

WORKING WELL: A Global Survey of Health Promotion and Workplace Wellness Strategies

October 2008



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EXECUTIVE SUMMARY

Overview

This survey, now in its second year, further explores emerging trends in employer-sponsored wellness programs. In conducting this research, we sought to gain insight into how employers around the world implement and evaluate strategic wellness initiatives, by exploring areas such as program strategy, design, objectives, incentives, measurement, evaluation, and communication.

What is Workplace Wellness?

The term “wellness” is not consistently defined or used around the world. The primary focus of employer-sponsored wellness programs, as defined for this report, is to improve the health and well-being of employees (and their families) in order to enhance organizational performance and reduce costs. Wellness programs typically address specific behaviors and health risk factors such as poor nutrition, lack of physical activity, excessive stress, and smoking. These factors can lead to serious and expensive health problems and impact workforce productivity.

Wellness programs seek to accomplish this by raising awareness, educating, and encouraging employees and their families to adopt healthier lifestyles through various programs and incentives. As part of these initiatives, employers also typically seek to foster a workplace environment that promotes and supports health and well-being.

Wellness programs can also help reduce the incidence and severity of many chronic illnesses such as asthma, diabetes, and heart disease. These conditions are commonly, and appropriately, managed through chronic disease management programs. Employers often integrate disease management programs with their wellness initiatives to provide a continuum of healthy lifestyle support. For that reason, this survey includes some metrics related to disease management programs.

In addition to the term “wellness,” programs with these objectives are also referred to as health promotion, health improvement, health and well-being, and disease prevention programs. Despite their evolving definitions, in this survey the terms “wellness” and “health promotion” are used universally and interchangeably to refer to all programs with the objectives outlined above.

Program Prevalence

Strategies to promote employee wellness, while rapidly rising in prevalence, are not embraced by all employers. Sixty percent (60%) of the organizations surveyed indicate they have a wellness strategy (a sizeable increase from 49 percent last year). Among those employers with a wellness strategy, two-thirds have not yet completely implemented their strategy. This is up from 57 percent last year, as might be expected with so many new strategies recently taking shape.

Geographically, wellness programs are most prevalent in North America, where 82 percent of participating employers report having wellness offerings, but they have a strong foothold and are rapidly growing in popularity throughout the rest of the world.

EXECUTIVE SUMMARY

Strategic Objectives

The top strategic objective for wellness initiatives among U.S. employers is reducing health care costs. This is not surprising in an environment where cost control and global competitiveness concerns have put tremendous pressure on employers to reduce the financial burden of providing health care benefits. Outside the United States, the top reported wellness priorities are to reduce absence and improve employee productivity (or reduce presenteeism), and improve workforce morale and engagement. The “top three” objectives for wellness programs also include furthering the organizational values and mission (in Asia), and attracting and retaining employees (in Africa).

Top Strategic Objectives for Wellness Programs – by Region

Priority	United States	Canada	Europe	Asia	Africa
1	Reducing health care/ insurance costs	Improving productivity/ presenteeism	Improving workforce morale/ engagement	Reducing employee absence	Reducing employee absence
2	Improving productivity/ presenteeism	Reducing employee absence	Reducing employee absence	Furthering organizational values	Improving productivity/ presenteeism
3	Reducing employee absence	Reducing health care/ insurance costs	Improving productivity/ presenteeism	Improving productivity/ presenteeism	Attracting and retaining employees

The complete listing of key employer objectives for wellness programs is provided later in this report. The broad range of objectives demonstrates the multi-faceted benefits expected from wellness programs. This is a good indication of why such initiatives are globally popular, even if the primary drivers differ by locale.

EXECUTIVE SUMMARY

Program Components

Employers utilize a broad range of components in their wellness programs, although the relative popularity of these components varies by geography. Established program elements, such as Employee Assistance Programs (EAPs) and immunizations, have been around for years, but are gaining increased interest as vendors retool offerings to better promote wellness and employers recognize their role in a comprehensive wellness offering.

Top Wellness Program Elements – by Region

United States	Canada	Europe	Asia	Africa
Employee Assistance Program (EAP)	Employee Assistance Program (EAP)	Gym/fitness club membership discount	Biometric health screening	Biometric health screening
Immunizations/flu shots	Immunizations/flu shots	Occupational health program	Gym/fitness club membership subsidy	Employee Assistance Program (EAP)
Nurse line or other phone support	Gym/fitness club membership discount	Employee Assistance Program (EAP)	Gym/fitness club membership discount	Disease management program

In contrast to these well-entrenched program components, other less-established elements of wellness programming are growing rapidly, with 100 percent (or greater) growth predicted over the next three years. The fastest-growing wellness program components include technology-driven tools, such as Web portals, online healthy lifestyle programs, and personal health records. By increasing the degree of personalization, these tools seek to deliver greater participation and results than the one-size-fits-all efforts of early wellness initiatives.

Rapidly growing program elements also include on-site activities such as employee health fairs, improvement in vending machine food choices, and workplace health competitions. Such competitions are wellness-focused team activities designed to promote action in areas such as physical activity, weight loss, nutrition, or smoking cessation. These efforts typically rely on the intangible motivational incentives of group competition and teamwork, yet also serve to help build a supportive culture for health and wellness.

Employee screenings, including health risk appraisals (health and lifestyle questionnaires) and biometric screenings (such as blood pressure, cholesterol, glucose, and body fat) are also growing rapidly, despite their already strong standing among many employer-sponsored wellness programs.

EXECUTIVE SUMMARY

Strong growth is also predicted in most regions for programs designed to improve the psychosocial work environment (e.g., balancing demands and control, effort, and reward) and support work/life balance (e.g., concierge service, commute time reduction, multiple creative job structure arrangements). These efforts reflect a growing, more holistic approach to wellness, beyond physical health.

Fastest Growing Wellness Program Elements – by Region

United States	Canada	Europe	Asia	Africa
Vending machines emphasize healthy food options	Employee health fairs	Online healthy lifestyle programs	Personal health record	Work/life balance support
Personal health record	Disease management programs	Vending machines emphasize healthy food options	Online healthy lifestyle programs	Workplace health competitions
Workplace health competitions	Health risk appraisal (health and lifestyle questionnaire)	On-site healthy lifestyle classes	Personal health coaching or lifestyle management support (telephonic or online)	Programs to improve the psychosocial work environment
Online healthy lifestyle programs	Biometric health screenings (such as blood pressure, cholesterol, glucose, body fat)	Health risk appraisal (health and lifestyle questionnaire)	Health portal/Web site	Online healthy lifestyle programs
Programs to improve the psychosocial work environment	Programs to improve the psychosocial work environment	Work/life balance support	Personal health coaching or lifestyle management support (on-site)	Health portal/Web site

Motivational Strategies

Employers offer a variety of incentive rewards to motivate employee engagement in wellness programs and encourage lifestyle-related behavior changes. Both financial and non-financial incentives seek to reward (and sometimes penalize) a variety of personal activities and/or achievements. Incentive rewards are most popular in the United States, but are offered by employers in all parts of the world. The perceived motivational impact of incentive rewards remains only moderate, on average (similar to last year's survey), yet employers plan to significantly expand incentive programs in the next few years.

U.S. employers spend an average of \$145 per employee per year on incentive rewards – a significant increase from the \$100 average reported in last year's survey. Employers expect that this financial investment will be offset by economic, health, and other benefits of wellness programs.

EXECUTIVE SUMMARY

Measurement

An intriguing result is the relatively low documentation of hard metrics to validate the success of wellness programs. In the United States, where reducing health care costs is the primary objective, only 16 percent of employers attribute a health care cost trend rate reduction to their wellness initiatives. However, the average reported reduction of two to five trend percentage points per year (similar to the range reported last year) can translate into significant savings for larger employers when applied to total health care expenditures. Equally interesting is the fact that two-thirds of U.S. employers have not measured the impact of their wellness initiatives on health costs. And worldwide, where other business objectives such as reducing absence and improving productivity are valued more highly, 40 to 60 percent of organizations are not measuring the impact of their wellness programs and therefore don't know the extent of their savings.

Several reasons for this lack of information are evident. First, some metrics, such as changes in productivity and health care costs, can be expensive and time-intensive to measure. The lack of investment in tools for such measurement may explain the dearth of data. Additionally, among other measures that may be more easily evaluated — such as absence rates — many employers have not put a priority on collecting the necessary data and analyzing its correlation to wellness activities. Other results, such as improved employee morale and high satisfaction with programs, would seem relatively easy to measure through employee surveys or focus groups. However, only 19 percent of responding employers regularly solicit employee input, and more than half (58 percent) have never sought input from employees. This may reflect a confidence that the program is directionally valid on these measures, or may again be due to a lack of priority and investment in more disciplined program evaluation.

Clearly, there seem to be gaps between the objectives employers seek to achieve with their wellness initiatives and their ability to measure or demonstrate success. The fact that organizations continue to offer wellness programs, despite these gaps, suggests that even if program effectiveness proves difficult to quantify at this point, the intuitive value of offering these programs remains a major motivator for employers. To some extent, employers also may recognize that health and behavior changes effected by wellness programs are likely to take multiple years to fully manifest themselves as measurable savings.

Survey respondents were asked to report on their greatest successes with respect to wellness programs and describe their vision for the future. The quantity and depth of these write-in responses underscores the passion around workplace wellness among those who are responsible for promoting it. Selected responses are included later in this report.

Employer interest in wellness has grown dramatically over the past several years, with a corresponding explosion of offerings from health and wellness-related vendors eager to help employers meet their objectives. This marketplace activity, together with the results of this survey, provide strong evidence that organizations are increasingly recognizing, and valuing, employee health and well-being for the resulting multitude of benefits to their organizations and their people.

The following sections of this report delve into the details of strategic wellness approaches, program design, costs, communications, challenges, and how programs are evaluated.

METHODOLOGY

General Approach

Six hundred twenty-eight (628) organizations responded to the survey, representing more than 10 million employees around the world. Survey respondents are from 25 different countries. The survey questionnaire was offered online and via paper (fax) in English (British and American), Spanish (Castilian and Latin American), French (Continental and Canadian), and German. The questionnaire was designed so that respondents could complete it in 30 minutes or less. Target participants were senior or mid-level professionals with responsibility for corporate wellness strategy, execution, and measurement. Participating organizations range from small employers to large multinational corporations, with an average of approximately 16,000 employees and a median of approximately 3,500 employees. All major industry sectors are represented. A listing of the participating organizations is included at the end of this report.

Global Breadth

This 2008 survey incorporates robust data sets from employers in the United States, Canada, United Kingdom, and South Africa. European participation is also broad, but lacks sufficient depth in most countries to perform detailed country-by-country analyses. Other parts of the world, while represented, are not sufficiently deep in the number of participating employers to provide meaningful comparative results, unless combined into geographic subgroups (e.g., "Europe"). This consolidation of geographies into broad regions (such as "Europe") is not simply an over-simplification because of a lack of appreciation of the very real local differences between countries. Rather, it reflects our earnest attempt to draw out as much useful and credible information as possible from the available data sets.

The significant number of participating multinational organizations enhances the global breadth of employee populations included in the survey. Forty-six percent (46%) of respondents employ workers in multiple countries.

Additional Considerations

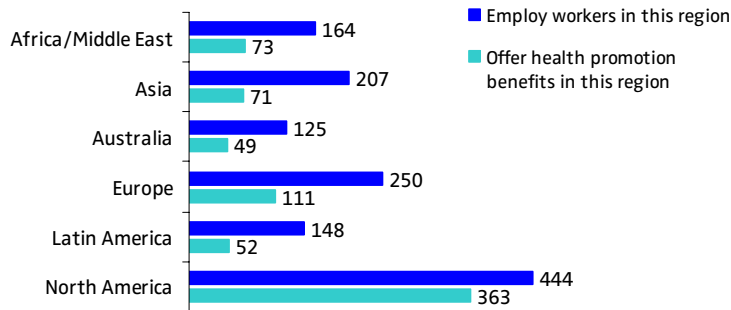
Because the survey was not conducted on a random sample of employers, but rather, responses were solicited voluntarily from employers invited to participate, it is possible results could be skewed to some extent by a "selection bias." Those organizations with an interest in wellness might be more likely to take the survey, which could influence the results to show a greater interest in wellness than might be obtained from a purely random sampling across all employers. Therefore, we do not recommend that results be taken as absolute indicators of prevalence among all employers, but as relative markers of the comparative prevalence of various program strategies and approaches, as well as indicators of movement and trends among the organizations surveyed.

Due to rounding, totals in this report may not equal 100%.

GLOBAL PREVALENCE

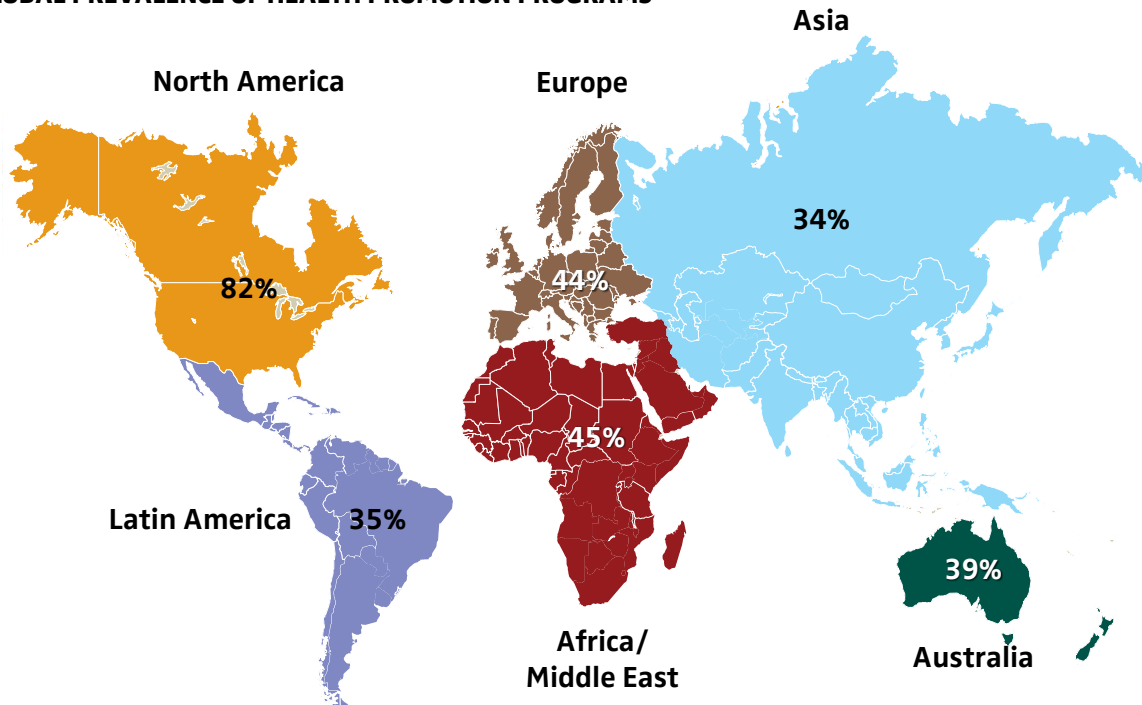
Respondents were asked to identify regions where they employ workers, and indicate whether or not they offer health promotion benefits in that region.

