HEALTH & WELLNESS

IN THE WORKPLACE

International SOS
Foundation

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Foreword

KEMENTERIAN KESIHATAN MALAYSIA

PERKESO

Non-communicable diseases (NCDs) are a major threat to development, economic growth and human health. NCDs kill 40 million people each year, equivalent to 70% of all deaths globally. Each year, 15 million people between the ages of 30 and 69 years die from an NCD and over 80% of these 'premature' deaths occur in low- and middle-income countries[1].

Many countries in the Asia-Pacific Economic Cooperation (APEC) region face serious challenges from the intersection of two key factors: the ageing population and the high incidence of non-communicable diseases (NCDs). These factors will lead to a declining population of workforce age and poorer health for many actual or potential workers in some countries[2].

NCDs not only affect health, but also productivity and economic growth. Death and disability from NCDs can exert an economic burden in two ways: indirectly, through loss of productivity and income; and directly, through expenditure on chronic medical care.

These NCDs share key modifiable behavioural risk factors like an unhealthy diet, lack of physical activity, tobacco use, and the harmful use of alcohol, which in turn lead to overweight and obesity, raised blood pressure, high cholesterol levels, and ultimately having an individual being riddled with disease[3].

Healthy workplaces that have healthy diet options, smoke-free policies and facilities for physical activities supported by the management, can go a long way towards shaping the behaviour and health outcomes of employees. These interventions could potentially result in prevention of NCDs in the workforce which eventually lead to reduction in sickness, absenteeism, and medical expenses, and in turn an increase in employee productivity.

The KOSPEN Plus Programme from the Ministry of Health (MOH) is a comprehensive programme that addresses all the modifiable risk factors by empowering the employers and the employees with guidance from the MOH towards promoting a healthy workforce among the organisations in Malaysia.

Dato' Dr. Chong Chee Kheong
Deputy Director General of Health (Public Health)
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Non-communicable diseases (NCDs) are caused mainly by unhealthy lifestyle. These diseases include diabetes, high blood pressure, cardiovascular diseases and mental illnesses. The impact of NCDs in the workforce is well established. For example, an estimated 1.5 million deaths in the world are directly attributed to diabetes, while 18% of global deaths are thought to be due to high blood pressure. The National Health and Morbidity Survey IV[4] indicated a continuous increase of NCD risk factors in Malaysia, such as diabetes, hypertension, obesity and hypercholesterolemia, in comparison to previous years.

Rising income and changes in behaviour also contributed to the increased health risk amongst Malaysian employees. Risk factors such as unhealthy lifestyle and diet, stress, as well as alcohol and tobacco consumption render the population to be at risk and vulnerable to NCDs.

This situation raises healthcare costs and increases the demand for expensive long-term treatment and rehabilitation. It is commonly perceived that the impact of these diseases is at a personal and societal point-of-view, hence the focus of prevention programmes is on community, familial and individual approaches. Public health initiatives on NCDs are aimed to encompass all aspects of one's daily activities.

Therefore, initiatives such as healthy diet, active lifestyle, early intervention and smoke free environment have been adopted by various stakeholders and relevant agencies. Among these initiatives, the workplace has been identified as being an important venue to kick start health initiatives among its workers. It is important to create a healthy workplace which has direct impact on its workforce's NCDs trend.

EMPLOYEES CHECKED	308,039
OVERWEIGHT	36.94%
OBESITY	17.63%
HYPERTENSION	13.14%
DIABETES	8.45%
HIGH CHOLESTEROL	61.76%

Dr. Azlan Darus
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[1] WHO Fact sheet updated June 2017
[2] Impact of Health on Worker Attendance and Productivity in the APEC Region, Final Report ABAC / LSIF Study Victoria Institute of Strategic Economic Studies Victoria University, Melbourne July 2014
[3] WHO, Non-communicable Diseases Progress Monitor, 2017

[4] NHMS IV 2015

Introduction

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The health and Wellness of an employee is composed of three distinct parameters: physical, mental and financial. Physical Wellness is not merely the absence of diseases, but a state in which the employee feels energised, and in turn contributes in a productive way to their home and work environment. Mental Wellness is achieved when the employee takes ownership of his or her own abilities, can deal with the normal stresses of life, is able to work productively, and contributes to his or her community. Financial Wellness is not determined by the amount of wealth or income an employee may have but rather the ability to provide for their family all that is necessary and more, and at the same time to save for retirement.

Organisations all around Malaysia, from private and publicly-traded corporations to governments and non-governmental organisations, have engaged in discussions as to how to best implement Wellness programmes. There is a need for this to happen quickly, as the latest evidence suggests NCDs will have a significant impact on the long-term health of employees through all sectors. This impact affects drivers that allow organisations to be successful in the current marketplace, including productivity, minimisation of absenteeism, control of health care costs and the associated ballooning insurance premiums.

The implementation of a Wellness programme must be approached in a way that allows it to be both robust and sustainable. An organisation's management should understand what Wellness is, and be convinced that Wellness is important to their organisation. Following this, there needs to be a pragmatic and step-wise approach to the implementation which includes: assessing the current status of Wellness in an organisation, planning ahead with a focus on the resources available, considering obtaining help in order for the organisation to focus on core competencies, rolling out the programme, and finally checking in on a regular basis to make sure that it is achieving what it set out to accomplish.

The success of any programme is predicated on how well it is 'sold' to the employee, therefore enticing marketing initiatives should be developed prior to launch. Considering many of today's employees are millennials, there should be utilisation of a digital health platform. Finally, as sustainability is a key parameter by which organisations are being measured nowadays, there has to be an alignment of any programme with the Sustainability Development Goals (SDGs).

PERKESO

# IMPACT OF NCDS IN MALAYSIA AND WORKPLACE HEALTH PROMOTION

Introduction

Health literature has aptly described the impacts of unhealthy workers to employers. These include direct observable costs such as medical or pharmaceutical expenditures, compensations and damages. They also include indirect costs that may be of a higher impact to the employers, and which may not be observed immediately, such as productivity loss, low morale, presenteeism, employee turnovers and declined productivity.

On the national front in Malaysia, it is conceivable that NCDs are emerging as significant causes of morbidity and mortality. Economic growth and social inclusion both rely on the ability of workers to remain connected, develop and contribute to the labour market.

In 2017, a total of 19,501 PERKESO insured persons were reported as invalid or died due to NCDs which brings the total to an average of 53 cases reported to PERKESO each day.

NCDs accounted for more than 50% of the claims for invalidity of pension and survivors' pension with a total of RM790 million compensation paid out in 2017. Claimants for the invalidity pension scheme, and survivors' pension due to NCDs had continued to increase. In the period between the years 2010 and 2017, cases reported for invalidity pension and survivor's pension due to NCDs had increased by more than 50%.
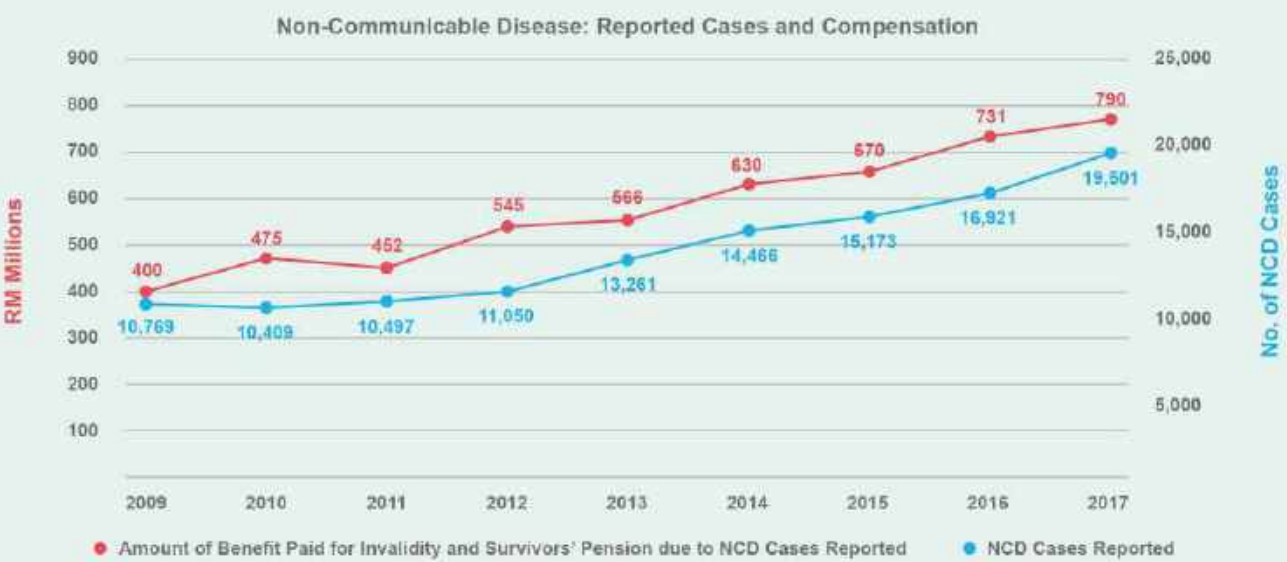
The Asia Pacific Economic Co-operation (APEC) organisation has recently estimated the loss of national gross domestic product (GDP) due to NCDs. Not surprisingly, it estimates that Malaysia had lost 4.7% of its GDP from the NCDs, equivalent to about USD 16.3 billion. If the NCDs risk is not mitigated, this loss will escalate to 4.9% of GDP or USD 22.5 billion in the year 2020.

With both invalidity and death, the impact to the society cannot be ignored. With every invalidity or death, a family loses their bread winner. The children in this family may lose a father figure or the loving touch of their mother. This disruption to the fabric of society is significant as the effect may be long-term. Therefore, even with financial compensation, many aspects of the impact of NCDs to the workers cannot be overcome. At the workplace, these may contribute to the loss of colleagues, expertise, business contacts and even contracts.

Non-Communicable Disease: Reported Cases and Compensation

● Amount of Benefit Paid for Invalidity and Survivors' Pension due to NCD Cases Reported   ● NCD Cases Reported

Table ES1 Estimates of lost GDP from NCD deaths, absenteeism and presenteeism, six APEC economies, to 2030

		2010	2015	2020	2025	2030 ($billion)
	Australia	51.9	59.3	67.0	75.4	84.7
	China	209.5	270.6	336.1	410.2	485.7
	Malaysia	11.5	16.3	22.5	30.4	40.3
	Peru	7.3	9.6	12.5	15.9	20.0
	Philippines	10.6	14.4	19.0	24.7	31.5
	USA	779.9	872.2	963.0	1051.5	1142.6
(share of GDP - %)						
	Australia	4.5	4.7	4.8	4.8	4.9
	China	3.5	3.8	4.0	4.2	4.3
	Malaysia	4.6	4.7	4.9	5.0	6.1
	Peru	4.9	5.1	5.2	5.3	5.4
	Philippines	5.3	5.5	5.6	5.7	5.8
	USA	5.2	5.4	5.5	5.5	5.5

Source: VISES estimates

PERKESO

NCD Risks and The Workforce

In the year 2013, PERKESO initiated the Health Screening Program (HSP) for early detection of NCDs amongst its' contributors aged 40 years old and above. The HSP is implemented in collaboration with private clinics appointed as part of the PERKESO HSP panel clinics. There have been many critics with respect to the uptake of the programme, this refers to the 20% out of the 2.8 million eligible Malaysian employees have utilised the free health screening facility. However, with more than 500,000 Malaysian employees who had used the health screening facility, the aggregated analysis of the health screening findings provides valuable insights into the health status of middle aged employees in the country.

