, employers rated their ability to address these objectives as only “marginally

acceptable.” In fact, fewer than 15 percent were actually satisfied with the results of their efforts.

DIMINISHING RETURNS

These findings suggest that traditional employee wellness initiatives have entered a period of diminishing returns. Employers have collectively implemented the most obvious company-wide interventions, like email health tips, healthier on-site food options and fitness and weight-loss programs.



Despite their efforts, dramatic game-changing improvements in health risks, outcomes and costs remain elusive. “Success” has all too often meant only a few percentage points of change that erode over time.

LESSONS LEARNED.

POPULATION HEALTH, REVISITED

Employers recognize the shortcomings of traditional population health and wellness initiatives. In fact, in the survey they identified “engaging employees in a targeted fashion” as their single most important intervention priority, yet reported low levels of satisfaction with their ability to actually do so.

Indeed, traditional population health strategies like water fluoridation have been effective community health tools, but they’ve never been the most effective way to improve the health of specific individuals or a unique workforce.

Consider the diabetic employee with a sub-optimal A1C. Is he sedentary and eating poorly? Or a fitness enthusiast struggling to balance food, activity and meds?

Traditional population health analysis classifies these scenarios as almost identically non-compliant. But their individual health challenges are quite different. Nurse-line diet and exercise coaching may improve the first employee's A1C, but is unlikely to help the second.



Similarly, fitness interventions designed for employees with flexible schedules won't work for call center agents whose time is tightly scheduled down to the minute.

The survey's findings reflect an emerging shift to micro population health, tailoring engagement and interventions to distinctive sub-group or even individual health, environmental, psychosocial and lifestyle characteristics.

COMPLEX DECISIONS

For the clinician, it's enough to know that a certain drug lowers cholesterol better in certain patient populations. For the carrier, it's enough to know that Drug Z is cheaper than Drug Y.

But employers face much more complex decisions that require the integration of traditional clinical and financial data with workforce-specific employee and organizational information. How should you decide whether statins are more effective than walking meetings? Whether yoga classes that cut injuries for Fargo, ND warehouse workers are equally important for employee retention at your already highly-ergonomic Silicon Valley headquarters? Whether free cooking classes translate to better food choices at home?

Answering these questions requires capabilities beyond those of traditional population health tools.

NEW EMPLOYER-DRIVEN TOOLS

New analytics tools tailored specifically for employers support this strategic shift in two ways.

First, they harness vast amounts of data from multiple sources, enabling organizations to identify, prioritize and model health improvement opportunities at a much more granular level.

Second, they provide employers with the ability to integrate traditional financial and clinical data with their own unique workforce and organizational data to deliver truly relevant and high-value targeted interventions.

RENEWED HOPE FOR SUSTAINABLE HEALTH GAINS

Micro population health strategies and powerful new employer-driven analytics offer promise in overcoming many of the environmental and societal forces that erode employee health.

After all, the workplace remains the only place where primary prevention and health improvement interventions occur on a daily basis for most people. And employers are uniquely positioned to deliver upstream interventions targeted to the needs of individual employees.

These developments renew the hope of dramatic and lasting improvements in health and cost outcomes – the promised land of earlier generations of workplace wellness.

LEARN MORE
SPRINGBUK.COM



**PRODUCT
DEMO**



EMAIL

INFO@SPRINGBUK.COM