NUMBER OF PARTICIPATING EMPLOYERS BY REGION



The 628 participating organizations employ workers in all parts of the world. Calculating the prevalence of health promotion benefits by region indicates that wellness programs are most widespread in North America, but have a strong foothold in other parts of the world.

GLOBAL PREVALENCE OF HEALTH PROMOTION PROGRAMS



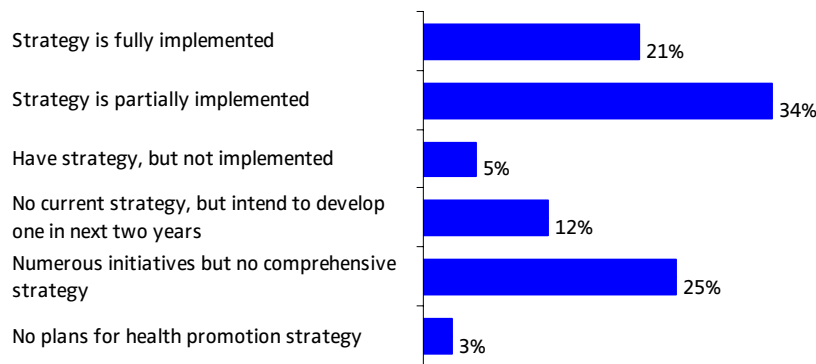
These results indicate a global interest in wellness programs. However, as demonstrated in the next section, employers' objectives for these programs — as well as the specific program components they provide to their employees — vary around the world.

STRATEGY AND OBJECTIVES

Developing an organizational strategy for workplace wellness differs from merely providing wellness programs to employees. An organizational strategy typically includes program goals, a multi-year business strategy, and development of program ownership, design, evaluation, vendors, tools, infrastructure, and technology.

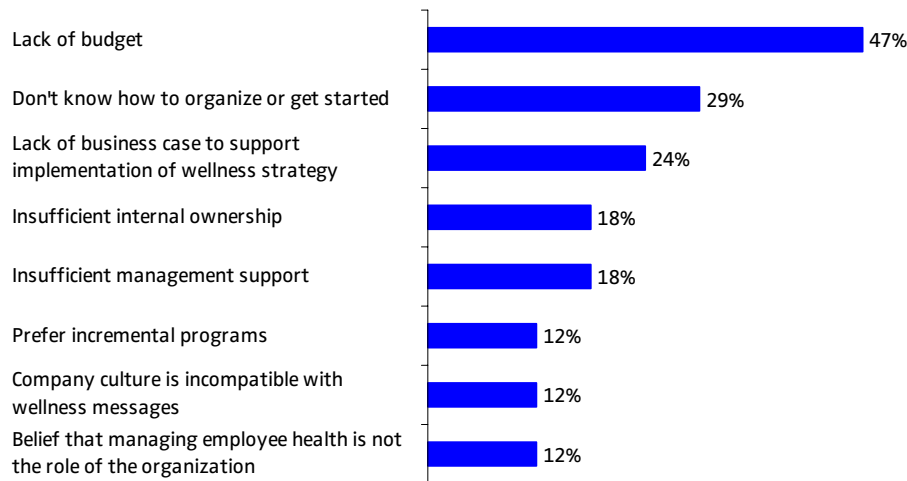
Strategies to promote employee wellness, while rapidly rising in prevalence, are not embraced by all employers. Sixty percent (60%) of the organizations surveyed indicate they have a wellness strategy (a sizeable increase from 49 percent last year). Among those employers with a wellness strategy, two-thirds have not yet completely implemented their strategy. This is up from 57 percent last year, as might be expected with so many new strategies recently taking shape. A preponderance of remaining organizations report having numerous wellness initiatives distributed throughout their organization, but no comprehensive wellness strategy.

CURRENT STATUS OF WELLNESS STRATEGY



Among those organizations that report having no plans for a wellness strategy, the reasons given are as follows:

REASONS FOR HAVING NO PLANS FOR A WELLNESS STRATEGY*



*Respondents were allowed to select more than one answer.

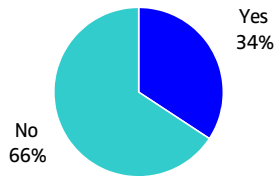
STRATEGY AND OBJECTIVES

Almost half of the employers with no plans to develop a wellness strategy cite the lack of budget necessary to do so. Nearly one-third indicate a lack of knowledge necessary to organize or initiate a strategy.

The next three ranked reasons are similar, citing a lack of business case or management support, and insufficient internal ownership. Many employers facing these challenges will probably continue to offer ad hoc wellness programming but require supporting data before moving to a more comprehensive strategy.

Among multinational employers (organizations that employ workers in multiple countries), one-third have a global strategy.

STRATEGY IS GLOBAL (Covers majority of employees regardless of geography)



Among the remaining two-thirds of multinationals, the reasons for not having a global strategy include the following:

REASONS FOR NOT HAVING A GLOBAL WELLNESS STRATEGY*



It's important to consider that organizational design and governance could impact the existence of a comprehensive, global wellness strategy, particularly among multinationals and/or conglomerates. If these organizations allow business units to operate quite independently, at least in the area of benefits and other health-related matters, they logically wouldn't impose a centralized, one-size-fits-all wellness strategy across the organization.

*Respondents were allowed to select more than one answer.

STRATEGY AND OBJECTIVES

Wellness programs are often multi-faceted, and employers that implement them hope to achieve a variety of objectives including financial goals, employee relations, public branding, and social responsibility.

RELATIVE IMPORTANCE OF WELLNESS PROGRAM OBJECTIVES – ALL GEOGRAPHIES

	EUROPE	UNITED STATES	CANADA	AFRICA	ASIA
Reducing employee absences	2	3	2	1	1
Improving productivity / presenteeism	3	2	1	2	3
Improving workforce morale/engagement	1	4	4	4	4
Attracting and retaining employees	4	5	5	3	5
Furthering organizational values/mission	5	6	7	5	2
Improving workplace safety	6	7	6	6	6
Promoting corporate image or brand	7	8	8	7	7
Reducing health insurance costs	8	1	3	9	10
Fulfilling social/community responsibility	9	9	9	8	8
Complying with legislation	10	10	10	10	11
Supplementing government-provided health care	11	11	11	11	9

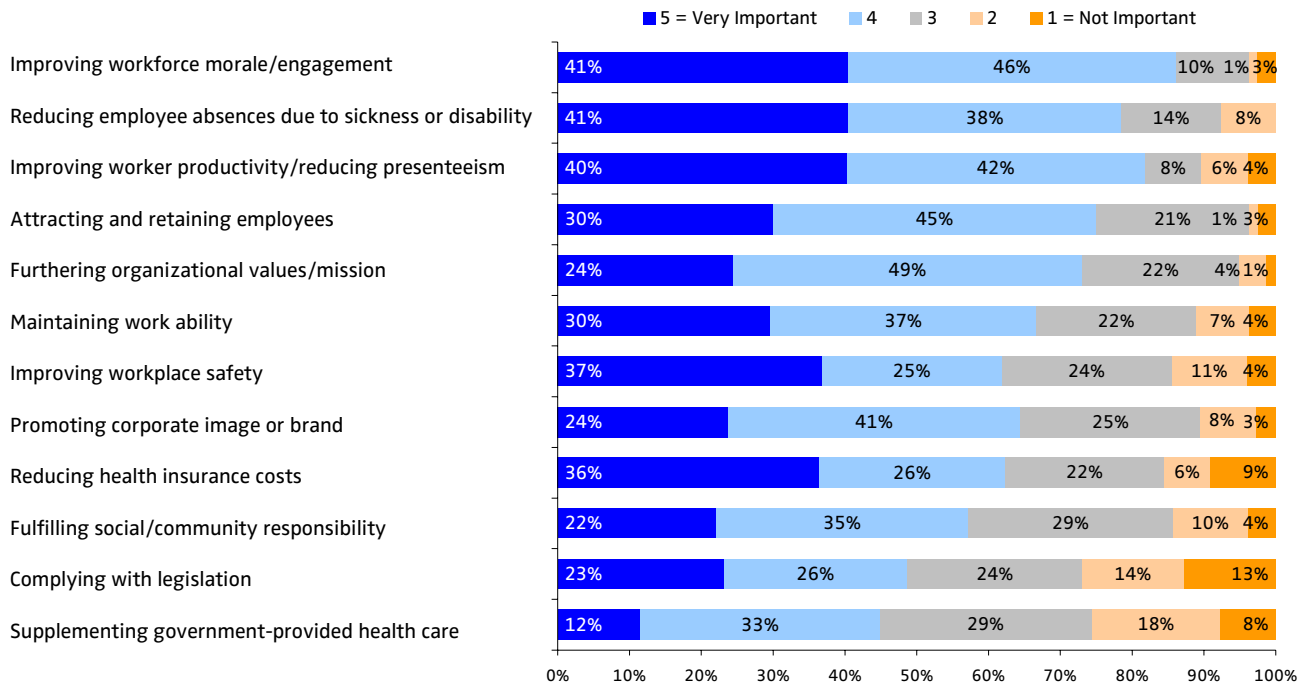
The relative importance of wellness program objectives varies by geography. The top objective for wellness programs in the United States is reducing health care costs. U.S. employers are keenly aware of the impact of rising health care expenditures on their business cost structure, especially in comparison to foreign competitors who do not have to so directly shoulder their workers' medical cost burden.

Elsewhere in the world, the leading objectives include reducing employee absence and improving worker productivity — both also financially-driven business objectives. Improving workforce morale and engagement, attracting and retaining workers, and improving safety also rate as very important. These also clearly are economic drivers, relating to the cost of recruiting and retaining workers, as well as the cost of safety risks.

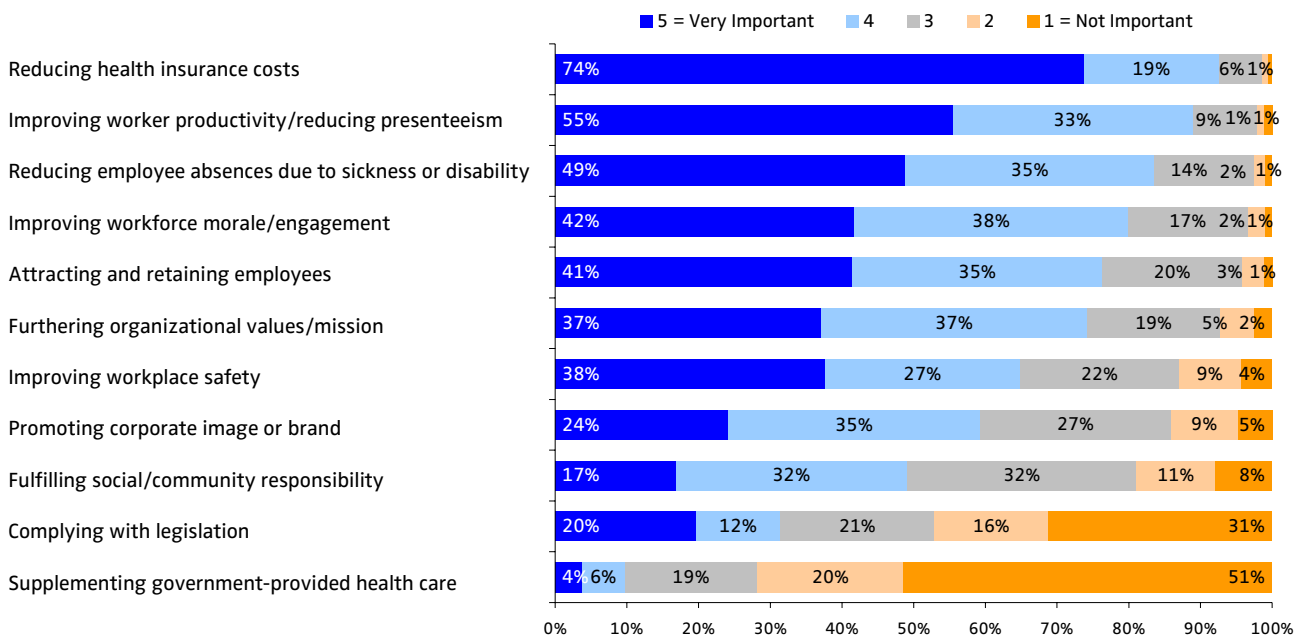
Furthering organizational mission and promoting corporate brand ranked next, followed by social and community responsibility concerns. Legislative compliance and supplementing government-provided health care ranked lowest in importance among respondents.