As of May 2018, 525,607 Malaysian employees who have taken up the offer and had gone through the health screening. The programme had also benefited 130,772 women workers who had undergone mammogram screening. In the past four years, the programme has already shown its impact when it was found that 67% of these workers have not had a comprehensive health screening prior to the programme. The prevalence of cardiovascular diseases risk factors such as obesity, hypercholesterolemia, diabetes, hypertension and smoking were found to be high, and the workers screened received follow-up consultation from their doctors. Analysis showed that 73% of employees who underwent the health screening were overweight, 48% had hypertension, and 9% had diabetes. Furthermore, 62% of the employees were found to have hypercholesterolemia.

Workplace Health Promotion

The WHO states that a healthy workplace is 'One in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace.' Therefore, the workplace is an important setting in which to conduct health promotion and prevention activities related to NCDs amongst the employees. The purpose of the programme is not only limited to the prevention of occupational hazards, but also to the improvement of the general health of employees. Workplaces are suitable for activities to promote healthy lifestyle since employees spend a sizeable period of their time at their workplace. They also benefit from the group support system consisting of their colleagues and could gain positive impact from encouragement and motivation by the management. Reciprocally, employers would also benefit from healthy and productive employees.

The provision of a healthy work environment and the prevention of NCDs are one of the methods that organisations can employ to cater to the wellbeing of employees, while at the same time increasing their productivity and competitiveness. By creating healthy working environments, an organisation creates a positive image, further emphasising the focus on the wellbeing of employees.

Most successful and competitive organisations encourage and protect the healthcare of their employees. Therefore, it is important that employee health programmes are planned thoroughly. Ad-hoc workplace health promotion activities run the risk of failure. Unfortunately, failure of an activity may deter other programmes from being implemented and ultimately can doom any other initiatives focusing on healthy workplaces and healthy employees. A workplace health promotion programme should consist of the elements as depicted in the following diagram, and further explored below.

Healthy diet
Active lifestyle
Ideal weight management
Tobacco use
Alcohol use
Drug abuse
Mental health

i. Organisational Commitment

Organisational commitment is essential to accomplishing the vision of a workplace with an ecosystem that encourages the healthcare of its employees. To achieve this objective, it is essential that the top management is committed to the Workplace Health Promotion programme.

The commitment must be stated at the early stage of programme planning, which includes commitments in policy-making, time, and in resources. It is necessary to set up a formal programme management structure to ensure the programme's success. This is crucial to prevent the Wellness activities from becoming ad-hoc attempts at Wellness without any clear organisational aim.

ii. Employees' Participation

Good participation is crucial in ensuring the success and effectiveness of a Workplace Health Promotion programme. Employees have to be recognised as stakeholders or important partners in the programme. The success of a programme eventually benefits both important parties, the employer and the organisation as a whole, as well as the employees, who are the individual players. Therefore, employees need to be involved in every level of the programme planning instead of being passive recipients of the programme.

iii. Needs Assessment

Programme planning that is meant to encourage the healthcare of employees should be based on the situation and information obtained from the workplace itself. This is needed in order to enable the planned programme to achieve its aims. Needs assessment process at the workplace could also provide motivation on the importance of healthcare amongst employees. Analysis of existing data of the organisation such as medical leaves, hospitalisation rates, and medical cost expenditure is necessary in conducting the needs assessment, while additional activities such as specific surveys or screening could also be conducted to get more specific information.

iv. Intervention Activities and Implementation

These activities are usually the focus of a workplace health promotion programme. Various types of activities can be conducted. However, it is important that the successes or failures of individual activities are not the sole indicator of the effectiveness of a workplace health promotion programme. Collective evaluation must be made to ensure a sustainable and beneficial programme.

v. Creating a Healthy Environment

A healthy work environment is a workplace setting that creates and improves its social and physical atmosphere to enable employees to support one another in completing their tasks as well as maximizing their capabilities. Any workplace can be a healthy work environment regardless of the current level of health conditions. The initiatives that can be implemented to make this a reality can take many forms, such as facilities for active living and exercise, a healthy café, dietary meeting menus, visual health cues etc.

vi. Promotion and Publicity

Consistent promotion and publicity of the health programme is necessary to ensure that the planned programme is a success. Promotion and publicity could be conducted through appropriate methods and mediums in accordance with planned intervention activities. This promotion must be undertaken by the employer in a structured and planned manner.

vii. Health Screening

Initial health screening can provide useful insights into the state of the health of the employees. Employers may provide health screening packages as part of their medical benefits or conduct health screening programmes that include the testing of simple health parameters. Most importantly, health screening should be conducted regularly and the aggregate analysis of employees' health status needs to be used for further planning of the workplace health promotion programme.

viii. Supervision and Assessment

All programmes must be assessed and evaluated for continued improvements to achieve the desired results. Workplace health promotion programmes can be evaluated in three stages:

- The process: number of participants, number of programmes, cost etc.

- Short-term impact: weight loss achieved, smoking cessation rate, health screening uptake rate etc.

- Long-term impact: work productivity, total medical cost, sick leave, absenteeism etc.

Conclusion

The scope of workplace health promotion has changed over time. Today, a broad range of different strategies, policies and practical approaches are subsumed under this heading. PERKESO believes that the initiatives are heading in the right direction, and for all employers to take advantage of them. NCDs can be debilitating for workers, jeopardising employment, affecting income and financial security. With the country moving towards a developed nation status, the health of the working population had also evolved towards a relatively new frontier. It is high time that employers, with the support of employees and healthcare providers within the country, look into ways to tackle the problem of NCDs among the working population.

In 2017, PERKESO has moved to a new strategy in supporting the objective of creating healthy Malaysian workers by introducing the Workplace Health Promotion (WHP) programme. PERKESO is working with various agencies in implementing this programme, including the Malaysian Health Promotion Board (MySihat), the National Institute of Occupational Safety and Health (NIOSH) and the Ministry of Health KOSPEN Programme. The collaborations are made through various mediums such as co-publication of WHP guidelines, promoting of WHP among employers, and providing technical input to implementing WHP programmes.

The impact of NCDs to the individual employees, the employers, the society, and to the nation as a whole, is too big to be ignored and left to be dealt with by the individual workers. Employers and organisations have to play their roles in becoming part of the instrument in promoting health to the people; or in this case to the workforce.

OVERVIEW OF NCDS IN MALAYSIA AND THE KOSPEN PLUS PROGRAMME

Situational Analysis of Non-Communicable Diseases in the Malaysian Adult Population

The increasing prevalence of non-communicable diseases (NCDs) and its risk factors among the population aged 18 years and older in Malaysia is worrying[5]. In the Ministry of Health (MOH) National Health Morbidity Survey 2015 (NHMS) it was found that 1 in 5 or 3.5 million, Malaysian adults aged 18 years and above had diabetes, and what was even more worrying is that 1 in 10, or 1.8 million, had undiagnosed diabetes. The survey also showed that 1 in 5 Malaysians have no indication of the fact that they have hypertension. Furthermore, hypercholesterolemia or high cholesterol, which is a major cardiovascular disease risk factor with end stage results such as heart disease and stroke, is unfortunately present in 1 in 2 Malaysian adults.

The burden of NCDs not only affects the health of Malaysia's productive population but also its economy. The burden on the economy includes direct costs, which encompass actual medical care expenses of individuals and healthcare expenditures of the government, as well as indirect costs, which include productivity losses from absenteeism at work and early death of individuals.

NCDs are defined as chronic conditions that do not result from an (acute) infectious process and hence are 'not communicable.'

They are also known as diseases that have a prolonged course, do not resolve spontaneously, and for which a complete cure is rarely achieved[6]. There are four main types NCDs that are of concern:

- **Cardiovascular disease (e.g. coronary heart disease, stroke)**

- **Cancers**

- **Chronic respiratory diseases**

- **Diabetes**

Important behavioural risk factors that can be reduced or controlled by intervention, thereby reducing the probability of these NCDs, include tobacco use, physical inactivity, the harmful use of alcohol, and unhealthy diets (increased intake of fat and sodium, with concomitant low fruit and vegetable intake). All these lifestyle behaviours increase the risk of dying from an NCD.

Risk factor is defined as 'an aspect of personal behaviour or lifestyle, an environmental exposure, or a hereditary characteristic that is associated with an increase in the occurrence of a particular disease, injury, or any other health condition'[7]. The World Health Organization (WHO) prioritised the following four metabolic risk factors as important precursors for NCD development:

- **Raised blood pressure**

- **Raised total cholesterol level**

- **Elevated glucose**

- **Overweight and obesity**

5 Technical report: Evaluation of The Implementation of KOSPEN Programme in Malaysia 2016
6 McKenna, et al. 1998
7 Principles of Epidemiology, CDC, 2006

The National Health and Morbidity Survey (NHMS) is a nationally representative health survey for the population of Malaysia. It was initiated in 1986 and has been an important method for monitoring the health of the population and the utilisation of healthcare in Malaysia. The interval of NHMS has been shortened from every ten years to a four-yearly cycle since 2011 in order to ensure that timely information is obtained for planning of health programmes.