STRATEGY AND OBJECTIVES

RELATIVE IMPORTANCE OF WELLNESS PROGRAM OBJECTIVES – EUROPEAN EMPLOYERS*



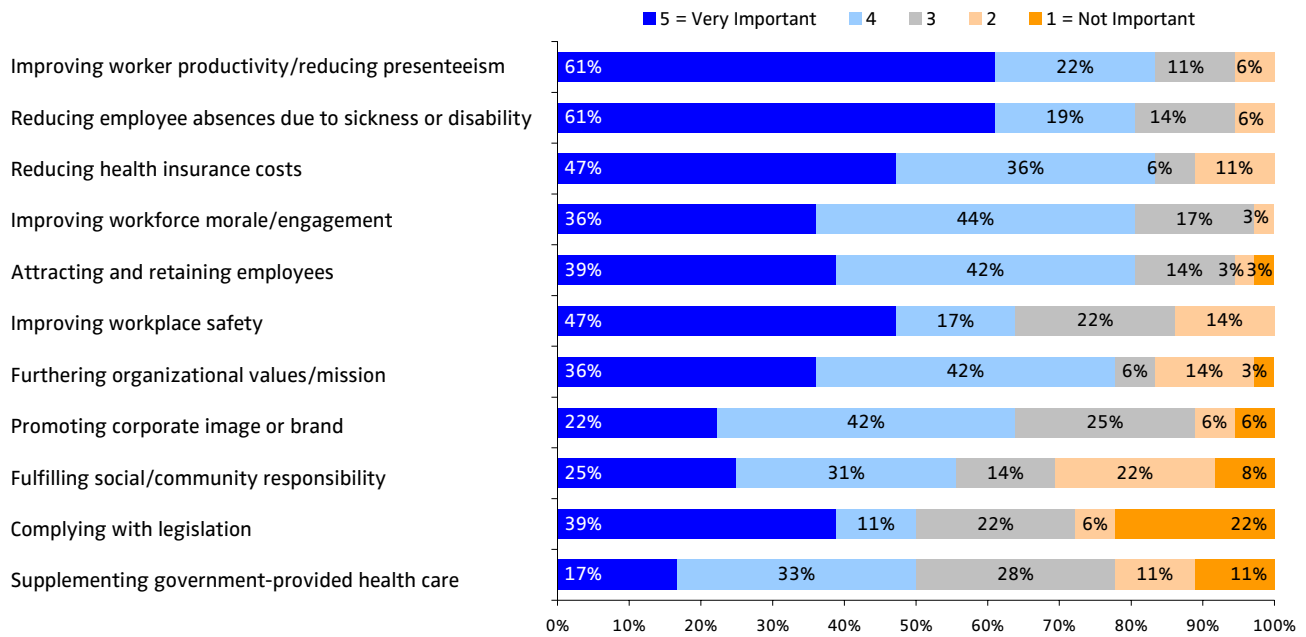
RELATIVE IMPORTANCE OF WELLNESS PROGRAM OBJECTIVES – U.S. EMPLOYERS*



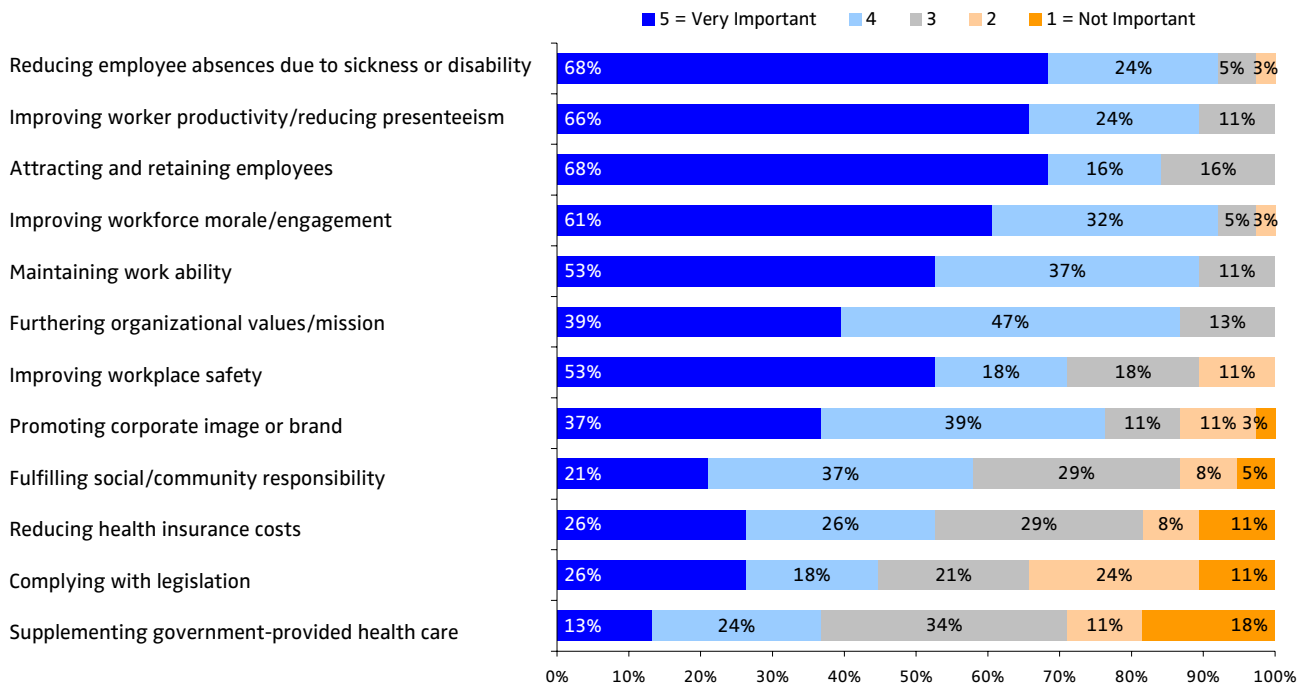
*Respondents were allowed to select more than one answer.

STRATEGY AND OBJECTIVES

RELATIVE IMPORTANCE OF WELLNESS PROGRAM OBJECTIVES – CANADIAN EMPLOYERS*



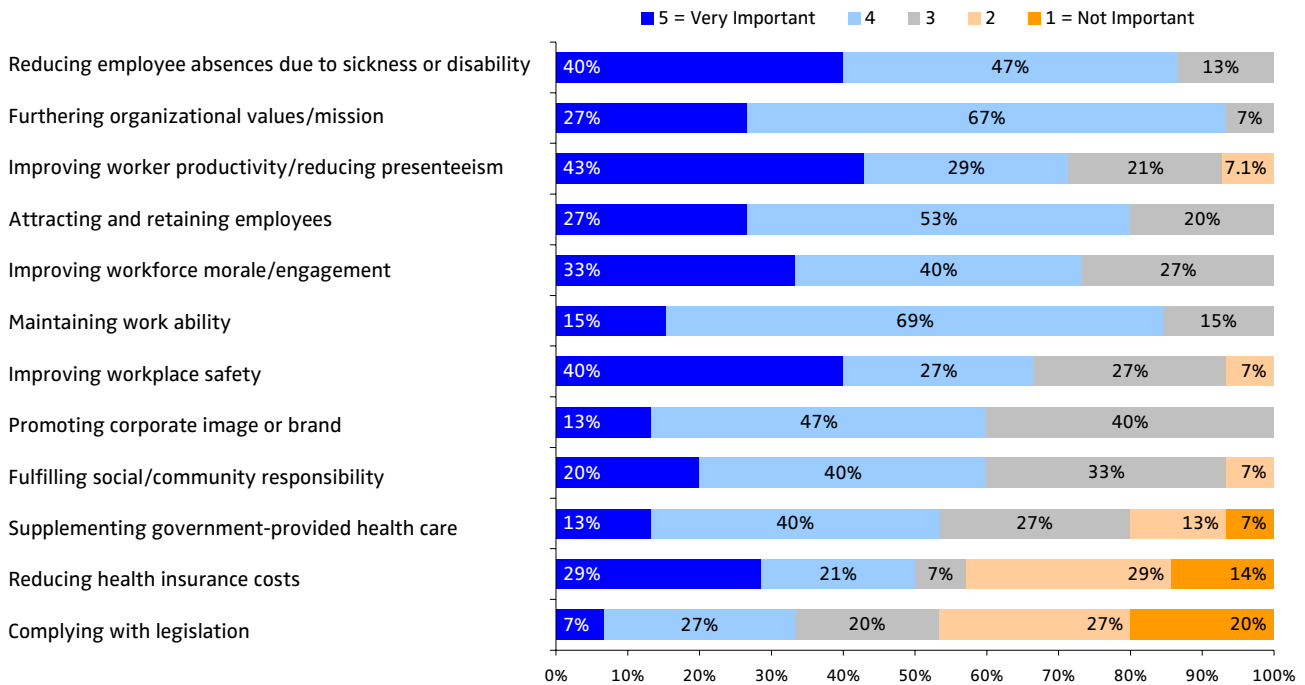
RELATIVE IMPORTANCE OF WELLNESS PROGRAM OBJECTIVES – AFRICAN EMPLOYERS*



*Respondents were allowed to select more than one answer.

STRATEGY AND OBJECTIVES

RELATIVE IMPORTANCE OF WELLNESS PROGRAM OBJECTIVES – ASIAN EMPLOYERS*



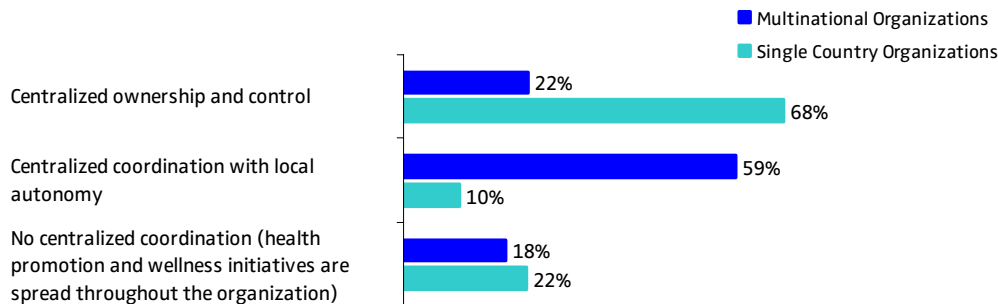
*Respondents were allowed to select more than one answer.

ORGANIZATIONAL OWNERSHIP

The hierarchy of internal ownership for wellness programs varies among organizations. Because “formalized” wellness programs are new to many employers, they are often not centrally owned and controlled. This also may reflect corporate governance practices in some companies. In some instances, organizational strategy may be centrally mandated but implementation is decentralized. In others, business units and/or geographies may have even greater independence and authority to both set and implement strategy.

Multinational employers have the greatest challenge in this regard if they desire to set a globally consistent strategy and infrastructure, because they may have to contend with a variety of regional business approaches, cultures, and attitudes toward the employer’s role in promoting wellness. Twenty-two percent (22%) of multinational employers report having globally centralized ownership and responsibility for wellness (up from 18 percent last year), while more than twice that number (59 percent — up considerably from 42 percent last year) indicate having a global strategy, but with program direction coming from local operations. The remainder of multinational employers report no global coordination, with regional control or localized wellness initiatives spread throughout their organization. Given this degree of local latitude, it may be more difficult for a multinational employer to garner and/or drive consistent results.

OWNERSHIP AND CONTROL OF WELLNESS PROGRAMS

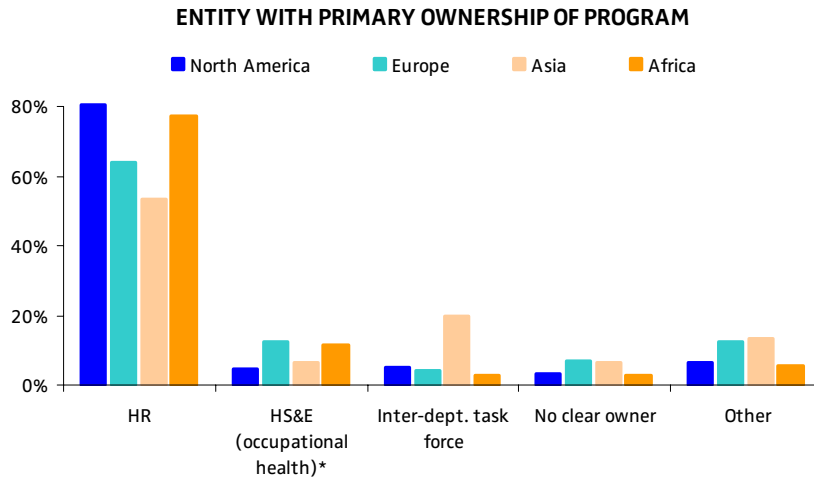


Among non-multinational organizations, centralized ownership and responsibility is most common at 68 percent (up from 53 percent last year).

Trends appear to be toward increased central ownership and control of wellness initiatives, for both multinational and single country organizations.

ORGANIZATIONAL OWNERSHIP

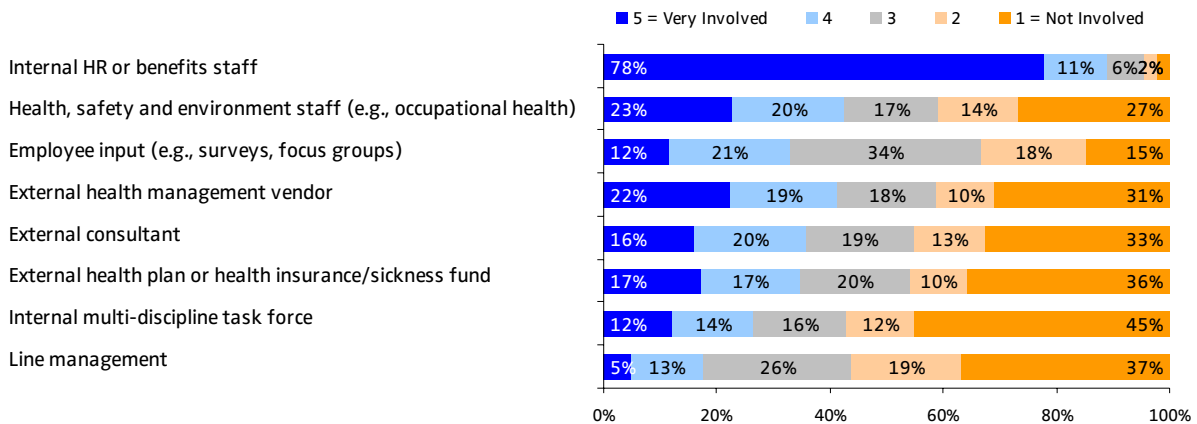
Internally, wellness programs are most commonly owned by the human resources (HR) function, with some ownership by occupational health areas and multi-disciplinary task forces. Among those who specified “other,” responses included CEO/senior management, finance, and shared services.



*Includes occupational health, safety, and environment.

A variety of internal and external stakeholders are involved in the development of wellness programs, with the human resources or benefits staff most prevalent, followed by other stakeholders such as health plans, vendors, and consultants. Approximately one-third of organizations rely heavily on employee input to steer wellness program development. However, as observed later in this report, it is surprising that such input is not more widely sought, given the importance to these programs of engaging employees.

STAKEHOLDER INVOLVEMENT IN WELLNESS PROGRAM DEVELOPMENT*

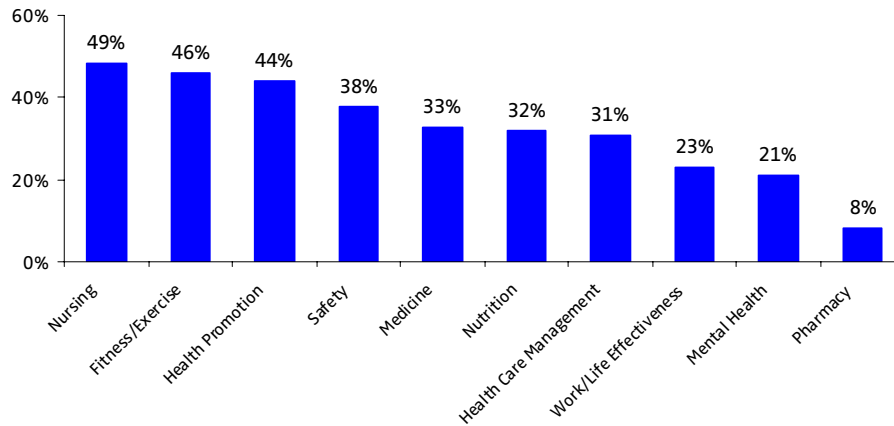


*Respondents were allowed to select more than one answer.

ORGANIZATIONAL OWNERSHIP

Among employees responsible for wellness programs, credentials come from a variety of professional disciplines. This underlines a lack of standardization in workplace wellness and varying emphases of wellness programs.