Analysis of findings from the NHMS surveys (1986-2015) showed the overall prevalence of three major NCD risk factors remained high: high blood sugar (diabetes) and high blood cholesterol (hypercholesterolemia) continue to increase in Malaysia, while high blood pressure (hypertension) showed a decrease. Below is a further discussion to expand on the meaning of these trends and some additional ones:

Diabetes

- The prevalence of diabetes in Malaysia had increased a relative of 15%, from 15.2% (2011) to the current 17.5%, compared to the relative increase of 31% between 2006 (prevalence: 11.6%) and 2011

- This increase was mostly contributed by the increased proportion of 'undiagnosed diabetes', similar to 2011

- Almost similar to 2011, current data shows that 'undiagnosed diabetes' remains at 9.2%

- This means that for everyone 'diagnosed diabetes', there is one 'undiagnosed diabetes' (a ratio of 1:1) (respondent not known to have diabetes and had fasting capillary glucose ≥ 6.1 mmol/L or random blood glucose ≥ 11.2mmol/L)

- While the prevalence of 'impaired fasting glucose' (respondent not known to have diabetes and had fasting capillary glucose ≥ 5.6 to < 6.1 mmol/L) had remained somewhat constant, from 4.2% (2006), 4.9% (2011) to the current 4.7%
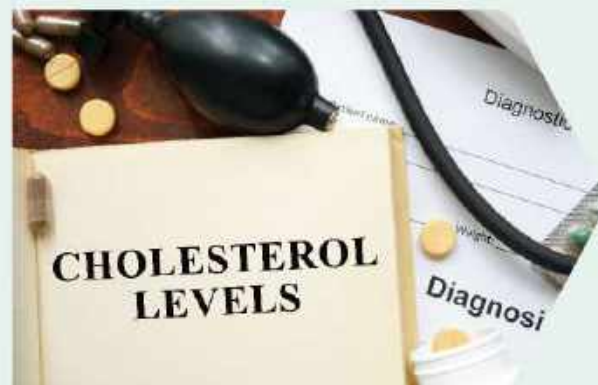
Hypercholesterolemia

- The prevalence of hypercholesterolemia in Malaysia continued to increase from 32.6% in 2011 to 47.7% (9.6 million), a relative increase of 46%

- This is compared to the relative increase of 58% between 2006 (prevalence: 20.7%) and 2011

- The increase was mostly contributed by 'undiagnosed' hypercholesterolemia

- The proportion of 'undiagnosed hypercholesterolemia' (respondent was not known to have hypercholesterolemia and had a total blood cholesterol of 5.2 mmol/L or more) has increased to 38.6% from 26.6% (2011)

- For everyone 'diagnosed hypercholesterolemia' there were four 'undiagnosed hypercholesterolemia' (a ratio of 1:4), and this was similar to 2011

Hypertension

- Hypertension prevalence (systolic blood pressure > 140 mmHg, and/or diastolic blood pressure > 90 mmHg) in Malaysia had decreased from 32.7% (2011) to the current 30.3% (6.1 million), as compared to the slight increase between 2006 (prevalence: 32.2%) and 2011

- However, similar to 2011, the proportion of 'undiagnosed hypertension' (respondent was not known to have hypertension) remains high at 17.2%

- The above means that for every two 'diagnosed hypertension', there are three 'undiagnosed hypertension' (a ratio of 2:3)

- This ratio is similar to that in 2011

Dietary Practice

- For dietary practice, the WHO recommends 5 serving or more fruits or vegetables per day

- However, NHMS 2015 showed only 6.0% (1.2 million) of adults consumed as per this recommendation

Obesity

- The national prevalence of being overweight, obesity and abdominal obesity had increased as compared to the previous findings of NHMS 2011

- Currently, the prevalence of obesity in Malaysia is also higher than the world prevalence of 13.0% in 2014[§].

- As the number of people with obesity increases, the nation is now facing an upward surge of non-communicable diseases such as diabetes and cardiovascular diseases

- The percentage of obese adults increased from 14% in 2006, 15.1% (2.5 million) adults in 2011 to 17.7% (3.3 million) in 2015

Physical Activity

- With respect to physical activity, using IPAQ definition, more than half of adults aged 16 years and above (66.5 % or 14 million) are physically active

What is the KOSPEN PLUS Programme

The **KOSPEN (Komuniti Sihat Pembina Negara)** programme was initiated by the Ministry of Health in July 2013, and was aimed at establishing a healthy lifestyle culture among the Malaysian population, as well as curbing the NCDs which are becoming an increasing burden towards the Malaysian economy and productivity.

The KOSPEN Plus is a Wellness programme targeting the working population in the country. In general, the programme's goals are to improve employee's health and well-being by providing healthcare support, healthy lifestyle alternatives, develop a workplace culture that promotes and provides support for healthy living, and take into account the need for good mental health.

The programme focuses on the early detection of NCDs risk factors together with intervention activities to prevent the untoward outcome of NCDs. Approximately one third of the worker's day is spent at the workplace and therefore the workplace is the ideal setting for initiating a health and Wellness programme.

KOMUNITI SIHAT
PERKASA NEGARA
[KOSPEN]

i. General Objectives

To develop a healthy and productive workforce within a healthy work culture.

ii. Specific Objectives

1. To develop a healthy workforce practicing healthy lifestyles

2. To allow early detection and intervention of NCDs

3. To increase productivity and competitiveness in an organisation

4. To reduce direct and indirect medical costs

5. To allow effective return of investment on human resource in an organisation

A healthy workforce is essential for sustainable economic development, productivity, adequate income, and social well-being. Workplaces that are safe and promote Wellness are a key part in ensuring a healthy and sustainable workforce. Intervention related to NCDs has a significant impact on productivity, absenteeism and the wider economy, and there are significant business benefits from their prevention and control at the workplace.

Safeguarding the health and well-being of the employees shows a positive and caring image of an organisation, as well as improving staff morale. The employees' self-esteem is enhanced and they have a sense of well-being. Finally, a safe and healthy work environment reduces an employee's stress levels and increases their job satisfaction. This in turn assists in reducing staff turnover as well as health care or insurance costs (direct and indirect costs).

What are the Programme Scopes

The KOSPEN Plus programme focuses on six main scopes which include: healthy eating, smoke-free workplace, active living, weight management, conducting basic NCD risk factors screening, as well as a healthy mind. There are two additional optional scopes: healthy workplace environment and prevention, and reducing the harmful effects of alcohol.

amalan **pemakanan** sihat

tidak merokok

hidup yang **aktif**

pengurusan berat badan

saringan **kesihatan** sendiri

i. Scope 1: Healthy Eating

The implementation of the Healthy Meal Presentation during Meetings (PHSSM) and Healthy Cafeteria initiatives is very important, as both will help in providing healthier food choices, encourage healthy eating, increase calorie consciousness, and create a healthy eating environment.

As a result of these initiatives meetings will be made more interesting when all food and drinks are labelled according to their calorie content and staff are provided with a variety of food choices to keep them well-nourished with a well-balanced diet. For the purpose of PHSSM, 1800 kcal/day is used as a general recommended intake for women and men.

ii. Scope 2: Smoke-Free Workplace

Tobacco kills nearly 6 million people globally each year. 20,000 Malaysians die annually due to the smoking habit and sadly, the number of smokers is the highest among the population's productive age group.

There are two parts to building a Smoke Free workplace, namely banning of smoking activities and providing Quit Smoking services.

It is one of the general duties as prescribed under the Occupational Safety and Health Act 1994 (Act 514) for the employer and an occupier (including the building owner and the building management) to provide a safe workplace for their employees, or persons other than their employees, and therefore making sure that the building is deemed as one of the places where smoking is banned.

Quit Smoking Services is an integrated quit smoking service encompassing both public and private facilities in Malaysia. The services provided include customised quit smoking plan, resources and advice on quitting smoking, comprehensive follow-up sessions by dedicated healthcare professionals, and nicotine replacement therapy to facilitate smoking cessation.

iii. Scope 3: Active Living

The objective of this scope is to create and support an atmosphere of active living within an organisation. Besides increasing awareness, it encourages the workers to practice an active lifestyle in the office. Examples of simple exercises that can be carried out are X-Break, promoting 10,000 steps, chair exercise and 'Jom Naik Tangga' (climbing up the stairs instead of using the lift). The X-Break exercises help stretch muscles and joints, and they only take about five minutes to do.

iv. Scope 4: Weight Management Programme

This is a six-month intervention programme for employees whose BMI is greater than 25 kg/m2, and the employees that are be eligible under the inclusion criteria are those that are willing to join the programme. The activities include three main components: nutrition, exercise and motivation. The programme is customised according to the individual employee's needs. Every participating member needs to keep track of their activities closely and attend the review sessions that are planned for the time period.

v. Scope 5: NCD Risk Factor Screening

The main objective of this screening activity is to detect early stages of NCD status among workers. In doing so, an organisation will have a clearer picture of the health status of their workers. Later on, in the process, and with the profiling of the data, an organisation can institute early intervention activities for those employees that are at risk.

vi. Scope 6: Healthy Mind

Promoting a healthy mind at the workplace is important because employees spend one third of their day at the office, and workplace issues are one of the main contributors to stress. Ways to handle stress at the workplace need to be learned and subsequently practiced. Good coping skills, assertiveness, positive thinking and time management are among important topics included in this scope.

vii. Scope 7: Healthy Workplace Environment

Conducting simplified risk assessments and evaluating existing infrastructure facilities within the workplace are the activities carried out in creating a conducive working environment.

viii. Scope 8: Prevention and Reducing Harmful Effects of Alcohol

The objectives of this scope are to increase awareness on alcohol use and abuse and the dependence that can result from both, and additionally to improve knowledge on the side effects of alcohol consumption and how to perform alcohol risk assessment screening.

Implementation Strategies and Benefits of the Programme

There are three main important players that need to be engaged in ensuring that there is a successful programme implementation, and these are the Ministry of Health (MOH), the employer and the liaison officers.

The MOH acts as the technical input provider and its role is to provide the technical expertise through training, supervision and monitoring for and of the programme. The employer plays an important role in ensuring the programme's sustainability through their commitment and strong support in providing adequate resources, through leadership in forming policies, and through enforcing the programme implementation.

The liaison officers act as the main coordinators for the programme implementation. Their roles are as advocator, promoter and advisor for workers, as the stakeholders responsible for implementing activities according to the scopes, and as the main drivers behind the preparation of reports on programme activities. They have to ensure that there is an adequate training of the implementers of the programme.

It needs to be observed that NCDs not only affect health, but also productivity and economic growth. Overall, it is estimated the total cost of diabetes was RM 2.04 billion for the year 2011 (both public and private sector). Of this, RM 1.40 billion was incurred by the government[9]. Furthermore, in a report produced by the Economist Intelligence Unit (EIU) and commissioned by the Asia Roundtable on Food Innovation for Improved Nutrition (ARoFIIN), it was found that obesity had cost Malaysia an estimated 9.57-19.36% of national healthcare spending (USD 1-2 billion) between the years 2010 to 2016.

It is a well observed fact that obese workers are less productive than their healthier counterparts. They effectively contribute to the economy for between four and nine years less than the working-age population average[10]. Many studies carried out globally and locally show the same trends and provide the same financial data.

Taking into account the above evidence, it can be shown that there are tremendous benefits derived from the implementation a Wellness programme at the workplace. Generally, a successful programme will improve productivity, retention, satisfaction and morale of workers. In further successive years of the programme, the organisation will see their workers take less medical leave, will experience less staff turnover, and health costs, absenteeism, presenteeism and workplace injuries will all be reduced.

In a critical meta-analysis of the literature on costs and savings associated with workplace disease prevention and Wellness programmes, it is found that medical costs fall by about USD 3.27 for every dollar spent on a Wellness programme and that absenteeism costs fall by about USD 2.73 for every dollar spent[11].

[9] Feisul et. al, Med J Malaysia Vol 72 No 5 October 2017
[10] ARoFIIN: Tackling obesity in ASEAN: Prevalence, impact, and guidance on interventions
[11] Health Affairs 29, NO. 2 (2010); Website source: https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2009.0626

KEMENTERIAN KESIHATAN
MALAYSIA

Conclusion & Checklist

NCDs have a possible negative impact on output, revenue, profitability, business performance, and the potential of downside risk to economic growth can be substantial. Moreover, NCDs can impede workforce productivity by elevating rates of absenteeism, diminishing the energy and focus of workers, and depleting critical workplace skills.

Feasible and cost-effective interventions exist to reduce the burden and impact of NCDs now and in the future. Governments and companies must build a future that ensures globalisation becomes a positive force for the present and the future generations.

It is mutually understood that effective investment in health and well-being can save a company more than it spends on the interventions through reduced productivity losses as a result of lower absenteeism and presenteeism, as well as lower healthcare spending. Furthermore, it is well documented that a large proportion of diseases and disorders are preventable, and a growing body of literature shows that the employee's physical and mental health are important determinants of their performance at the workplace.

This is clearly demonstrated in the following quote:

> *Healthy living is about behaviour change at its most challenging. It will require a determined and coordinated effort across all sectors to deliver genuine change. The scene is set for companies and governments to drive this agenda forward in a way that is mutually beneficial to their core interests.*

Orit Gadiesh Chairman, Bain & Company, USA

The Ministry of Health Malaysia has developed a checklist that is a useful tool to assess a company's status and needs with respect to a Wellness programme. This checklist can be provided by International SOS Foundation upon request.

UNDERSTANDING AND IMPLEMENTING WELLNESS

WHAT is Wellness?

Employees of organisations in today's context are considered 'Corporate Athletes', as stated recently by a key stakeholder from a major multi-national organisation in the US, and furthermore athletes whose arenas are not stadiums or golf courses or racing tracks, but the hallways and meeting rooms of national and multi-national organisations. As such Wellness is the means by which they perform at the highest level in a driven, stressful, virtual, and increasingly demanding and competitive work environment. In order for these corporate athletes or employees to perform at the highest level, organisations and their managers at all levels of the organisations need to adopt a clear mantra of:

Prevention!
Prevention!
Prevention!

There are many definitions for Wellness that are present in the marketplace. Furthermore, these various definitions vary depending on the organisation, whether it be healthcare or educational institutions, non-governmental organisations (NGOs), governments, information services organisations, or private and publicly traded organisations. Therefore, it is useful to look at several of the definitions which are out there.

As one example, let us take a look at what the University of California, an educational institution of higher learning, defines as Wellness:

*Wellness is an active process of becoming aware of and **making choices** toward a healthy and fulfilling life*

In this definition the focus is on becoming aware of one's need for Wellness, and then of **making active choices** to start on the journey of achieving Wellness.

Another example which has gained traction in the marketplace for its proactive approach, is the one provided by the World Health Organization (WHO):

*Health is a state of complete physical, mental and social well-being and **not merely the absence of disease or infirmity***

The focus of this definition is once again on complete health of the mind and body, but also on one's **social health** (the environment and community), and furthermore Wellness is something **'higher'** than just the absence of disease of infimity. Seen in a different light, Wellness is that 'zest' that an employee should feel the first thing in the morning on getting up from their night-time slumber that provides that feeling of extraordinary motivation to achieve amazing things!

Finally, there is the definition of Wellness form the Dictionary.com website:

1. *The quality or state of being healthy in body and mind, especially as the **result of deliberate effort***

2. *An approach to healthcare that **emphasises preventing illness and prolonging life**, as opposed to emphasising treating diseases*

The main theme in this definition relates to **health** of the **mind and the body**, and the fact that Wellness takes **deliberate effort**, and that the focus is not on treating disease but **on prolonging life.**

International SOS
Foundation

Nevertheless, many organisations that the International SOS Foundation interacts with prefer to approach the definition of Wellness as defined through a business lens, and therefore lean towards the following:

> Corporate Wellness should be designed to enhance the **health & fitness** of employees so as to **improve productivity & encourage staff** retention using **onsite & virtual** services

To further break down this business-centric definition it is important to note the following three key areas contained in it:

- **End goal of Wellness:** This end goal is the health and fitness of employees, which addresses the absence of disease (health) but also stresses the higher state of wellbeing (fitness) through energy generation and retention.

- **Bottom line regarding corporate benefits:** The focus here is on the addressing two key drivers that numerous organisations have: improvement in productivity (through decreased absenteeism and presenteeism) and increased staff retention (through decreasing attrition of key talent), in addition to other corporate drivers that are commonly discussed (these will be further explored in this paper).

- **Ways that Wellness should be delivered:** As in the past, traditional onsite delivery methods should still be implemented, however it is imperative that programmes take into account the importance of digital solutions to target millennial employees which implicates virtual means of delivering Wellness solutions (in today's age this translates to online health integration, this will be further explored in this paper).

Finally, from an academic standpoint, Wellness in the workplace should focus on the long-term improvement of health, through the prevention of complications of chronic diseases, also known as the non-communicable diseases or NCDs, and the minimisation of risk factors for NCDs development. There are five NCDs that are usually considered for the sake of discussion:

- **Cardiovascular disease**

- **Diabetes (Type 1 and 2)**

- **All forms of cancer**

- **Respiratory disease such as asthma and chronic respiratory disease**

- **Mental health and stress** (the most recent addition to the list, but having major impact on Wellness in the workplace)

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WHAT to Achieve with a Wellness Programme?

When an organisation starts off on the Wellness journey, there are often numerous and competing goals that are listed during the planning stage. However, the three key goals of a successful Wellness programme should at all times be:

- **Robustness and Sustainability** of the programme, targeting a continuously engaged workforce that values and takes advantage of the Wellness programme in large numbers

- Increased **Visibility on the State of Health** of the Workforce so that smart and financially sound decisions can be made in future planning regarding the Wellness programme

- **Motivation and a Sense of Wellbeing** so that the 'Corporate Athletes' continue to demonstrate high levels of energy and continue contributing positively to the growth of the organisation

To further expand on the last point, the employee or Corporate Athlete is central in any Wellness programme and therefore any workplace initiative should aim to improve the daily life of the workforce made up of these athletes. Programmes should strive to support the creation of a healthy environment, where employees:

- Develop insights into themselves

- Understand how they can improve their health

- Are helped professionally to achieve a better outcome

In the end, whatever health and Wellness initiatives are implemented, all Wellness programmes should share the same overarching objectives:

- To identify potential health risks and current issues in the workforce

- To positively impact the health and wellbeing of the workforce

WHY is Wellness important?

There are three good overall reasons why an organisation should address health and Wellness in the workplace. Some of these reasons originate from inside the organisation, and some from outside of it.

Maintain Edge in a Competitive Environment

It makes good business sense to engage employees in health, but it also makes sense to engage them in Wellness, which is often comprised of physical, mental and in some organisations financial wellbeing. This approach allows organisations to maintain their competitive edge in today's aggressive market. This competitive edge can be achieved by making sure that an organisation has engaged in robust business continuity planning (BCP) as part of its overarching business strategy. The BCP as related to health and Wellness can prove itself as an important key differentiator within any industry and provides short- term and long-term benefits.

In the **short-term**, employees who are well will get sick less of the time, and therefore by extension of this point will not have to leave their place of work as often to obtain care from the local healthcare facility. This will result in less productivity loss, given that visiting any healthcare provider may take up an entire workday in some locations. It will also result in immediate decrease in costs related to healthcare needs.

In the **long-term** Wellness programmes prevent an organisation from having to deal with the ever-looming burden of the newly emerging NCD epidemic (the NCDs are also referred to as the lifestyle-related diseases), and can protect an organisation from constantly increasing healthcare costs either through direct healthcare spending on chronic diseases or through increasing insurance premiums.

Furthermore, the business continuity planning related to health and Wellness should take into account the consideration of three key concepts:

INTERNATIONAL SOS FOUNDATION
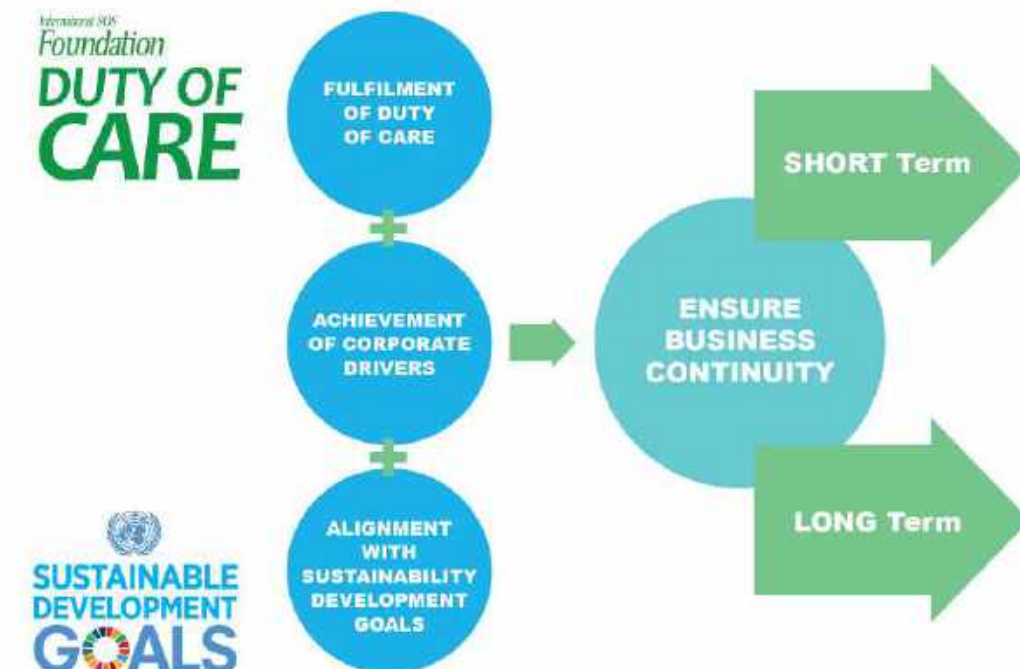
i. Fulfilment of Duty of Care

An organisation should align with what their peers are doing globally, what is also called the 'Global Standard'. In today's fast-paced world, this standard in the IT and Financial industries is to provide employees with a high level of care, both in terms of health (reactive approach) as well as Wellness (proactive or preventative approach) irrespective of where they work or travel.