CREDENTIALS OR FORMAL EDUCATION OF EMPLOYEES RESPONSIBLE FOR HEALTH PROMOTION*



*Respondents were allowed to select more than one answer.

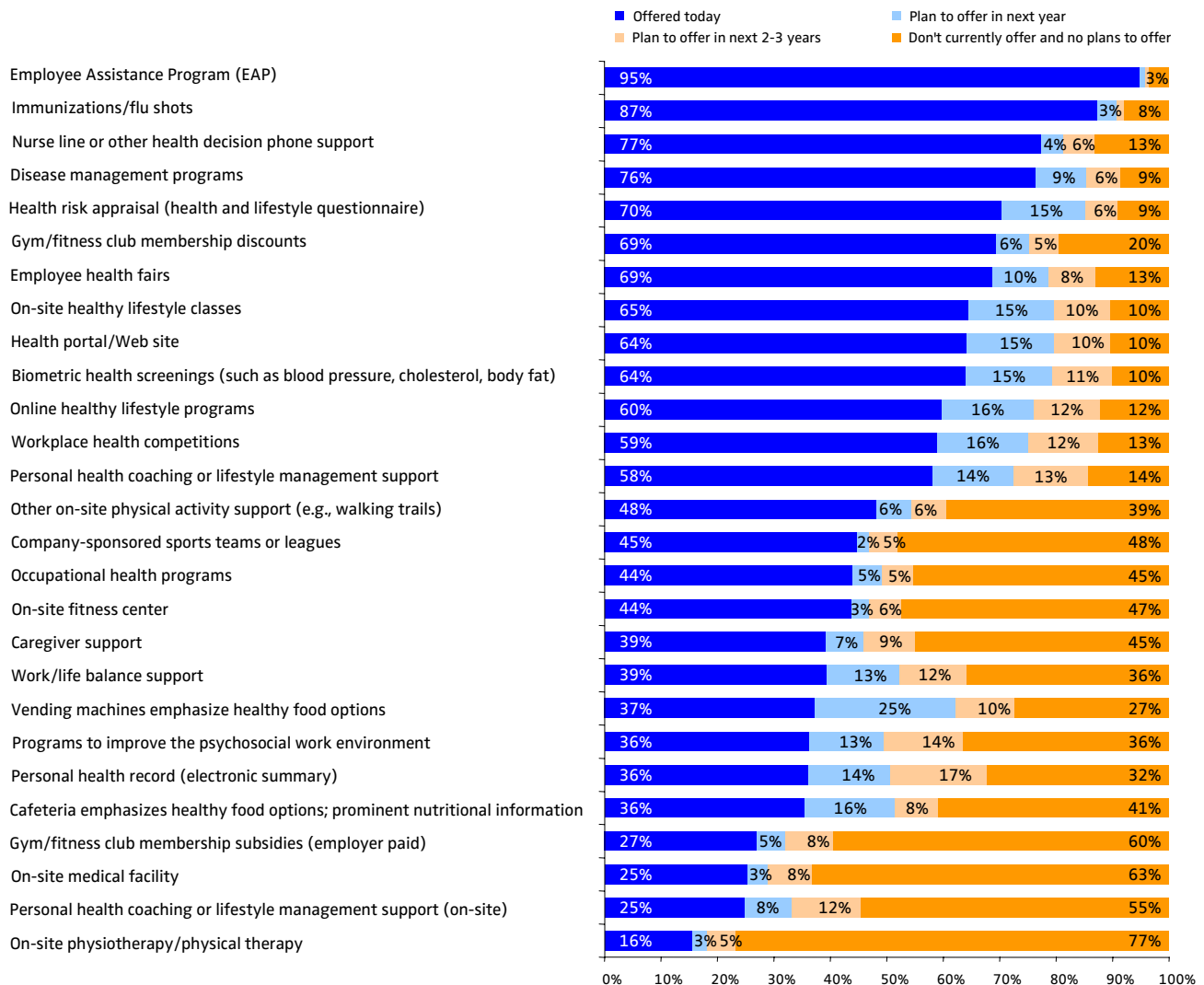
PROGRAM DESIGN

Employers utilize a broad range of components in their wellness programs. These initiatives are typically focused on raising awareness, educating, and encouraging employees and their families to adopt healthier lifestyles through various programs and incentives. Program initiatives may also seek to foster a workplace environment that promotes and supports health and well-being.

The popularity of various elements varies widely by geography, an indication that different cultures and geographic practices may dictate different means to achieve directionally similar wellness objectives.

United States

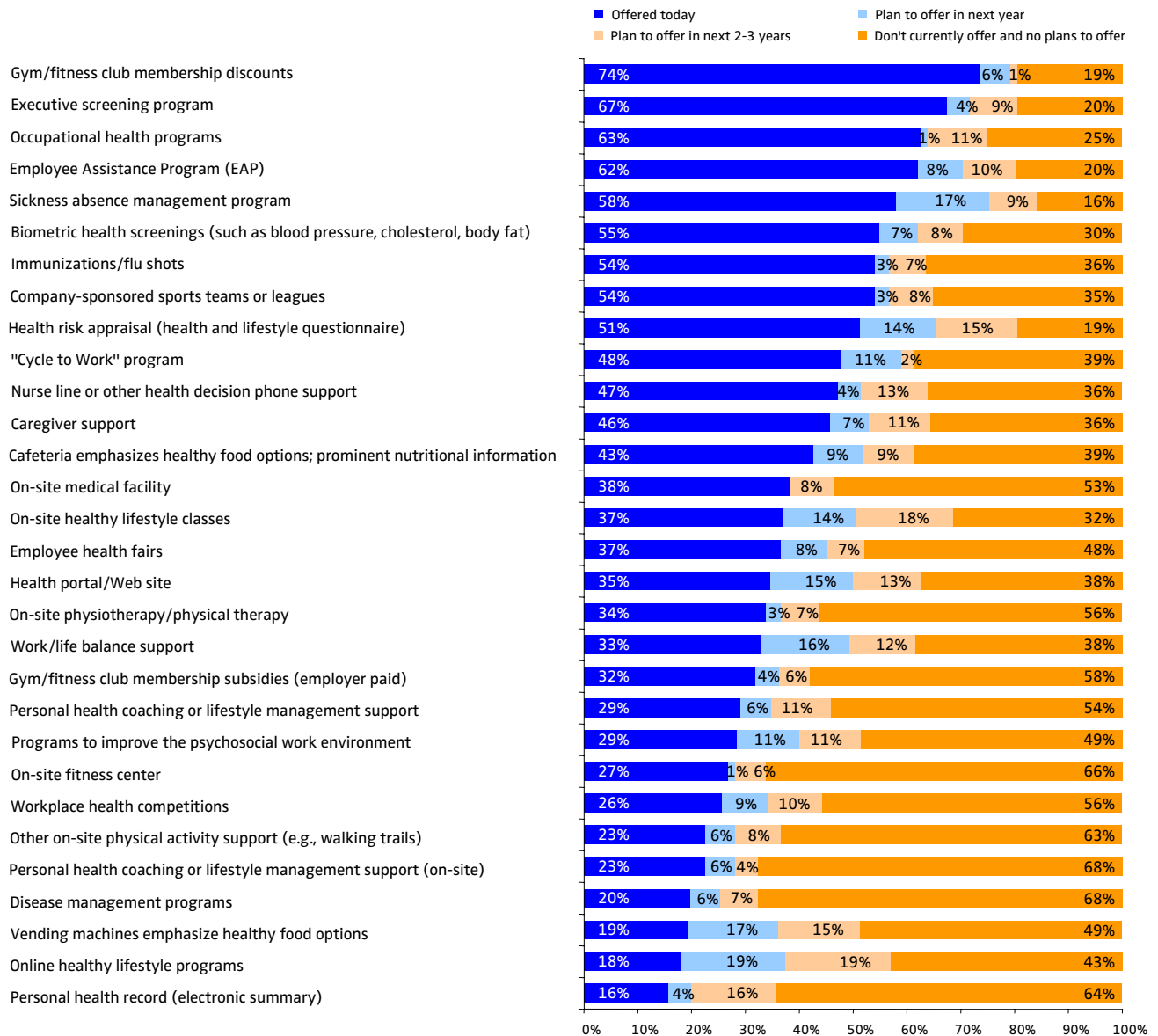
U.S. employers exhibit the broadest penetration of wellness program elements. EAPs and immunizations are provided by almost all employers, which is not surprising, because these well-established wellness “benefits” have been common offerings for many years. The greatest growth among U.S. employers over the next several years will be in the areas of healthy food options in cafeterias and vending machines, personal health records, on-site health coaching, and programs to improve the psychosocial work environment (e.g., balancing demands and control, effort, and reward). These are less commonly offered today, but employers indicated plans to add them within the next three years.



PROGRAM DESIGN

Europe

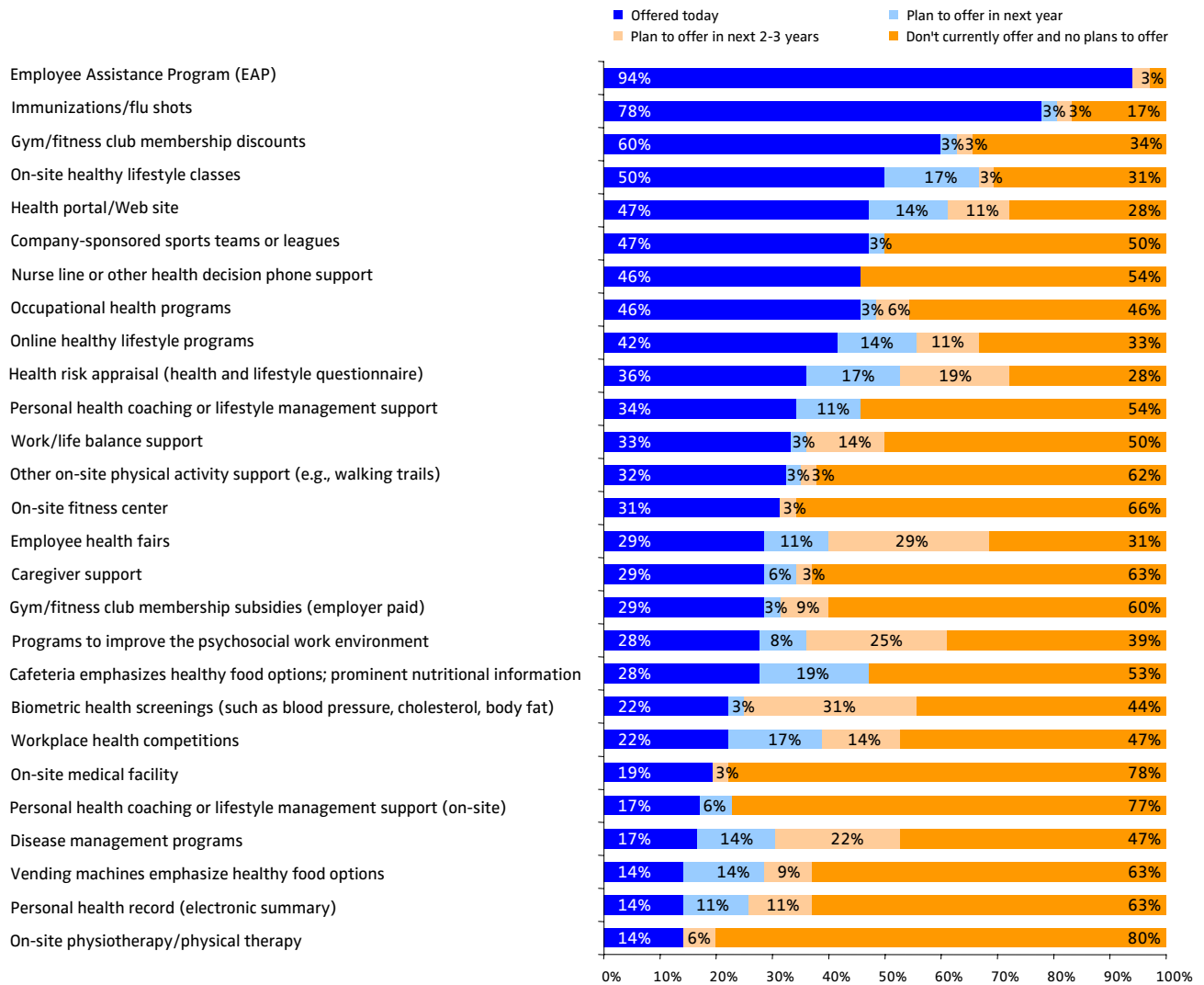
Use of surveyed program elements is less widespread in Europe, although a few elements such as fitness club discounts and occupational health programs are more common than in the United States. The components with greatest expected growth in Europe include technology-based elements such as online healthy lifestyle programs and personal health records, work/life balance support, and healthy options in vending machines. These are among the tactics with the least penetration to date, but clearly there is interest from European employers to implement them.