Addressing this Duty of Care has a direct impact on an organisation, as there is a clear battle for talent in the marketplace throughout Asia. Organisations are seeing that employees are increasingly adept at picking employers that provide perks related to health and Wellness, or align themselves to the fulfilment of Duty of Care. Retaining the 'brain-power' of talented employees as they age, employees that have learned a lot about the culture of an organisation through being part of the fabric of an organisation and who have gained ample experience as they have risen through the hierarchy of an organisation, as well as attracting new talented employees, is a key to maintaining high productivity and an edge in a competitive marketplace.

ii. Achievement of Corporate Drivers

Each organisation would have delineated its own specific set of drivers as to why they might want to pursue a robust health and Wellness programme. These drivers differ in number and type between organisations, but almost always fall into four broad categories:

a. Brand Image

Brand protection activities aimed at minimizing crisis risk related to negative health outcomes (e.g. heart attacks in young individuals), catastrophic end outcomes of workplace stress (e.g. attempted and successful suicides), negative media (e.g. through employees sharing the news of negative health outcomes on social media, and through newspapers printing stories about unwell employees), and the impact of an untoward medical and accidental event (e.g. stringent oversight and follow up by a governmental body), should be the goal of any forward-looking organization. Furthermore, reinforcing an organization's brand image as a global leader and as an **employer of choice** is one of the best ways to attract new talent as well as retain existing talent. According to a 2012 study by AFLAC, employees who participate in workplace Wellness programmes are more satisfied with their jobs, and employees who are more satisfied with their jobs tend to have more loyalty toward the organizations that employ them.

b. Productivity

As stated above employees who are well will get sick less, and this will result in less time away from the office and the workplace, and in turn will result in **decreased absenteeism**. Furthermore, just because an employee is present in the office and sitting in front of a computer screen does not mean that he or she is engaged in a productive activity (presenteeism). However, it has been shown that employees that are well exhibit increased energy levels, and as a result demonstrate improved productivity levels. Furthermore, presenteeism, that is when employees are at work but not operating at 100 percent capacity, tends to drop also and this can lead to increased **employee engagement**.

c. Cost Reduction

Through providing a robust health and Wellness programme that is administered at a fixed cost and results in low referral off-site to local healthcare facilities, an organization can **control health provision cost**.
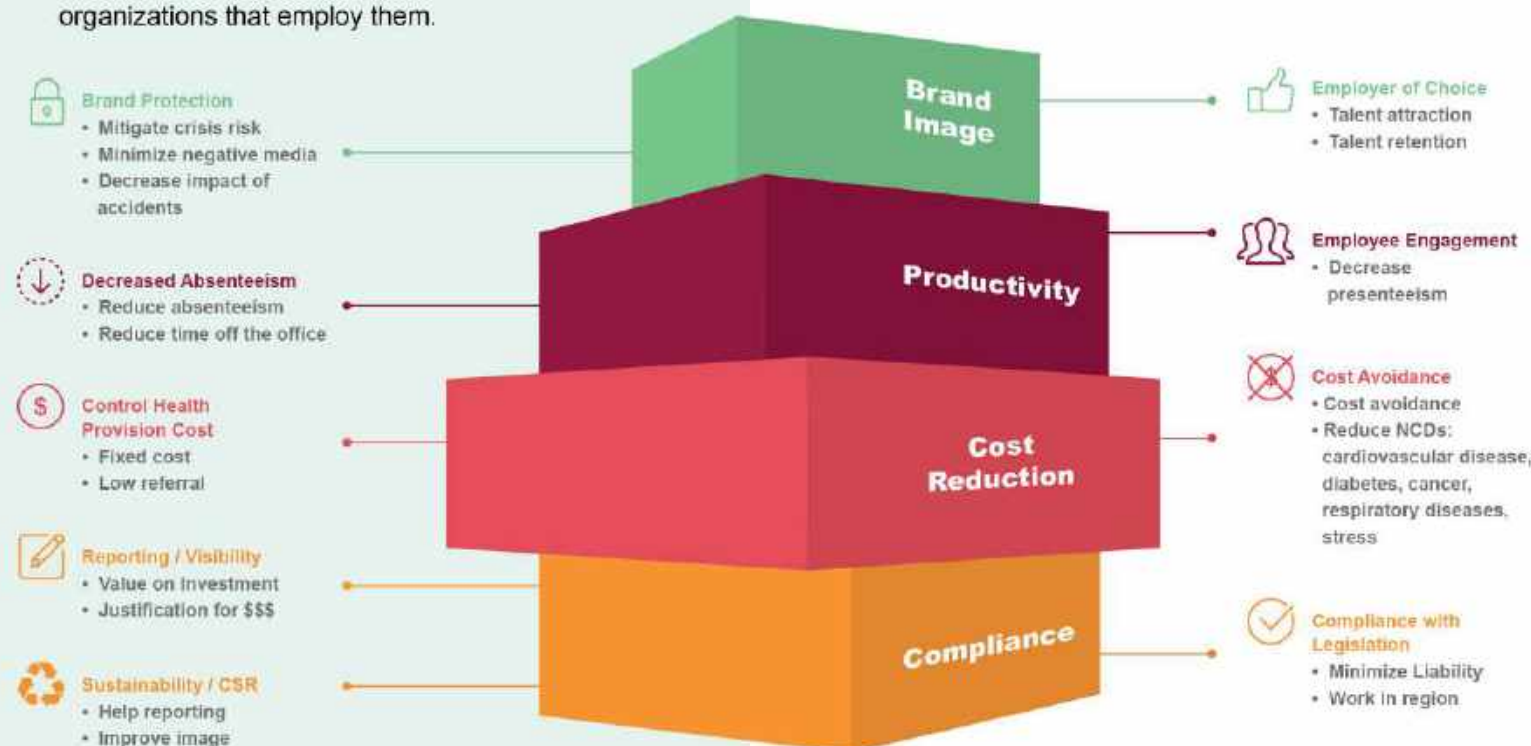
Furthermore, reducing the NCDs can result in the decrease of direct medical costs, and furthermore in long-term stability of insurance rates resulting in long-term cost **avoidance**.

d. Compliance

In the present day marketplace where transparency is becoming the norm, **increased reporting and visibility** of processes on-site is key to having shareholders that are comfortable in investing in an organization. This applies to the reporting with respect to the burden of risk-factors and diseases that are present in a workforce, as well as mitigation measures implemented to decrease both. Additionally, there in an increased focus on making health and Wellness a key part of the **sustainability and corporate social responsibility (CSR)** reporting that an organization should publish as part of its due diligence. More and more countries and jurisdictions are requiring that health and Wellness pertaining to employee benefits and health and welfare be approached through mandatory means and in **compliance with legislation** and local laws and regulations. Finally, many organizations with business branches in far-flung regions or countries are increasingly holding those branches accountable to fulfilling the health & Wellness directives of the headquarters office, on office that may be thousands of kilometres away.

iii. Alignment with Sustainability Development Goals

The recent drive for organisations to report on the alignment with the 17 **Sustainability Development Goals (SDGs)** has seen an increase in organisations reporting on these goals as part of their annual reports. Two of these goals deal with health and Wellness. These two goals will be further explored later in in the paper.

Brand Protection
· Mitigate crisis risk
· Minimize negative media
· Decrease impact of accidents

Decreased Absenteeism
· Reduce absenteeism
· Reduce time off the office

Control Health Provision Cost
· Fixed cost
· Low referral

Reporting / Visibility
· Value on Investment
· Justification for $$$

Sustainability / CSR
· Help reporting
· Improve image

Brand Image

Productivity

Cost Reduction

Compliance

Employer of Choice
· Talent attraction
· Talent retention

Employee Engagement
· Decrease presenteeism

Cost Avoidance
· Cost avoidance
· Reduce NCDs: cardiovascular disease, diabetes, cancer, respiratory diseases, stress

Compliance with Legislation
· Minimize Liability
· Work in region

Compete with peers offering Wellness programmes

More and more organisations are implementing health and Wellness programmes, and those that are not at the present time are making plans to do so in the coming years.

The Wellness Trends 2015 paper published by the International Foundation of Employee Benefit Plans found that 50 percent of the companies surveyed have a Wellness budget, and that 80 percent of these that do offer some Wellness and have done so for an average of seven years. Furthermore, 60 percent of these companies expect budgets to increase in a time frame of two years, and the 20 percent without a budget expect for one to be implemented in the next two years. Interestingly the paper also reports that the top barriers to implementing health and Wellness programmes in their organisations seems to be universal and consist of:

- Not enough time for participation
- Dispersed worker populations
- Difficulty keeping momentum going

Another resource on the subject is the recent IBISWorld Industry Report. According to this report, corporate Wellness programmes are a nearly USD 8 billion industry in the US and are expected to grow at a rate of nearly 7.8% through 2021. The Global Wellness Institute puts that number at USD 40 billion worldwide. Furthermore, productivity losses due to poor health and presenteeism are even higher than the direct costs of actual medical treatment (averaging USD 2.30 in lost productivity for every USD 1 in medical costs).