PROGRAM DESIGN

Canada

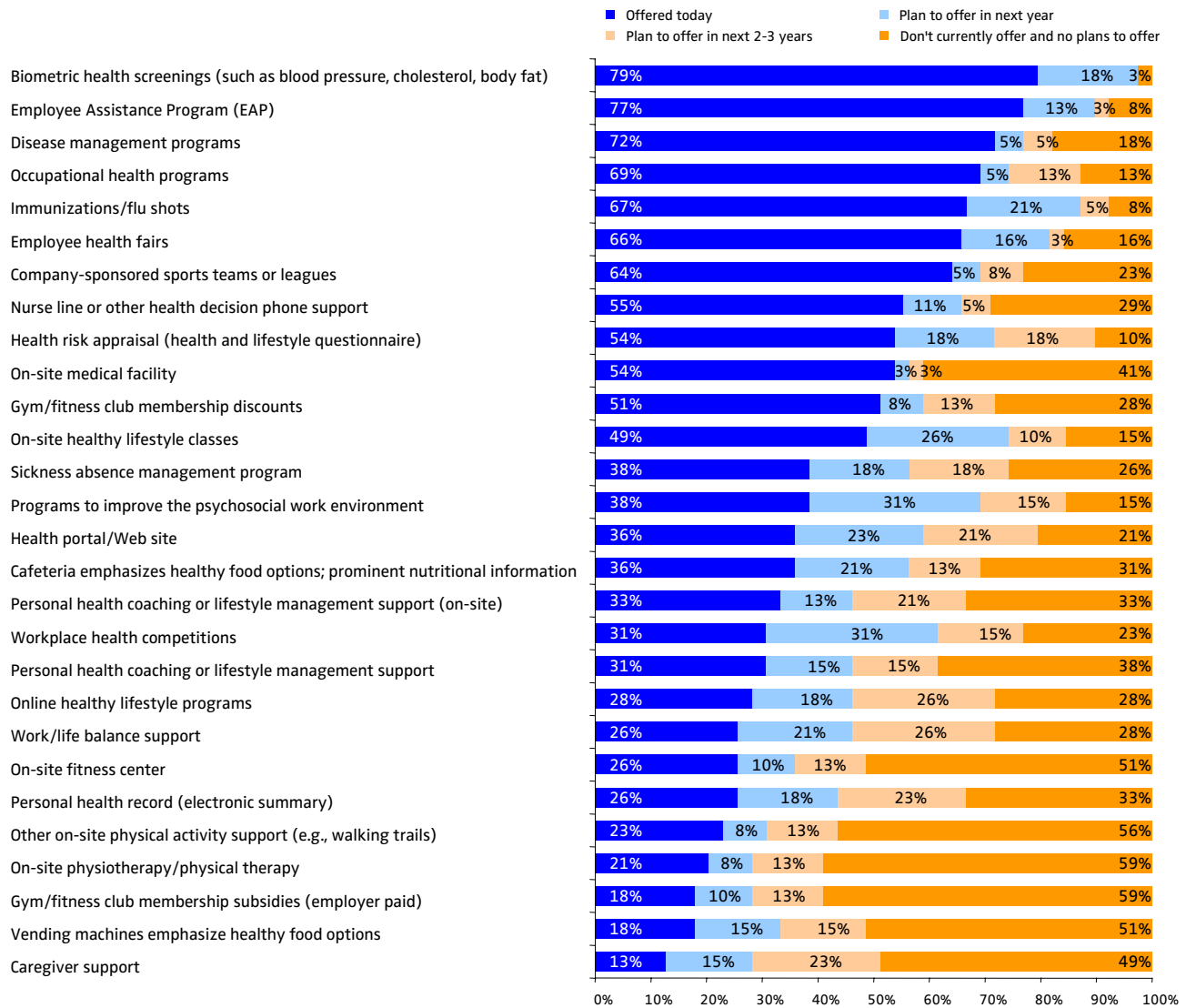
Canadian responses reflect some of the same offerings as in the United States but show a much higher percentage of employers that have no plans to offer certain components in the future. In addition to EAPs and immunizations, fitness club memberships and on-site healthy lifestyle classes are the most popular with Canadian employers. The fastest growing components among Canadian employers include employee health fairs, disease management programs, health risk appraisals, and biometric screenings.



PROGRAM DESIGN

Africa

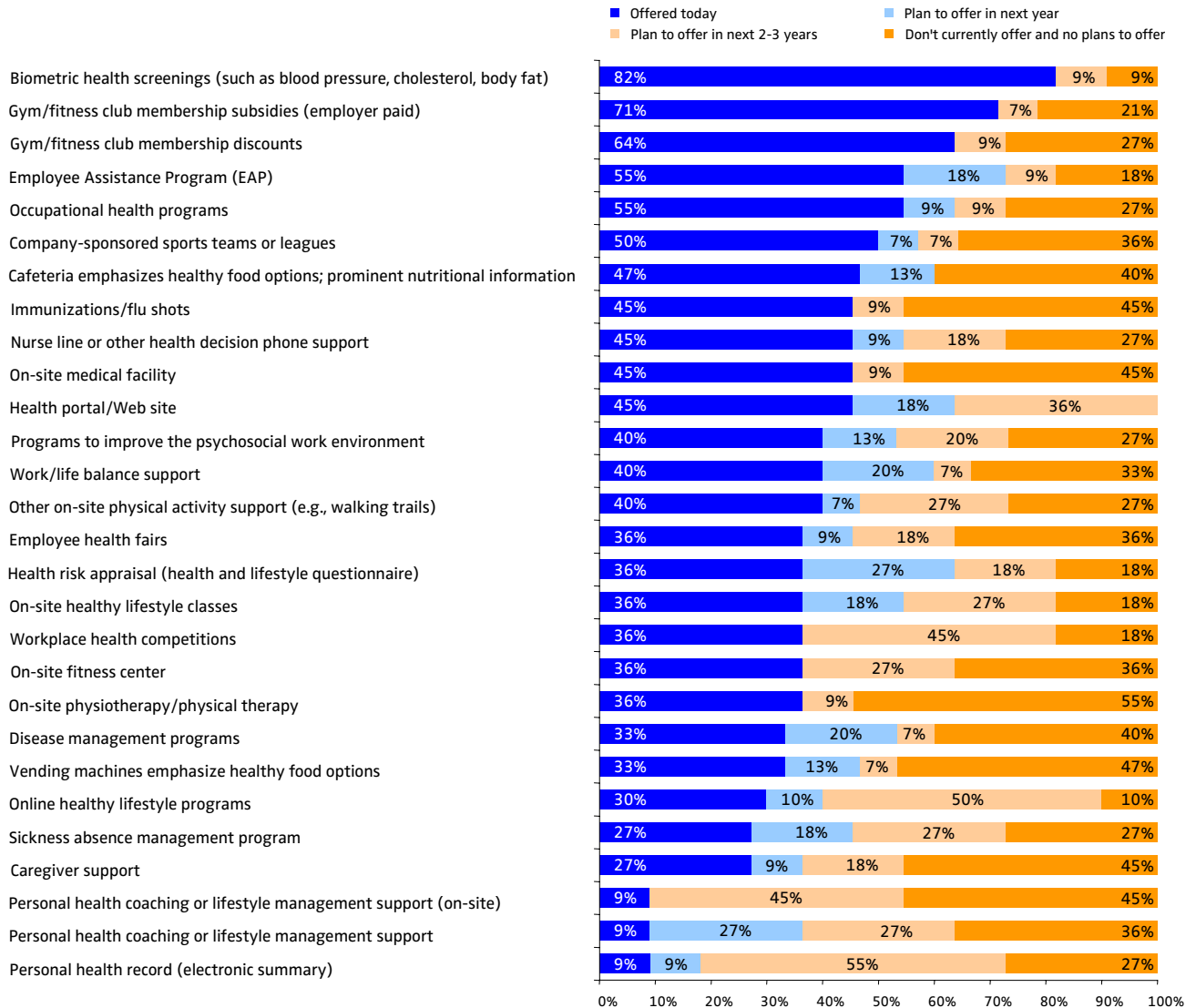
Among African employers surveyed, the top wellness program elements include biometric health screenings, EAPs, and disease management programs. The fastest growing components among African employers include work/life balance support, workplace health competitions, and programs to improve the psychosocial work environment (e.g., balancing demands and control, effort, and reward). Tools, such as online healthy lifestyle content and health portals/Web sites, are also growing rapidly.



PROGRAM DESIGN

Asia

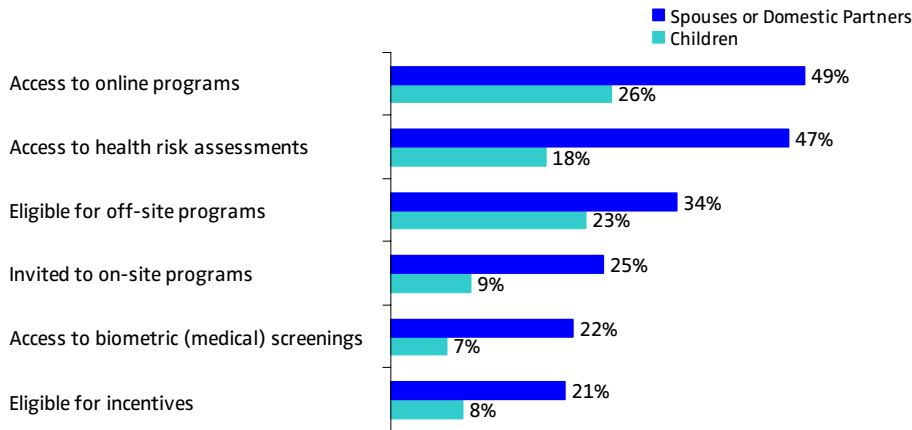
The top wellness program components among Asian employers surveyed include biometric health screenings and support for gym or fitness club memberships (in the form of employer-paid subsidies and membership discounts). The fastest growing components include a number of technology-based elements, such as personal health records, online healthy living programs, personal health coaching (telephonic and online), and Web portals.



PROGRAM DESIGN

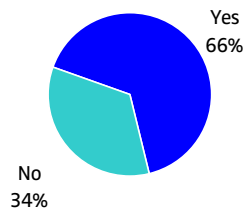
Worldwide, the most common program elements offered to family members are online programs and health risk appraisals, with eligibility for incentives being the least common among the options surveyed. The prevalence of online programs and risk appraisals (also likely to be available online) may be, in large part, a product of the ease with which such Web-based offerings can be made widely, and cost-effectively, available.

INITIATIVES EXTENDED TO FAMILY MEMBERS*



Among organizations that employ collectively bargained (unionized) employees, most include these workers in their wellness programs. While in the past there was some resistance (and perhaps suspicion of employers' motivations) among union leaders, today there is a growing recognition of the health and financial benefits of wellness programs, and (at least in the United States) the essential nature of these programs to complement employer-provided health care benefits. Union leaders also seem to recognize the benefit of wellness programs in potentially reducing pressure for greater health care cost shifting to employees. Cooperation from unions and works councils remains a sensitive issue in Europe, where employer-sponsored wellness programs are not yet broadly supported by union representatives.

COLLECTIVELY BARGAINED (UNIONIZED) EMPLOYEES ARE INCLUDED IN PROGRAMS



Among employers that include collectively bargained employees in their wellness programs, 81 percent offer essentially the same benefits as to their non-bargained employees. Twenty-four percent (24%) report that they make some program modifications to meet bargaining requirements.

APPROACHES TO COLLECTIVELY BARGAINED WELLNESS BENEFITS*

	Prevalence
Offered essentially the same wellness programs as non-bargained	81%
Modify some programs to meet bargained requirements	24%

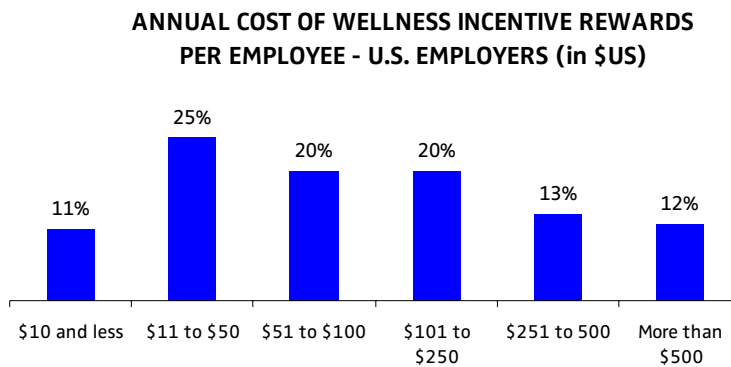
*Respondents were allowed to select more than one answer.

INCENTIVE REWARDS

Many employers provide incentive rewards as a component of their wellness programs. These are rewards (or in some cases deterrents) intended to motivate individuals to participate in wellness programs, or achieve measurable health status results. The rewards are most typically financial in nature, though some employers also offer non-financial rewards such as merchandise and vacation days.



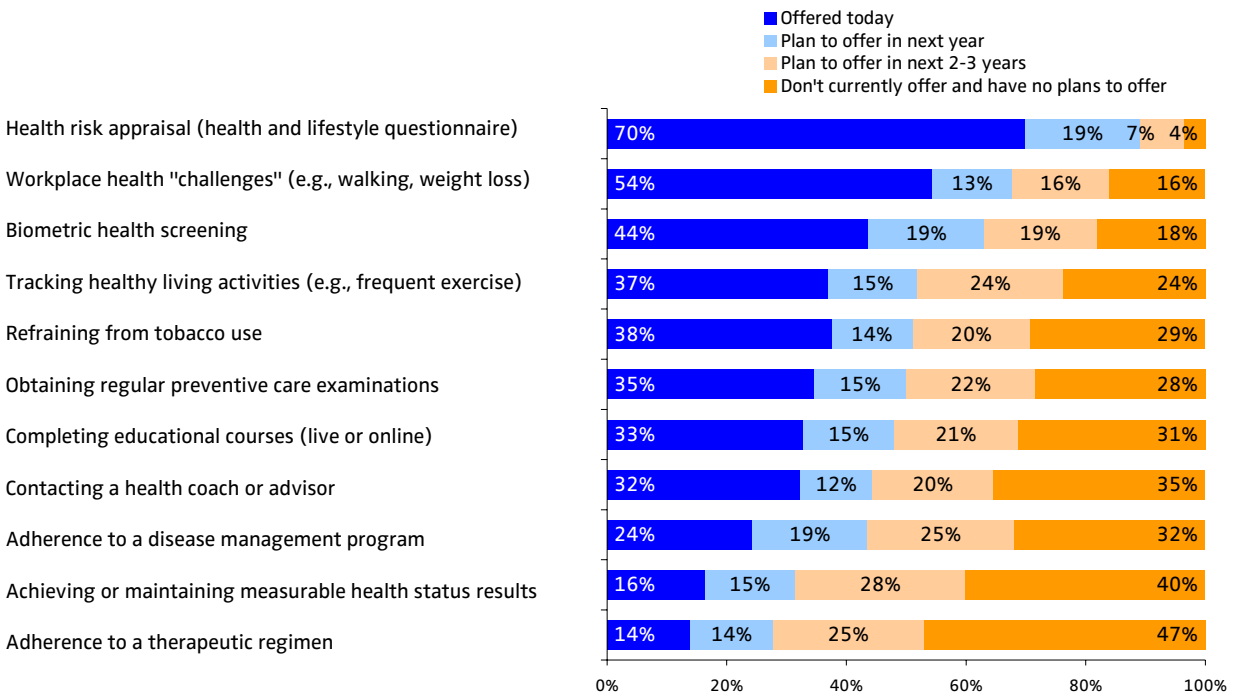
The majority of incentive programs identified in this survey are offered by U.S. employers. Current rewards range in value from minimal amounts to more than \$500 per employee, per year. U.S. employers' incentive rewards average \$145 per employee (up from \$100 last year), whereas rewards outside the United States are approximately half that amount.



INCENTIVE REWARDS

The use of financial incentives is primarily a U.S. practice, reflecting the significant financial motivation for U.S. employers to reduce health care costs, and perhaps also a stronger belief that incentive rewards are effective in driving employee behavior change. Given that the U.S. health care system is primarily employer-sponsored, with increasingly more significant cost sharing by employees, the incentives also provide an opportunity for employees to reduce their share of the costs. Sixty-three percent (63%) of U.S. employers offer at least one type of wellness-related incentive reward (up from 55 percent last year). The following exhibit indicates the most frequently rewarded activities.

ACTIVITIES FOR WHICH INCENTIVE AWARDS ARE OFFERED - U.S. EMPLOYERS*



Note that expected growth in incentives is quite high — in most categories, 30 percent to 40 percent of respondents indicate they plan to expand the types of rewards offered in the next one to three years.

Last year's survey also indicated very high expected growth rates for incentives. As reported this year, in each category the actual usage of incentives increased by percentage amounts very close to those predicted by last year's survey, with one interesting exception — rewards for employees who achieve or maintain measurable health status results. This type of incentive approach is different from the others, since it is based on demonstrating a specific health result (such as maintaining a healthy blood pressure or cholesterol level) rather than just participating in programs or activities. Last year, 15 percent of employers reported this type of incentive, with a predicted increase of 14 percent. However, in the current survey this type of reward increased by only one percent, to 16 percent. Apparently employers did not (or were not able to) implement this type of incentive to the extent intended. This is not surprising, because this type of incentive reward introduces additional challenges, from regulatory restrictions to potential employee relations' issues regarding intrusion into confidential matters involving their health.

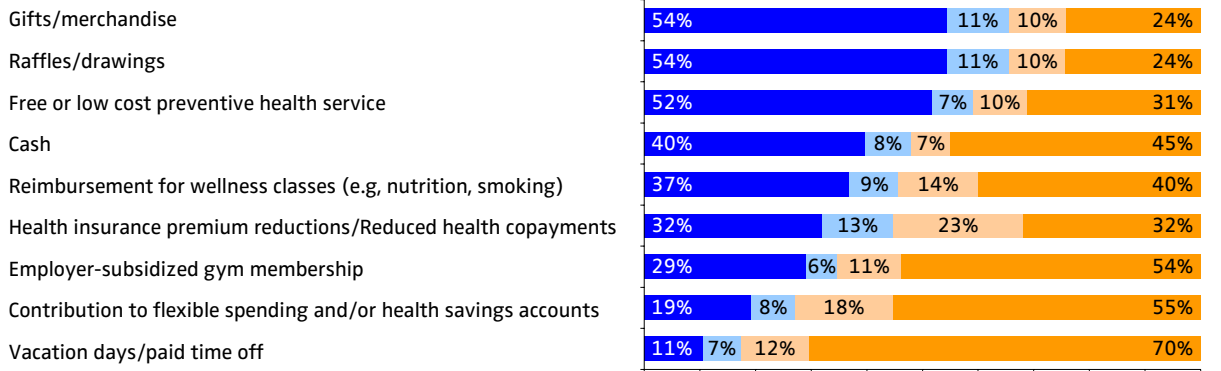
*Respondents were allowed to select more than one answer.

INCENTIVE REWARDS

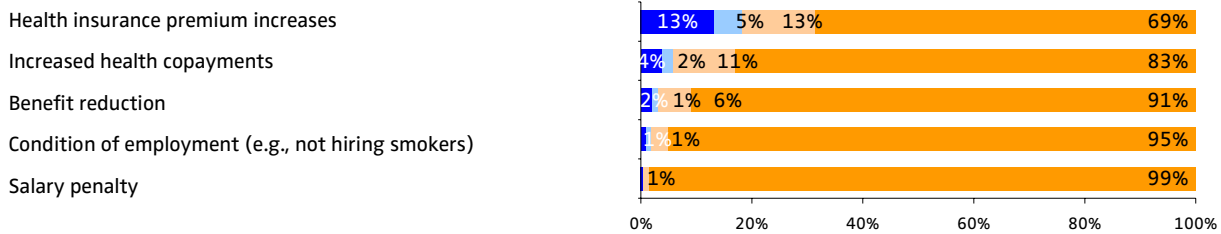
Incentive rewards can take a variety of forms. Cash, prizes, points, and discounts/subsidies are currently the most popular among employers. However, the survey data indicates a growing trend toward aligning the rewards with the cost of the underlying health care benefits. The highest growth rates are for the two incentive approaches that embody this principle: reducing health care premiums, and making cash contributions to health care-related spending accounts. In this way, employers seek to emphasize a strong connection between healthy living and their ultimate objective of reducing the cost of health care. Given other surveys suggesting future growth in account-based plans, this type of incentive probably will continue to grow.

TYPES OF INCENTIVE REWARDS OFFERED - U.S. EMPLOYERS*

INCENTIVES/REWARDS



DETERRENTS/PENALTIES



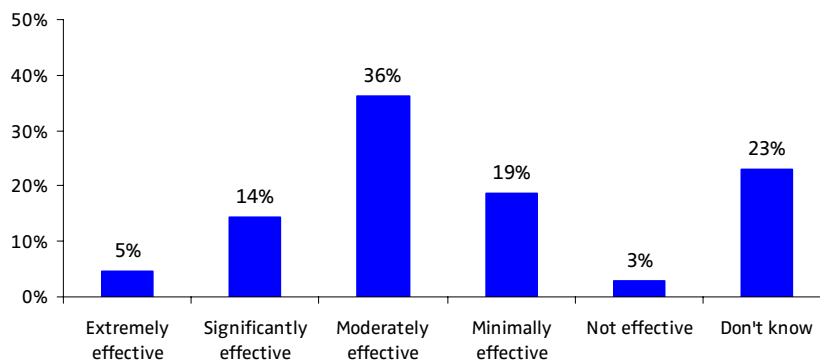
Incentive rewards are less common outside the United States, but appear to be growing in popularity. Seventeen percent (17%) of respondents outside the United States indicate that they offer at least one type of wellness-related incentive reward.

*Respondents were allowed to select more than one answer.

INCENTIVE REWARDS

Despite the growing popularity of incentive rewards, employers' perception of their effectiveness remains moderate, with only 19 percent of respondents rating their incentive rewards significantly or as extremely effective (up from 16 percent last year), and the majority rating them as minimally or moderately effective. This may reflect the fact that formal incentive systems are a relatively new development in the workplace wellness field, and therefore lack an adequate scientific basis and sufficient research and case studies to define best practices. However, despite these challenges, employers are in the process of significantly expanding these programs, as indicated by the previous exhibits and the trends from last year's survey results.

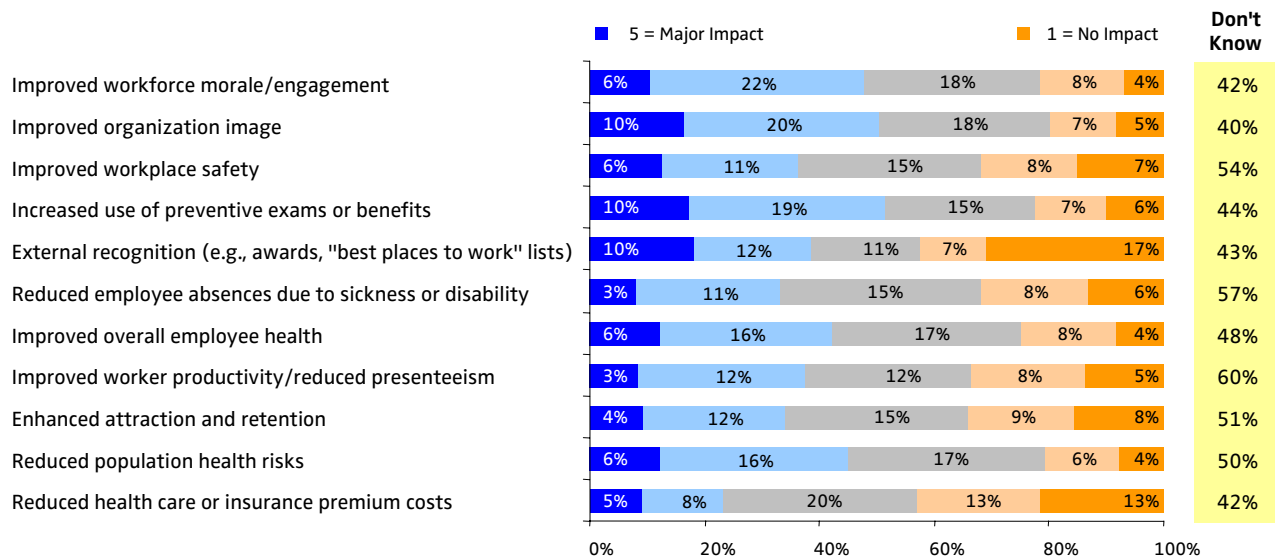
**EFFECTIVENESS OF INCENTIVE REWARDS AT INFLUENCING
BEHAVIORAL CHANGES AMONG EMPLOYEES - U.S. EMPLOYERS**



PROGRAM EVALUATION

Given the high importance of strategic wellness objectives, and the potentially high expense associated with wellness programs, many organizations seek to evaluate the effectiveness of their programs against their strategic goals. The following exhibit shows how respondents around the world rate the impact of their wellness initiatives on their organizational objectives. Note that the results don't vary significantly across objectives, suggesting that wellness programs are supporting all objectives somewhat similarly. Also, very few respondents indicated a "major impact" in any category, indicating that there is still much to be achieved in order for most employers' programs to reach their full potential. However, a healthy number of respondents rated their programs' impact as a "3" or "4" out of 5 — a noticeable increase from last year — implying that progress is being made.

IMPACT OF WELLNESS INITIATIVES ON ORGANIZATION - ALL RESPONDENTS*



An equally important aspect of these results is the percentage of employers that indicate that they don't know the impact (as shown in the column to the right of the chart). Given the importance of these objectives, it initially seems surprising that more employers are not aware their objectives are being met. However, employers also may instinctively recognize that these actions make sense but know it will take time to be proven effective in reducing health risks and enhancing health.

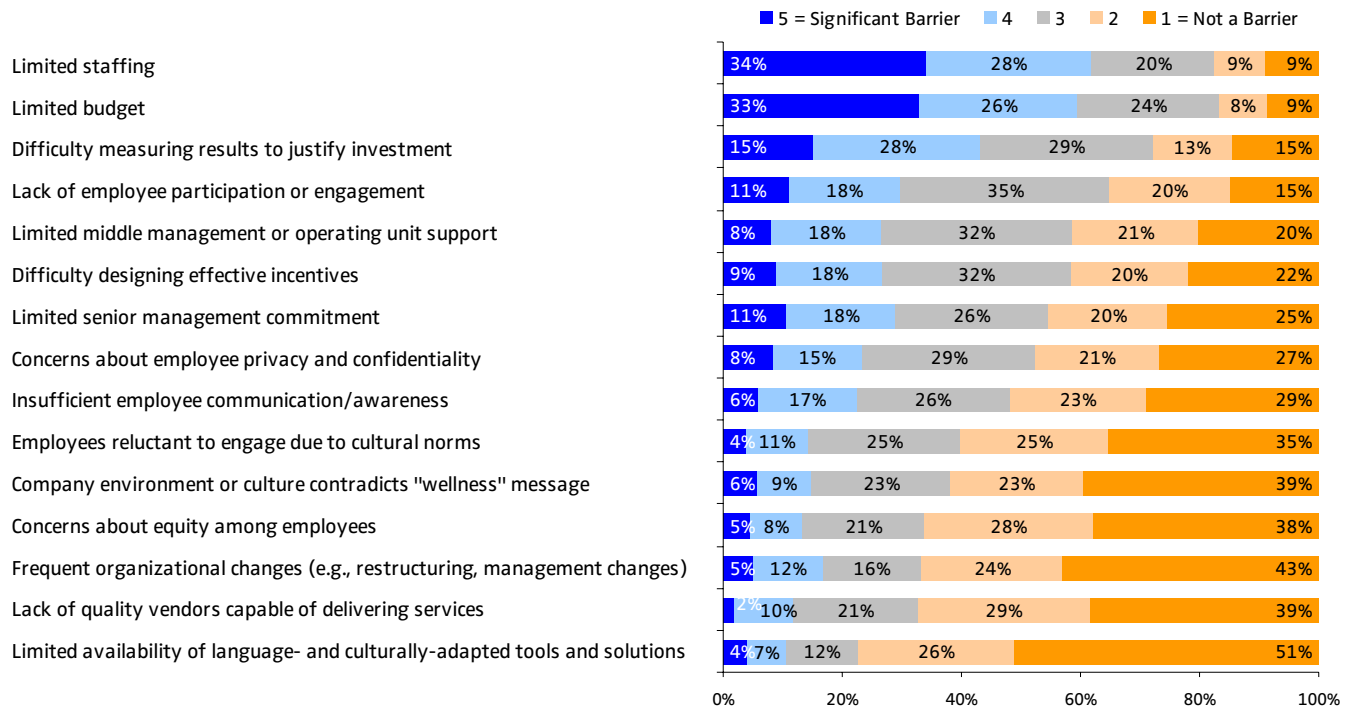
These results are encouraging, but it's likely that a larger percentage of the employers that invest in these programs desire a more significant impact. The fact that employers continue to offer wellness programs, citing potential savings in cost-related categories, suggests that even if program effectiveness proves difficult to quantify at this point, the intuitive value of offering these programs remains a major motivator. There appears to be patience in awaiting a longer-term demonstration of return on investment, as the participants in wellness experience lower disease and health care costs as a result of the initiative.

*Respondents were allowed to select more than one answer.

PROGRAM EVALUATION

Uncertainty regarding impact also may result, in part, from challenges cited by employers. Inability to fully implement desired programs may be driven in some measure by major issues such as limited staffing, budget, and/or senior management support, and lack of employee participation or engagement. Other challenges suggest the need for companies to “try harder” to obtain funding, secure leadership support, and effectively design incentives and communications.

CHALLENGES OR BARRIERS TO IMPLEMENTING WELLNESS INITIATIVES*

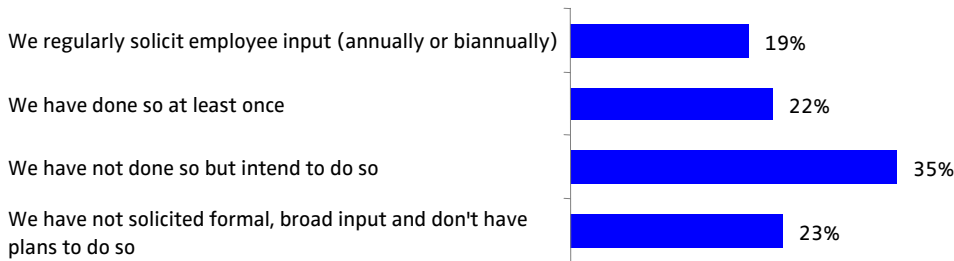


*Respondents were allowed to select more than one answer.

PROGRAM EVALUATION

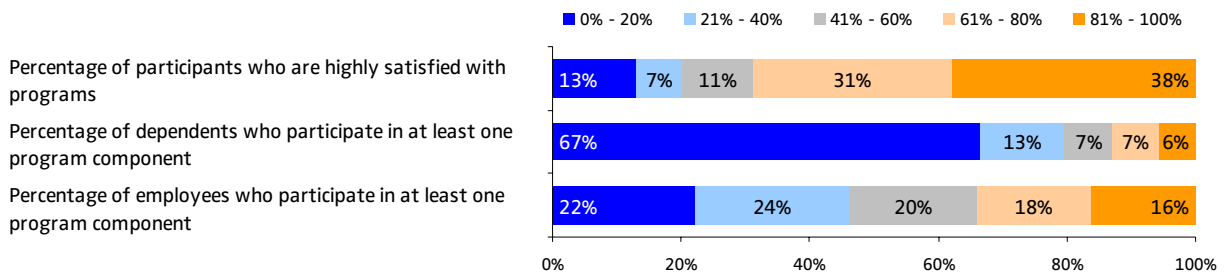
Rates of employee satisfaction and participation are also important metrics for measuring program effectiveness. Yet only 19 percent of responding employers regularly solicit employee input, and more than half (58%) have never sought input from employees. The large number (35%) of respondents who “intend to do so” indicates a growing appreciation for the value of employee feedback in enabling ongoing improvement in wellness offerings.