50% **Have wellness budget**

Offer some wellness Average time in place **80% 7 yrs**

Expect budgets to increase In time frame of **60% 2 yrs**

Without budget Expect one in **20% 2 yrs**

Top Barriers

Not enough time for participation

Dispersed worker populations

Difficulty keeping momentum going
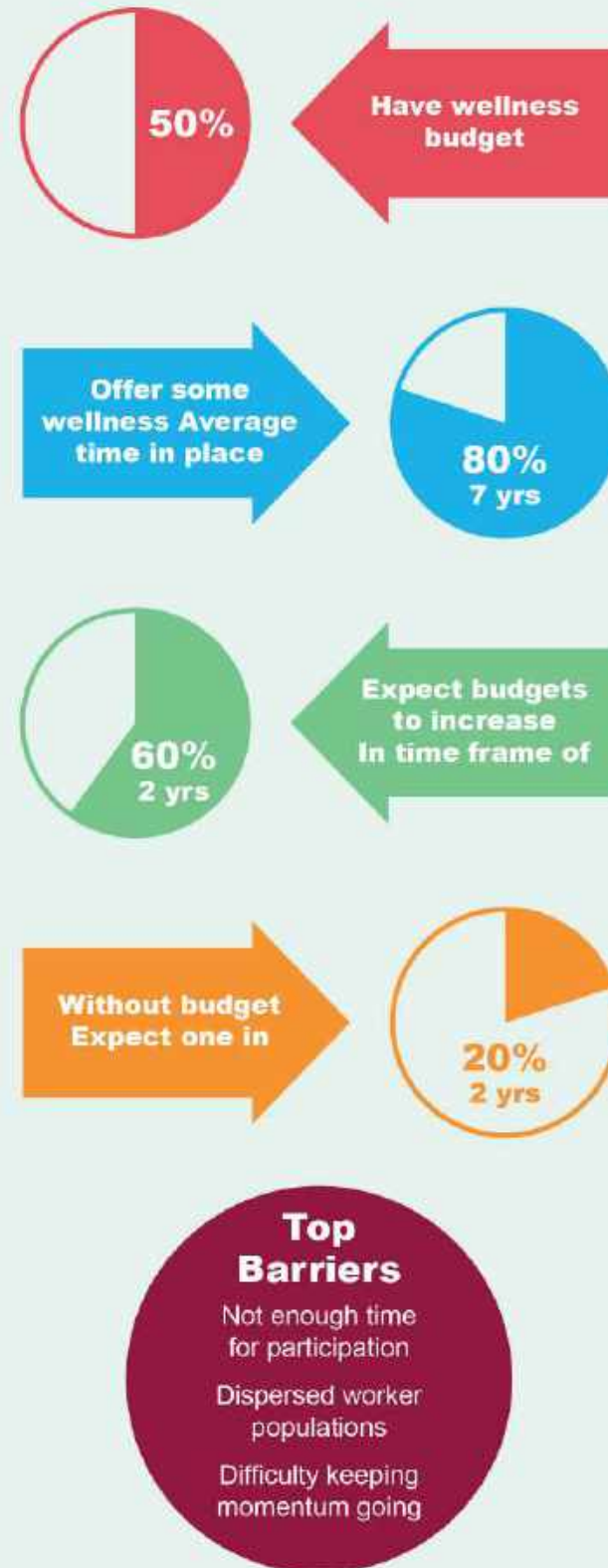
Protect against the NCD Epidemic and Save Money in the Long-term

According to the World Health Organization, NCDs kill 41 million people each year, equivalent to 71% of all deaths globally. For each of these years, 15 million people die from an NCD between the ages of 30 and 69 years, and over 85% of these 'premature' deaths occur in low- and middle-income countries, where the majority of consumers and employees are based for most organisations. Well-designed workplace based Wellness programmes have been identified as an important way of keeping employees happy and healthy, in turn contributing to the stabilisation of the global NCD epidemic.

There is a real **Return on Investment (ROI)** with well-designed Wellness programmes in terms of dollars saved from immediate savings, from no loss of productive hours through having an employee leave their workplace to seek treatment, and the research clearly demonstrates this. Some examples of these are:

Reuters Report (2015)

- Workplaces encouraging healthy lifestyle have fewer obese employees among the millennial workforce
- There is a 7% decrease in obesity in workplaces encouraging more than 1 healthy lifestyle practice

The Workplace Wellness Alliance (2012)

- There is a return on investment (ROI) of USD 3.27 for every USD 1 spent on Wellness programmes
- US companies that engage in Wellness have savings of USD 700 per employee per year on healthcare costs & productivity gained if they address inactivity, stress & harmful use of alcohol over five years

The Briefing Paper (2012)

- Losses in Gross Domestic Product (GDP) due to NCDs will be in the amount of USD 47 trillion, or 5% of GDP, by 2030
- Modest investments to prevent NCDs provide major returns and tens of millions of lives saved
- There will be a 17% increase in deaths in the next 10 years as populations urbanise and grow

British Medical Journal Study by Chauhan (2018)

- The health status of employees showed tremendous improvements on a month on month basis
- Wellness workplace programmes can improve employees' awareness towards their health issues and its consequences
- All this results in in improved work culture, reduction in sickness absenteeism

American Heart Association study by Bailey (2018)

- Wellness programmes are an important way of improving weight outcomes in employees
- The majority of participants in the study achieved ≥ 5% weight loss by 26 weeks, and nearly all participants maintained this level of weight loss at week 52

What the above references do not show is that in addition to a bottom-line return on investment (ROI) there is clear **Value on Investment (VOI)** in terms of the non-tangible benefits gained from Wellness programmes such as employee satisfaction, brand protection, being the employer of choice, recognition by peers and the marketplace etc.

HOW can Wellness be Delivered?

Any organsation that plans to implement a health and Wellness programme should employ an organised approach that is composed of five discrete stages:

1. **Assess the Situation**

2. **Plan Ahead**

3. **Consider Getting Help**

4. **Act on Rolling-Out the Programme**

5. **Check-In Regularly**

Only by employing this 'stage-wise' approach will there be a good chance of implementing a programme that is robust at the inception and yet sustainable in the long run.

1 ASSESS
- Determine where your company & industry fit, how dispersed is your employee population
- Define your **definition of wellness** and what **the goals** are with respect to health and wellness
- Determine what your knowledge is (KK, KD, DD)
- Find out if HQ has any wellness programs in place

2 PLAN
- Align all stakeholders with respect to the **Key Concepts** of wellness
- Set some firm desired **Health Outcome** so that you have a final destination and not just a map
- Decide how fast you want to go and employ a **Phased Approach**
- Carry out an assessment of a programme in place through a wellness Inventory

3 GET HELP
- Think about getting a third-party partner to assist with the wellness programme
- Develop structure within the corporation, to provide on-going health support for wellness agenda

4 ACT
- Start small and grow, and make sure you take on only what you can manage
- Use own & third party providers to implement some key initiatives
- Set up a structure of a Project Manager, who could also be the Wellness Coach
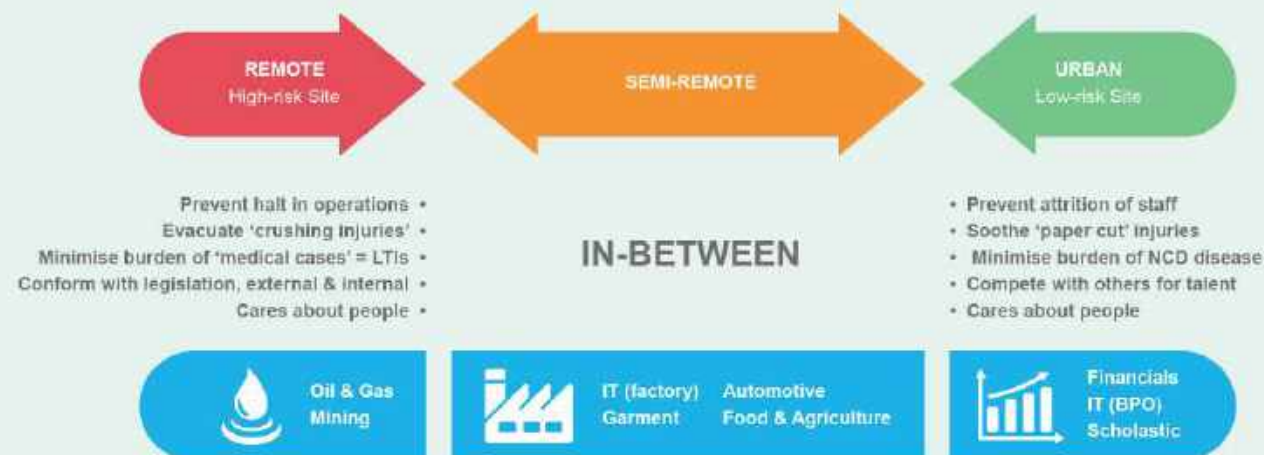
5 CHECK IN
- Set up a robust Health Outcome Reporting model, best in PPP
- Check in often to see that motivation & engagement still there
- Make sure someone prepares quarterly check-Ins to justify to YOUR management

STAGE 1: Assess the Situation

The *first step* in this stage is to determine where your organisation and the industry it sits in, and therefore where it **fits into the health and Wellness mantra**, which also involves determining how distributed your employee population is both from a health standpoint as well as geographically, and this determination is especially needed with large organisations.

- Organisations in the **Oil & Gas and Mining** sectors can potentially wait for a while longer to implement a health and Wellness programme. These organisations usually operate on remote and high-risk sites where the focus is on prevention of stoppage in operations, evacuating 'crushing injuries', minimising the burden of 'medical cases' (lost time to injury (LTI) cases), and conforming with legislation, external & internal.

Prevent halt in operations ·
Evacuate 'crushing injuries' ·
Minimise burden of 'medical cases' = LTIs ·
Conform with legislation, external & internal ·
Cares about people ·

IN-BETWEEN

· Prevent attrition of staff
· Soothe 'paper cut' injuries
· Minimise burden of NCD disease
· Compete with others for talent
· Cares about people

REMOTE High-risk Site — **SEMI-REMOTE** — **URBAN** Low-risk Site

Oil & Gas Mining | **IT (factory) Garment** **Automotive Food & Agriculture** | **Financials IT (BPO) Scholastic**

- Organisations in the **Financial, IT (business process outsourcing (BPO) and R&D), and Scholastic** sectors need to implement a health and Wellness programme as soon as possible. These organisations usually operate on urban sites that are low-risk where the focus is on preventing attrition of staff, soothing 'paper cut' injuries, minimising the burden of NCD disease, and competing with others for talent. The majority of organisations in these sectors already have implemented health and Wellness programmes or are in the advanced stages of doing so.

Having said this there has been a recent trend for organisations in these sectors to start seriously considering the long-term burden of the NCDs.

- Organisations in the I**T (manufacturing), Garment Manufacturing, Automotive, and Food & Agriculture** sectors fall somewhere in-between the above two groupings in terms of the urgency of needing to implement a health and Wellness programme. These organisations usually operate on semi-remote sites.

There is also a need in the *first step* to assess some key parameters in terms of needs, what has already been implemented, and what data there may already be available.

- Determine why you need Wellness programme

- Find out what has already been done in terms of Wellness activities

- Look at what data has already been collected (e.g. turnover rates, absenteeism, employee interest surveys, workplace satisfaction surveys, sick leave, EAP utilization rates, medical claims)

The *second step* of this stage is to define what your organisation's **definition of Wellness** is and what **the goals** are with respect to health and Wellness. This can often be achieved by defining an organisation's unique drivers, and this in turn can be achieved by an active dialogue, perhaps in the form of workshops or retreats, between the various departments in the organisation as well as with the higher management.

The *third step* of this stage is to determine how much **external assistance** you will need to design and implement a health and Wellness programme. This can be achieved by exploring your organisation's experience with such programmes and deciding if you are an organization that **Knows What it Knows (KK), Knows What it Does Not Know (KD)**, or **Does not Know What it Does not Know (DD)**.

The *fourth step* in the Assess the Situation stage, and a key one for large organisations with long-existing headquarter offices, is to find out if those offices have any **Wellness programmes in place** somewhere else in the world. However, even if this is the case, the health and Wellness programmes at the regional or country levels need to be tailored to your individual organisation and its local culture, and delivered in partnership with the organisation's various teams, and taking into account previous Wellness activities that might have been carried out. It is key that the individual modules of health and Wellness programme are aligned with an organisation's health and Wellness objectives. A lot of time can be saved if this step is carried out well, and the common and costly misstep as the saying of 're-inventing the wheel' can be avoided.