SOLICITATION OF EMPLOYEE INPUT/FEEDBACK



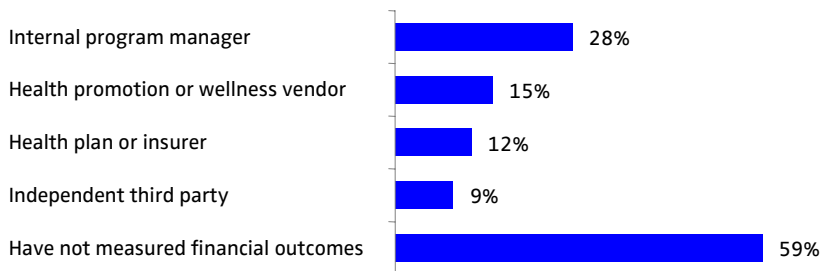
Those organizations that do solicit employee feedback report relatively high employee satisfaction with their wellness programs, with 69 percent indicating high satisfaction among at least 60 percent of employees. However, employee participation still has room to improve for many employers, as does family/dependent participation, where offered.

PARTICIPATION AND SATISFACTION WITH WELLNESS PROGRAMS



Among those employers that measure the financial impact of their wellness programs, 28 percent measure it internally, while 36 percent use the services of an external organization such as a wellness vendor, health insurer, or independent third party.

ENTITY THAT MEASURES FINANCIAL OUTCOMES OF HEALTH PROMOTION AND WELLNESS PROGRAMS*

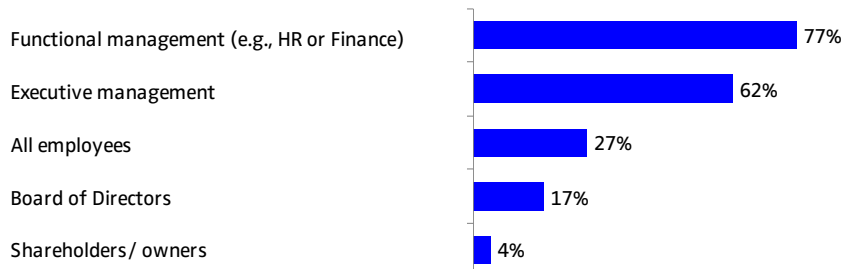


*Respondents were allowed to select more than one answer.

PROGRAM EVALUATION

Program metrics and results are reported to a variety of stakeholders. Only 27 percent of respondents share program measurements with all employees. Although this is up from 18 percent last year, it still seems surprisingly low, as employees are the key stakeholders and beneficiaries. Further, only 17 percent report results to the Board of Directors, and four percent report findings to shareholders. Sixty-two percent (62%) report results to management – also curious, since executive management holds ultimate budget authority. Perhaps the issue is less one of management disinterest than the wellness facilitator's lack of (or confidence in) data, or the inability to provide such reporting.

TO WHOM MEASUREMENTS OF WELLNESS PROGRAMS ARE REPORTED*



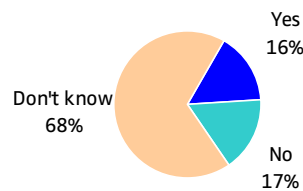
*Respondents were allowed to select more than one answer.

PROGRAM EVALUATION

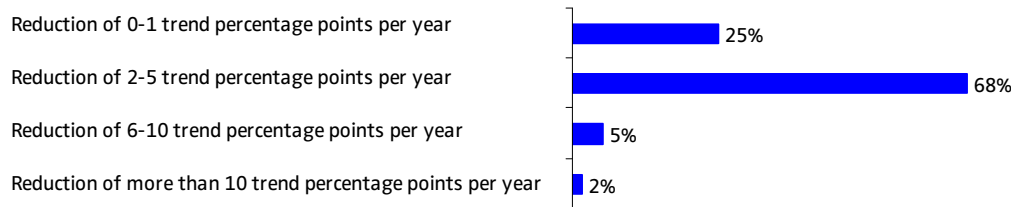
Among U.S. companies, the top strategic objective is reducing health care costs. Sixteen percent (16%) attribute a health care cost trend rate reduction to their wellness initiatives. About two-thirds of those report a reduction of two to five trend percentage points per year — not an insignificant return on investment.

The youthfulness of wellness measurement efforts is reflected in the median number of years these organizations have measured impact on their cost trend — three years. However, 24 percent of respondents have measured trend impact for five or more years. These tracking efforts must increase in order to ensure continued investment and growth in wellness efforts.

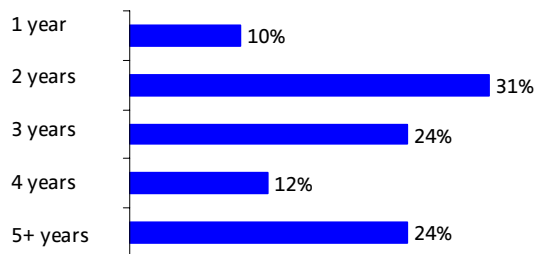
REDUCTION IN HEALTH CARE TREND RATE - U.S. EMPLOYERS



AVERAGE ANNUAL REDUCTION IN HEALTH CARE TREND RATE - U.S. EMPLOYERS



NUMBER OF YEARS HEALTH CARE COST IMPACT HAS BEEN MEASURED - U.S. EMPLOYERS



Among those organizations for which a reduction in health care trend rate is not attributed to wellness programs, the reasons cited include the following:

REASONS THAT WELLNESS INITIATIVES HAVE NOT REDUCED ORGANIZATION'S HEALTH CARE TREND RATE - U.S. EMPLOYERS*

	Prevalence
The programs are too new; it may take time to see reduced trend	49%
The programs are not yet comprehensive	20%
Participation is not yet high enough	19%
Don't know	11%

*Respondents were allowed to select more than one answer.

COMMUNICATIONS

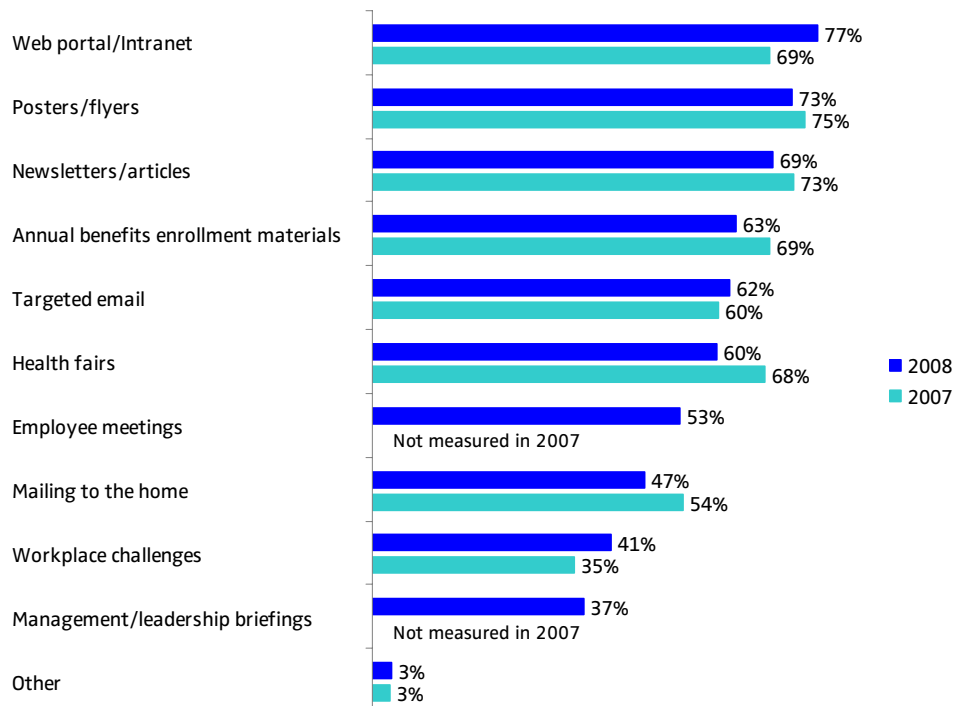
Plan sponsors continue to employ a wide array of tactics to promote their wellness efforts. Use of the Web is rising most rapidly, while traditional modes, such as posters/flyers, newsletters, annual benefits enrollment materials, and health fairs, are declining by varying degrees. These trends may reflect greater comfort with and access to the Web, as well as a preference for more evergreen and continually accessible resources, versus channels that appear less cost-effective with respect to printing and postage costs, and comparatively shorter shelf lives. In general, "pull" channels are trumping "push" channels in usage.

Targeted emails also rose slightly, whether via employer or health care partner channels. Face-to-face forums, measured for the first time this year, include meetings in use by just over half of employers, and management or leadership briefings in use by more than a third of employers. Given the impact that personal influence can have in securing attention and motivating action, as shown in other forums such as consumer-driven health plan implementations in the United States, it remains to be seen whether employers will continue to incorporate meetings and briefings as an important component in overall health and wellness communication strategy. However, the six percent rise in use of workplace challenges may signal recognition by employers that tapping a spirit of competitiveness can make wellness fun, promote teambuilding, and build a culture of health without requiring a significant financial investment. It also may reflect mimicry, at least in the United States, of popular television programming, e.g., "The Biggest Loser."

Two of the elements in decline bear additional monitoring. The reduced use of annual benefits enrollment materials may not be problematic if it is by employers that are going paperless for enrollment and yet are investing in other, online modes to ensure effective message delivery. Otherwise, it would be unfortunate to fail to reinforce an integrated health and wellness message at the time when annual benefit selections are being made.

The other potential concern could be the reduced use of materials mailed to the home. Again, if the employer and health partners have invested in offering effective Web-based tools, and employees are taking advantage of those resources, this outcome is very logical. However, given that many family lifestyle and health care decisions are made by someone other than the employee, the hope is that outreach is not being sacrificed by reducing or eliminating direct mail to the home.

TOOLS AND CHANNELS USED TO COMMUNICATE WELLNESS PROGRAMS*

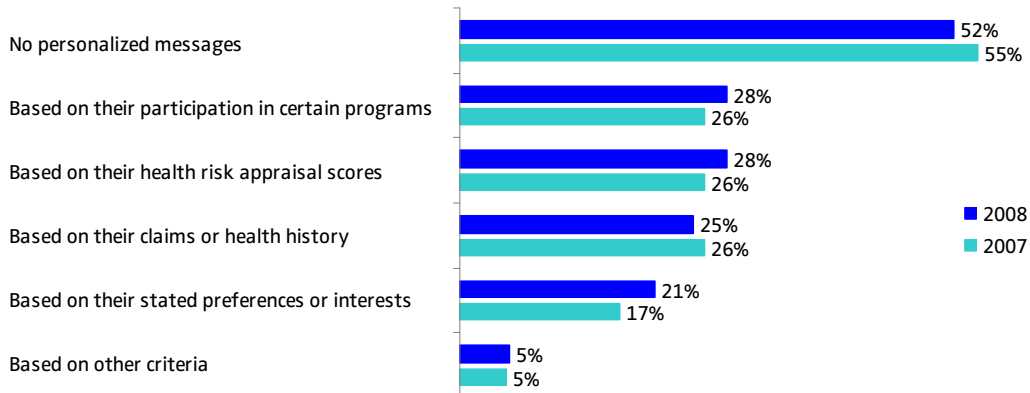


*Respondents were allowed to select more than one answer.

COMMUNICATIONS

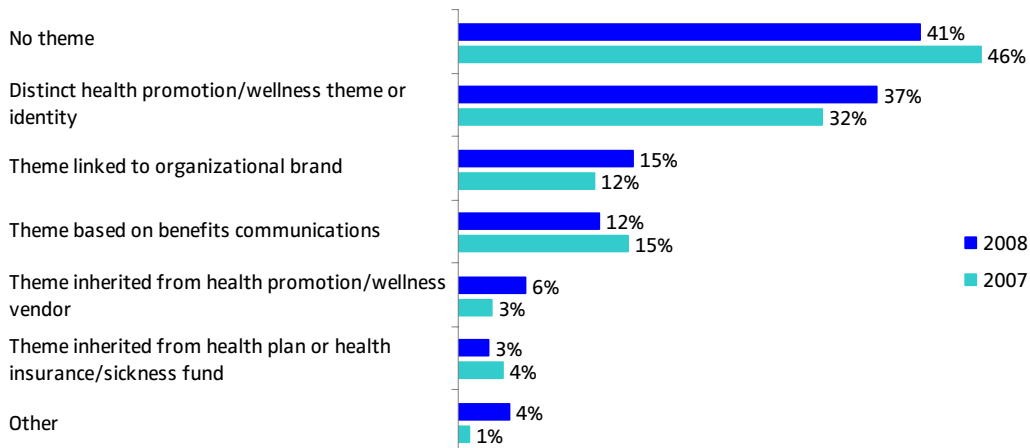
The use of greater targeting and personalization of messages would be expected as employer wellness programs and both employer and health partner tools improve. Differences from last year's results were minimal, as evidenced by a slight (3%) increase in those who are using personalized messaging, with small (2%) increases based on employee participation in programs and/or on their health risk appraisal scores. The use of claims or health history data to drive personalization of messages actually declined by one percent (1%) from the previous year's survey. Personalization based on employees' stated preferences of interests rose by four percent (4%), implying that employers are making slightly greater efforts to seek input and tailor programming based on interests and needs. However, the minimal change in all of these data elements suggests that barriers remain to more widespread use of personalization — whether in tools, costs, or employer will and sophistication. Significant opportunity remains to move from “one-size-fits-all” messaging to more targeted and, hopefully, more effective, communication approaches.

HOW PERSONALIZED MESSAGES ARE USED TO COMMUNICATE*



About one in three employers have created a distinct wellness theme/brand or identity, likely to more readily focus attention on wellness initiatives and promote participation. However, nearly one in two have not created a theme or brand, suggesting wellness programs may not yet be viewed as an initiative warranting such an investment in time and effort. Or, given other response categories, the theme/identity may be linked to other benefit communications, the organizational brand, or even the health plan's brand.

THEME OR IDENTITY CREATED FOR WELLNESS PROGRAM*



*Respondents were allowed to select more than one answer.

SUCCESSSES AND VISION

Survey participants were invited to write in responses to the following two questions:

1. What are the greatest successes you've achieved with your wellness programs?
2. Describe your vision for the future of your wellness programs.