STAGE 2: Plan Ahead

The *first step* in this stage is to make sure that all the stakeholders involved in the design and roll-out of a Wellness programme in your organisation understand some key concepts related to Wellness and how an organisation has to plan for Wellness:

Key Concept 1- Shift in Focus from Reactive to Proactive

Understanding this concept addresses the need to work on preventing health problems from happening in the first place, and therefore shifts the approach to the health and Wellness of an employee population from a 'reactive' one to a 'proactive' one. All senior stakeholders have to understand and buy-into this shift, as the health outcomes from a proactive approach typically take longer to become evident, and there has to be commitment from these senior stakeholders to keep constant the support for the Wellness programme.

The idea behind the shift in approach, and a journey that a lot of organisation have already embarked on, is to analyse where an organisation is with respect to addressing health and Wellness and try to shift one level higher:

- **Tertiary Prevention:** This is a situation where the NCDs are already present, and the focus is to try to limit any further manifestations or complications of these diseases. An example of this is an employee that already has coronary artery disease, and all efforts now are aimed at preventing this employee from having a myocardial infarction, or what is known commonly as a heart attack.

- **Secondary Prevention:** This is a situation where there are risk factors for NCDs already in place, and the focus is to try to prevent these risk factors from progressing to a disease state. An example of this is an employee that is a smoker and additionally has a high body-mass index, and all efforts are aimed now at preventing this employee form developing overt heart disease.

- **Primary Prevention:** This is a situation where there are no risk factors for NCDs in the employee yet, and the focus is to educate this employee on Wellness, get them engaged in Wellness, so as to prevent the pressures of a fast-paced work environment from taking up lifestyle behaviours that lead to risk factors for NCDs or the NCDs themselves. An example of this is an employee that has lifestyle behaviours such as unhealthy eating, a sedentary lifestyle, significant stress related to job and a poor work-life balance, and all efforts are now aimed at reversing these lifestyle behaviours so no risk factors such as increased blood pressure or smoking are developed.

REACTIVE
Focus on diseases & treating them...

PROACTIVE
Focus on prevention of risks & keeping well...

Tertiary Prevention > Primary Prevention

Key Concept 2 - Shift of Wellness from the worksite to the community

In order to aid the employee in the Wellness journey there needs to be the involvement of this employee's entire community in supporting him or her to achieve their Wellness goals. Additionally, and since the 'human' resource is the most valuable resource that a company has, by shifting the focus of Wellness from the workplace to the community an organisation is actively nurturing the future worker by making sure that the children or nieces and nephews of an employee remain healthy and transition into productive workers in the years to come.

The paradigm shift in the approach to fitness for work, or Wellness, should occur in the following order:

- Fitness **FOR Work:** This is the traditional approach of an organisation where the focus is to select the healthiest workers, and thereby decrease the chances of short-term illness and lost productivity resulting from it, and therefore minimise the immediate costs of illness.

- Fitness **AT Work:** This is the approach taken by many organisations to empower employees once they are hired to stay healthy through Wellness programmes, and this in turn prevents illness in the long term and keeps the productivity of the employees high throughout their employment.

- Fitness **FOR Life:** This is the approach that all organisations should take in the future to expand the Wellness programme benefits to depends and other family members, thereby making the community healthier, and keeping the state of health of future labour at a high level.

Fitness FOR Work
- Screen employees pre-hire
- Protect most valuable asset
- Minimise short-term costs

Fitness AT Work
- Empower employees to be well once hired
- Keep productivity high
- Minimise long-term costs

Fitness FOR Life
- Expand wellness to community
- Keep labour of the future healthy
- Guarantee steady flow of productive workers for decades

Key Concept 3 - Focus on the five NCDs and five Modifiable Lifestyle Habits that impact them

The NCDs or lifestyle diseases are the new epidemic that will significantly affect the workforce in urban and highly populated areas. These diseases have historically encompassed the four diseases such as cardiovascular disease, diabetes, all forms of cancer, and chronic respiratory diseases, but recently mental health or stress has been added as the fifth, as this is presently seen as one of the biggest threats to long-term productivity of employees.

Many counties have sounded alarm bells that the NCDs will have a significant impact on the health of employees in the next few decades. There is a real risk that the millennial workers who are employed in shifts serving the back-offices of the IT and Financial companies will suffer from these NCDs. Take for example employees in one country in South and Southeast Asia who work the night shift from 9 PM to 6 AM, thereby mirroring the daytime hours in the US of 9 AM to 6 PM where the back-office support is provided. These employees will have their diurnal clocks disturbed, and additionally as a result of stress may engage in lifestyle habits that will be detrimental to their health at the blacked-out restaurants and clubs that are frequented following their release from their duties in the morning and after a night-shift.

There is a strong drive from governments to encourage corporate driven Wellness programmes to be implemented by organisations in order to address the modifiable risk factors, or what is also called modifiable lifestyle habits, leading to the NCDs. Many organisations are struggling with respect to what behavioural change initiatives should be put in place to address the lifestyle habits. But there is good news when it comes to this question: by addressing only five modifiable lifestyle habits, all five NCDs or the risk factors that lead to them can be addressed. There are some well-defined building blocks of Wellness that can be used to build a Wellness programme and therefore impact these lifestyle habits, and these will be addressed later on in the paper. However, listed here are the habits paired with the title of the building block:

Tobacco Use

- Smoking Cessation Programme
- Wellness Coaching
- Health Promotion Talks / Webinars in Smoking

Unhealthy Diets

- Healthy Weight Management Programme
- Wellness Coaching
- Nutritionist Consultations
- Health Promotion Talks / Webinars on weight and healthy eating
- Collaboration with cafeteria vendors

Physical Inactivity

- Healthy Weight Management Programme (activity module)
- Wellness Coaching
- Physiotherapist Consultations

Harmful Use of Alcohol

- Healthy Weight Management Programme (alcohol use module)
- Nutritionist Consultations

Poor Work-Life Balance

- Psychological Resilience training (focus on sleep-wake balance)
- Wellness Coaching

LIFESTYLE HABITS VS. NCDS	TOBACCO USE	UNHEALTHY DIETS	PHYSICAL INACTIVITY	HARMFUL USE OF ALCOHOL	POOR WORK-LIFE BALANCE
CARDIO-VASCULAR	✓	✓	✓	✓	✓
DIABETES	✓	✓	✓	✓	✓
CANCER	✓	✓	✓	✓	✓
MENTAL HEALTH	✓	✓	✓	✓	✓
CHRONIC RESPIRATORY	✓				

STRESS!

An organization's approach to a Wellness programme should focus on delivering tangible results. This means that there has to be an organised and logical approach to designing and rolling out and providing a Wellness programme. Careful data analysis and periodical reporting have to be provided in order to ensure that the return on initiatives is positive in terms of objective as well as subjective parameters. The cyclical approach which allows all this to happen is summarised in the figure below, and further expanded subsequent in the sections that follows.

i. Measure

There needs to be clear identification through various screening approaches of both current health conditions affecting the employee population, as well as the risk factors which may lead to such health conditions. This identification or **Measure** should lead to the genesis of an anonymised report that shows the burden of disease or risk factors, known also as the 'disease or risk factor burden map'.

Only by knowing what health issues are facing an organisation, can limited resources be 'surgically' focused to make sure that initiatives have tangible and deliverable health outcomes. Stated another way, an organisation needs to know 'what ails it' so that it can 'provide the right treatment'.

ii. Impact

Once there is a clear idea of what diseases or risk factors are the main threats to an employee population that is well and productive, there needs to be a design and the implementation of change-behaviour programmes which will allow the tackling of the issues identified. The key here is to focus on change-behaviour strategies that directly impact the health conditions or risk factors identified in the **Measure** step and to provide the most **Impact** through the Wellness programme to the employee population.

iii. Monitor

Once the **Impact** modalities have been run for a reasonable period of time, which is usually two to three years, there need to be continuous monitoring of the health outcomes that had been defined in the **Measure** step. This can be accomplished through careful analysis of data collected through the same initiatives that were employed in this first step, or through the ongoing collection of health parameters through the use of digital health modalities such as wearables, Wellness Apps, or Wellness Coach dashboards. These latter digital health modalities will be explored later on in this paper. All the trends and health outcomes identified through this **Monitor** step can then be used to further 'tweak' the Wellness programme in order to achieve even better results.

As discussed above, a Wellness programme has to be approached in a logical and organized approach. This means that there have to be some solid academic principles behind it, or stated another way there has to be 'science' behind it. But an organisation has to also remember that the employee population it is working with are millennials that need to have some fun while they engage in Wellness.

Hence the need to make sure that any Wellness programme has some gaming built into it (where employees can compete with each other), some group activities that perhaps take place outside the work environment (thereby getting the employees away from the daily work environment), the ability to form blogs and discussion groups (allowing support from friends and peers as well as a healthy dose of competition), and some fitness activities like Zumba and dragon-boat racing (thereby tapping into some 'trending' activities), these being some examples. This is what can be colloquially and humorously termed the 'YYY' approach, or the 'Yoga, Yoghurt and Yahoo!' approach.

YYY = Yoghurt, Yoga, Yahoo...

- Stringent Analysis
- Industry based interventions
- Strict reporting

- Fun
- Game-like
- Social Media like

Key Concept 6- Focus on Health before Focussing on Wellness

At the beginning of the Wellness journey, an organisation needs to decide if it first requires onsite health services before moving on to implementing a Wellness programme. Such services are meant to provide core health services such as listed below, and are usually indicated for office sites or campuses in the form of Health & Wellness Centres (HWC):

i. Primary Care

- Diagnosis and treatment of common illnesses and minor injuries, such as Ear, Nose and Throat (ENT) illnesses or musculoskeletal (MSK) injuries

- Formulation of treatments plans that are patient-centred and minimise absenteeism or absence from the workplace

- Provision of education modules that promote Wellness and takes advantage of the visit to the HWC

ii. Emergency Care (response)

- Assessment and stabilisation of severe illnesses and injuries on site using a Basic Life Support (BLS) protocol, or if needed an Advanced Cardiac Life Support (ACLS) one, utilising when needed an Automated External Defibrillator (AED)

- Preparation of the ill or injured employee for transport to a higher-level healthcare facility using an appropriate transport modality such as an Ambulance or an Medical Transport Vehicle (MTV)

- Arrangement of the transport modality to fit the severity of the emergency case

iii. Robust operational and medical reporting

- Preparation of a monthly executive dashboard outlining key operational metrics on site related to onsite services as well as referrals off-site

- Preparation of a more in-depth quarterly report outlining more detailed utilisation data and visible health outcomes

- Tracking of employee feedback using online surveys and focussing on the Net Promoter Score (NPS)

iv. Medication Dispensation

- Dispensation of 'first dose' medication for illnesses, and arrangement of a script for full course of treatment, both of these related to over-the-counter and prescription medication

- Monitoring for allergic and other reactions to medication and management of these onsite and if needed through offsite referral

- Proper storage, inventory management, and expiry date tracking to keep medication and disposables stock current

v. Confidential Health Records

- Maintenance of a health record that clearly records a visit to the clinic in a standardised format

- Utilisation of an electronic medical record (EMR) if possible to enhance confidentiality and preserve storage space onsite

- Usage of strict guidelines for record sharing with external parties, with permission from employee at each step of the process

In some organisations there will be a need to first implement such onsite health services, as the campus or office settings will have a large concentration of employees. However, in some cases the onsite clinic services will already be in place. In either case, it is imperative that an organisation focuses first on making sure that such onsite health services are working well, and that they are accepted and utilised by the employees, and are achieving the KPIs set for them, before a Wellness programme is introduced. If health services are robust on site this will only lead to the eventual successful and natural roll-out of a Wellness programme using a phased Wellness approach and the onsite services as the base.