The quantity of written remarks (by over one-third of participants) underscores the current passion around wellness among many who are responsible for promoting it in the workplace.

Greatest Successes

A wide variety of successes were reported. Some mentioned achieving measurable reductions in health care costs and health risk factors, but many more cited employee awareness and engagement as key successes, providing examples such as:

- High participation in HRA and utilization of programs and resources
- Making employees more health conscious
- Awareness of the importance of preventive screenings
- Establishing lifestyle changes for employees and for their families

Other successful outcomes included

- External recognition and awards
- Media coverage
- Increased community standing
- Boost in employee morale

On the strategic planning front, participants cited success in "obtaining baseline data for the organization," and "identifying, prioritizing, addressing, and measuring population health risks." One participant reported, "This is our first year acquiring a budget, which is a huge leap forward."

Some respondents mentioned advancing a culture of wellness, obtaining upper management support, and reaching a point where "wellness programs have become part of the culture and are now 'expected' by employees." Related comments included:

- All global sites undertake an annual health review and planning process that includes developing wellness program initiatives relevant to their business and workforce
- Health and wellness staff are being used as internal consultants by various departments needing specific expertise
- Our leadership is accepting and embracing wellness as a way of doing business

Seemingly small, but hard-won, successes were also cited, such as "taking cigarettes out of the vending machines."

Many responses mentioned individual success stories, such as early detection (through screening programs) of serious health conditions and life-threatening illnesses. Some even mentioned receiving thanks from employees for saving their lives. As one respondent said, "One success such as this makes the entire program worth it!" Another mentioned specific examples of employees who "took the wellness program to heart and changed their lives. What a great feeling to contribute to that!"

SUCCESSSES AND VISION

Future Vision

When asked to describe a vision for the future of their wellness programs, some respondents focused on building or strengthening their wellness strategy, including:

- Developing a comprehensive and integrated strategy with a clear direction and measurable goals
- A global wellness program that is tied to the business plan and supported by all levels of management
- A company-wide initiative, linked to performance measures, fully staffed and with a five-year strategic plan
- A centralized strategy with broad resource/program availability to address plant population-specific needs, with plant management held accountable for reaching health management goals

Some emphasized greater integration with other employer-provided programs:

- A holistic approach to wellness, tying all our offerings into one coherent program
- Fully integrated with employee benefit programs
- A higher level of integration with our current health insurance carrier to gain valid health data to measure results
- Programs need to be truly integrated into a one-stop-shopping customer experience, whether or not you are enrolled in our health benefits

Program measurement was frequently mentioned:

- Global, comprehensive, measurable results
- A cohesive program that can measure outcomes and justify its investment
- Measurably healthier employees, reduced health expenses, and improved ability to attract and retain employees
- More interactive with tracking tools and ways to measure progress
- Impact on productivity that can be seen and measured
- Integrating the medical, pharmacy, and biometric data into a comprehensive database that will allow us to develop complete electronic health claims records, targeted communications/education programs, and provide employees and dependents with real-time access to health information to streamline health care access and utilization

Other comments focused on employee attraction and retention:

- To create a work environment and work/life-balance through our wellness programs that will help us become the employer of choice
- A global wellness program that complements a comprehensive benefits package, which together attract and retain top talent
- As a retailer, to be the "best in class" for health and wellness programs for our associates and their families, and to educate them on being consumers of their own health and wellness

Building engagement, both of employees and their families, was a common theme:

- 100 percent participation and employee engagement, with a program of interest available for everyone
- Expand the program to effectively engage families
- Engage all employees, meeting them where they are at, with the tools they would find most useful... "lifelong wellness across the spectrum of health"
- Every employee participating in a company health promotion program tailored to his/her health and fitness status
- Increasing participation in events and programs, not by enforcing, but by creating an environment in which staff voluntarily choose to adopt healthier lifestyles

SUCCESSSES AND VISION

Some employers expressed a vision for greater global reach:

- Expansion of our global strategy
- Determine how to roll out to other countries worldwide
- Resources available for promoting wellness and healthier lifestyles globally

A significant portion of the comments mentioned creating or instilling an organization-wide “culture of health,” “culture of well-being” or “culture of wellness.”

- A company culture which provides all employees and their families with knowledge, resources and activities to improve all aspects of their health and well-being
- Making wellness a cultural priority, second only to safety
- Developing a culture of wellness such that employee and dependents participate because they want to and believe in the program rather than being driven by some type of monetary incentive
- We want our employees to bring the message out into the communities where they live — into the schools, clubs, and churches — so that they can make a difference in someone's future
- Creating an environment where exercise and healthy eating are just part of the employee's habits during the day
- Our definition of a global culture of health in our company is a workplace where employees value good health and are able to influence other employees about the importance of leading a healthy lifestyle

Additional comments described a vision of wellness becoming “embedded” or “engrained” in company culture, or even “deeply integrated into the operational DNA of our organization.” One respondent said, “Visitors, customers and new employees will immediately feel the healthy culture.”

Others summed up many of the objectives discussed throughout this report:

- A cutting-edge program that is fundamental to the overall corporate culture, develops increased health/wellness consumerism, attracts and retains employees, and can serve as a model to our customers
- Global, risk-based health enhancement programs that promote physical, mental, social and spiritual energy among our staff, enabling them to bring their best to work and to life

And, in closing, perhaps the most succinctly articulated vision, “a healthy, fit, and motivated workforce.”

RESPONDENT PROFILE

The 628 participating organizations represent more than 10 million employees in a broad range of industries. Participating organizations ranged from small employers to large multinational corporations, with an average of approximately 16,000 employees and a median of approximately 3,500 employees. These companies employ workers in all parts of the world. Forty-six percent (46%) of respondents are multinational organizations, employing workers in multiple countries. Manufacturing, Materials & Mining represents the largest single industry, accounting for one-fifth of total respondents.

INDUSTRY

	Percent of Total
Accommodations, Hospitality & Food Services	1.8%
Aerospace & Defense	1.3%
Agriculture, Forestry, Fishing & Hunting	0.2%
Associations & Membership Organizations	2.4%
Construction	1.6%
Consulting & Professional Services	10.2%
Educational Services	2.2%
Energy/Utilities	6.5%
Financial Services	12.1%
Government & Public Administration	4.9%
Healthcare Providers & Services	11.9%
High Technology	6.1%
Life Sciences	3.7%
Manufacturing, Materials & Mining	20.1%
Media & Information	2.5%
Real Estate	1.8%
Rental & Leasing	0.2%
Retail/Wholesale	4.6%
Telecommunications	1.6%
Transportation & Warehousing	2.9%
Other	1.6%
	100.0%

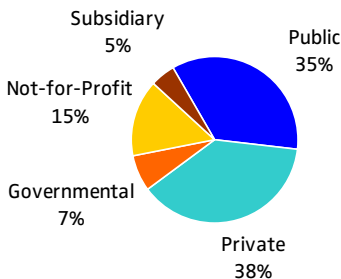
NUMBER OF EMPLOYEES

	Percent of Total
More than 50,000	8.2%
20,001 to 50,000	10.2%
10,001 to 20,000	8.5%
5,001 to 10,000	13.3%
1,001 to 5,000	32.3%
1,000 and less	27.5%
	100.0%

ANNUAL REVENUE

\$US	Percent of Total
\$10 billion and greater	19.1%
\$3 billion to \$9.9 billion	18.9%
\$1 billion to \$2.9 billion	19.1%
\$100 million to \$999.9 million	21.2%
Less than \$100 million	21.7%
	100.0%

RESPONDENTS BY ORGANIZATION TYPE



PARTICIPANT LIST

ABB UK	Ashcroft Business Consulting	Blue Cross Blue Shield of Florida	CGGVeritas
ABM Industries	Associated British Ports	Blue Cross Blue Shield of Massachusetts	CGI
Advent Software	Astellas Pharma Europe	Blue Cross Blue Shield of Minnesota	CH2M HILL Energy
Advent Solar	AstraZeneca	Blue Cross of Northeastern Pennsylvania	Channel 4 Television
ADVICS Mfg. Ohio	ATIS	Blue Shield of California	Chemung Canal Trust Company
AECI Limited	AtlantiCare Health Plans	BMO Financial Group	CHEP SA (Pty)
AEON Canada	The Auto Club Group-AAA Michigan	BNL	Chevron
Aera Energy	AvalonBay Communities	Board of Pensions	The Children's Aid Society
Aetna	Avaya	Boehringer Ingelheim Pharmaceuticals	Children's Healthcare of Atlanta
AFBA	Avery Dennison	BorgWarner	Children's Mercy Hospital
Affiliated Computer Services	Avid Technology	Boston Medical Center	ChoicePoint
AFFLEC	Avista Health Management Solutions	Boston Scientific	Cholestech/HemoSense (Medical Diagnostic Devices)
AIDC	The Babcock & Wilcox Company	Brambles/CHEP	Chrysler
AIPM	Bahrain Petroleum Co. (BAPCO)	Britannia Lanes of Somerset	CIBC
Air Products and Chemicals	Baker & McKenzie Madrid, S.L.	The British Museum	Cisco
Airlines Reporting Corporation	Baker Hughes	Broadridge Financial Solutions	CIT Financial
Airlink Cargo International	Balfour Beatty	Brocade	Citi
AJG	Bank of Bermuda	BUCA	City of Beaumont
Alcoa	Bank of New York Mellon	Buck Consultants	City of Colorado Springs
Alexander & Baldwin	Barr Pharmaceuticals	Buckeye Partners	City of Columbia, Missouri
Allan Gray	Barry-Wehmiller Companies	Bunge	City of Coral Gables
Allegro MicroSystems	Baxter Healthcare	Bupa	City of Fort Worth
Allen County Government	Bayer	Burr & Forman	City of Miami Beach
Alstom	Baylor College of Medicine	Butler Health System	City of Minneapolis
Amdocs	Baylor Health Care System	Cadbury Pty	City of St. Petersburg
AMEC	BD	Calyon	City of Tallahassee
Ameren	BDO Stoy Hayward	Capital Health System	City of Tucson
American Management Assoc	Bechtel	CareFirst Blue Cross Blue Shield	City of West Palm Beach
American Medical Systems	Belo	Cargill	ClearPoint
American Systems	Bendzulla Actuarial Pty	Carleton University	Cleveland Brothers Equipment
Amway Global	Benefit Associates	Carlsberg UK	The Cleveland Clinic
Andersen Corporation	Best Buy	Carpenter Technology	Cleveland Potash
AngloGold Ashanti	Best Buy Canada	Caterpillar Logistics Services	Cliffe Dekker
Annie E. Casey Foundation	Best Western International	Catholic Charities Hawaii	CoBank, ACB
Ansul Canada	Bio-Rad Laboratories	Cemex Espana S.A.	Coca-Cola Bottling Co of Northern New England
APL Limited	BJC HealthCare	Centex	The Coca-Cola Company
Applied Biosystems	Blanchard Valley Health System	Century Golf Partners	Colliers Pinkard
Applied Materials	Blockbuster	CF Industries	Commonwealth of Pennsylvania
Aramco Services	Blood Systems	C-Fit Community Wellness Program	ConAgra
Archstone Communities			Concentra
Armstrong World Industries			

PARTICIPANT LIST

ConocoPhillips	EMD Serono	Genmar Industries	Hillsborough County BOCC
Consolidated Edison	ENA	Genzyme Corporation	Honeywell
CoreSource	Engen Petroleum	Georgia Pacific	HSBC France
County of Los Angeles	Englehart and District Hospital	GFL	Huntington Bancshares
County of San Bernardino	ENH	Giant Eagle	Hutchinson Area Health Care
Covenant HealthCare	EnPro Industries	Gibson Insurance Group	Hydro-Quebec
Cowan Benefit Services	Enterprise Rent-A-Car	Gilead Sciences	IBM Germany
Cozen O'Connor	Equifax/TALX Corporation	Gilsbar	Ibstock Brick
Crane Supply	Eriksen & Associates	GKN	iCAD
Creative Channel Services	Ervin Industries	GlaxoSmithKline	i-flex solutions limited
Crown Castle	Estee Lauder Cosmetics	Global Crossing	Ilitch Holdings
CT Hospital Association	Everett Smith Group	GNC	Imation
Curtiss-Wright	Faber Maunsell	Gold Fields	Indiana Regional Medical Center
CVS Caremark	Fair Isaac	Goldman Sachs	Ineco-Tifsa
Dallas Area Rapid Transit	FBL Financial Group	Goodyear Tire & Rubber	Inmet Mining Corporation
The Data Institute	Federal Home Loan Bank of Cincinnati	Gordon Food Service	InnservLtd
Day & Zimmermann	FedEx Ground	Graceway Pharma	Institute for Corporate Productivity
Dean Health Insurance	Fellowes	Great American Insurance	Intel
Dearborn County Hospital	FHI	Greif	International Development Research Centre
Debswana Diamond Company	Financial Intelligence Centre	Groupe OPAC du Val de Marne Expansiel	International Paper
Deloitte	Financial Services Board	Grove City College	International SOS
DentaQuest	First National Bank	Grupo Berge	Intrepid
Devon County Council	FirstEnergy	Guardian Life Insurance	Invesco
Direct Energy	Fleetwood Enterprises	H.J. Heinz	Investment Industry Regulatory Organization of Canada
Distilled Spirits Council	FM Services Company	H.C. Starck	Invitrogen Corp
DMAX	FOJP Service Corporation	Halliburton	ISO New England
Dollar General	FOP Health Trust	Harris County	ITT Industries
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Dow Chemical	Four Seasons Hotels Limited	Healthbreak	Jefferson Wells
DSM	Fox Rothschild	HealthGrades	Jockey International
DTE Energy Company	FPL Group	HECO	John Wiley & Sons
Duane Morris	Franklin Templeton	Hella Corporate Center	Johnson & Johnson International
Dudley Smith Partnership	Friedkin Companies	Helmerich & Payne	Johnson Matthey
Duke University	Frisch's Restaurants	Helo HealthCare Products	Joy Global
The Economist	Gallagher/Rains	The Hershey Company	JPMorgan Chase
ED&F Man	Geisinger Health System	Hess Corporation	
EDFUND	General Cable	Hewitt Equipment	
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Lear	Media24	NIOXIN Research Laboratories	The Pohly Company
Legg Mason	Medica	NJ Hospital Association	Polk County
Lehman Brothers	MEDRAD	Nokia	Pool Corporation
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Royal Canadian Mint	State of Ohio	TRW Automotive	Western & Southern Financial Group
RTC	Steelcase	Turner Broadcasting System	Westinghouse Electric
SA Sugar Association	Sterling Chemicals	Tyco Flow Control	Westlake Chemical
SABS	Sterling Jewelers	Tyco Thermal Comtrols	Whirlpool
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SemGroup	TD Bank Financial Group	Valmont Industries	
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