Of course, in some cases, onsite health services are not required, for example in the case of a dispersed population of employees with no one site having a large enough local population to warrant an onsite HWC. As such, a centralised Wellness coach should be utilized to drive the Wellness programme for the entire employee population, utilising the same building blocks of Wellness as above, but providing them in a de-centralised fashion.

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The next and *second step* in this stage is to decide how fast your organisation wants to proceed in implementing a health and Wellness programme. The methodology of approaching Wellness should focus on aligning an organisation's solution for such a programme with the most immediate needs. With any new projects there are invariably limitations with respect to resources, whether be they human or financial, that can be committed to the project. As much as it is important to be clear as to the ultimate goal or phase of Wellness that your organisation wants to achieve, it is important to be realistic that at the beginning one needs to do **'Not too Much, and Not Too Little'**. This requires a phased approach to rolling out a programme, and allows the step-wise deployment of health and Wellness initiatives as the limited resources allow.

If an external provider is used for the delivery of the programme this provider needs to see themselves as a 'partner' in the organisation's health and Wellness journey and not just a provider. Wellness efforts need to be steered in the direction that will yield the best results for an organisation's unique needs.

It often means starting small, and acknowledging that not all challenges related to the provision of health and Wellness can be tackled at once, and that resources such as budget and time and personnel can be constrained. Ambition will grow with the first results, and there should be an aim for more Wellness with time.

An illustrative example of a phased approach is shown in the figure here. In the **first phase**, which might last from one to two years, the focus is on Basic Wellness, and the building blocks that might be introduced are a basic **Measure** modality such as a Wellness questionnaire (an online mode being preferred), combined with basic **Impact** modalities such as Health Promotion in the form of health promotion toolkits and change behaviour management of Psychological Resilience Training. Usually, at this first phase, First Aid Training for the staff as well as a basic flu vaccination programmes are added.

In Phases 2 and 3 further building blocks are added incrementally to expand the process of **Measure** and **Impact**, with the ultimate goal of having an end-to-end Wellness programme that has clear processes in place to **Measure, Impact and Monitor** the health outcomes of the Wellness programme.

The *third step* in this stage involves setting some firm health outcomes that employ a **Return-on-Investment (ROI)** or a **Value-on-Investment (VOI)** planning so that your organisation has a destination with respect to the health and Wellness programme, and not just a map that outlines the path to be taken. Such health outcomes should as much as possible be SMART, which means they need to be **specific, measurable, achievable in the time period defined, realistic and time-stamped**. Some examples could be a net-loss of weight in the employee population, a net decrease in blood sugar measurements in pre-diabetic employees or a net decrease of Haemoglobin A1C measurement in the diabetic population, a net decrease in those employees that are smoking, and a net decrease in healthcare costs (as tracked by the insurance providers of the organisation). These health outcomes should be reported in regular Health Outcome Reports and on a quarterly basis, so that there is clear visibility and transparency on the Wellness programme and its positive effects on the employee population.

The *fourth step* involves carrying out an inventory of any existing Wellness activities to make sure that good initiatives are not going to be discontinued, and to integrate these initiatives into the new programmes.

The *fifth step*, and vital one, is to design and launch a marketing campaign that allows the successful 'advertising' of a Wellness programme. Stated differently this means 'building the hype' for the programme. Targeted communication to all employees in different forms and the use of outsourced vendors may increase the credibility of the Wellness initiatives and combat scepticism from employees who may view the organisation's motives as merely self-serving. Creating the right environment for a Wellness programme is almost as important as designing the 'perfect' Wellness programme. The millennial employees of today are busy and easily distracted, and in order to create a high engagement from them as well as guarantee the sustainability of a programme, a variety of marketing activities should be considered. Such activities can be planned in partnership between the marketing departments of an organisation and a third-party Wellness partner. Furthermore, the activities should be planned for and detailed in a **Global Communication Strategy**.
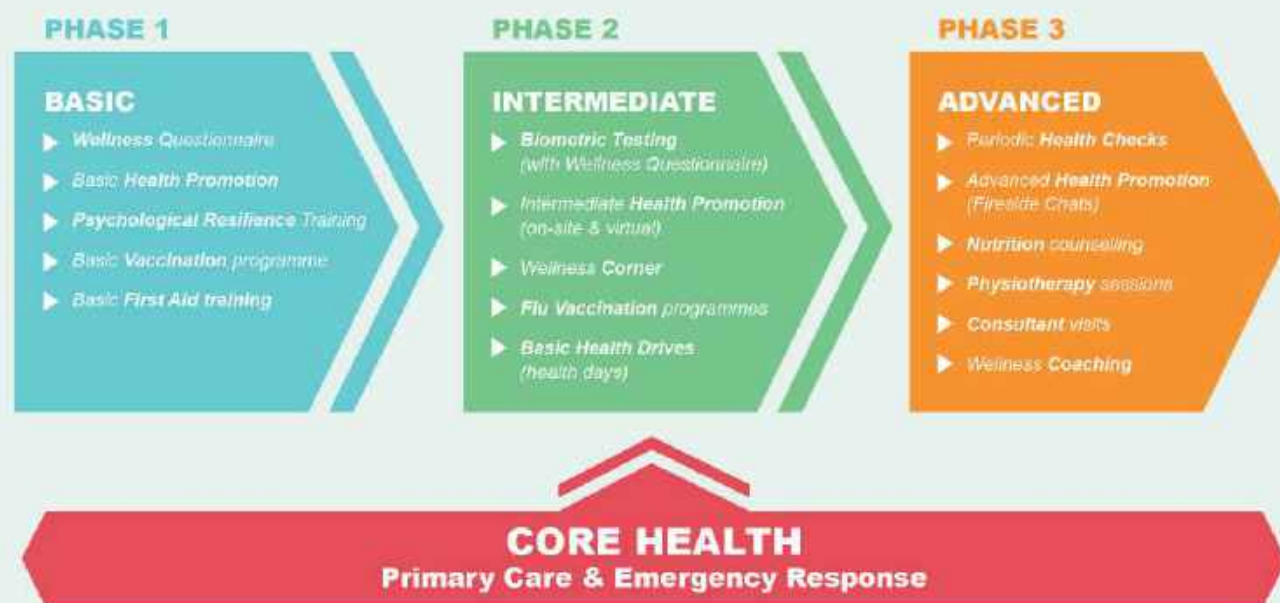
Development of a Global Communication Strategy

Development of such a Global Communication Strategy should involve defining the audience, the message, the channel and timing for each element of the communication plan. A broad overview of such a strategy is outlined below:

a. Audience

The communication strategy should target a range of employee groups, including senior managers, line-supervisors, front-line employees and Wellness champions using different methods and messages.

b. Message

The communication messages should focus on maximising employee participation in the programme, as for example explain why a worksite Wellness programme is being implemented, highlight the benefits of receiving a health assessment, and outline how an employee can sign up for a health assessment, how confidentiality will be maintained, etc. Messages should be targeted to the employee group and location, and should be language and culture specific based on information collected in the health survey.

c. Timing

Communications should be spread over the period of the programme, including months, weeks and days before say the designated health assessment day, on the day itself and as a follow-up after the day.

Customisation of the Global Communication Strategy

Once a Global Communication strategy has been developed, it should be customised for each location based on the results of the assessment. This customisation should include:

- Translating communication materials into the local language

- Modifying the communication messages to match the culture, attitudes and respected social networks of the target employee population

It is imperative that materials and messages are culturally competent and account for special issues (e.g. traditional diets and language) of select population groups (e.g. ethnic and racial), as well as differing educational levels and physical abilities.

Selecting the Channels for Delivery

Multiple channels should be used to deliver the messages related to the Wellness programme. These channels need to be selected based on information gathered about the location (e.g. level of Internet access and literacy levels). Channels may include articles in employee newsletters, posters, pamphlets, in-person presentations by the Wellness Champion, websites, e-mail, etc. A Wellness Committee or an equivalent group needs to be used at each step of the way to communicate and promote Wellness initiatives throughout the organisation.

Furthermore, at the ground level the activities of a Global Communication Strategy can be viewed from three distinct vantage points:

a. Activities aimed at the Employee

Promotional Emails: These can be sent to selected employees that have been identified as willing to change, or can be sent en-masse to the entire employee population.

Pre-recorded Mini-webinars: The above promotional emails can be further augmented with links to these mini webinars. The webinars are made up of no more than five slides with a 3-5 mins voiceover from a Key Opinion Expert (KOE) or a key corporate stakeholder such as the Wellness Champion on the launch of the Wellness programme, and the benefits of participating in it.

Lunch Roadshows: These can take place through planned 20-minute seminars to which employees have been invited, or booths at the work-stations of the employees or in the cafeteria. However, and historically these are met with poor turnout, as millennial employees are not as likely to attend these as opposed to virtual campaigns delivered through virtual means.

Posters & Leaflets: The posters can be hung in high-traffic areas, and pamphlets can be handed out at events dealing with other items or in high-traffic areas. However, as some organisations do have a paper-free policy, digital 'posters' can be used instead on screens through the working space of an organisation.

Computer desktops & screen-savers: Well-designed desktops and screen-savers that feature visually stimulating info-graphics can be used to advertise the start of a Wellness programme. These can be implemented to display automatically by the IT department in your organisation.

b. Activities aimed at Managers / Key Stakeholders

Briefing Slides: Short slide decks can be prepared that contain visually stimulating info-graphics that a manager and other key stakeholders can use at their weekly or monthly business reviews, or at sales or other departmental kick-offs. These can be combined with promotional videos that showcase senior stakeholders in the organisation as champions of the Wellness programme.

'Heads up' for Higher Management: Short videos can be created, supported by brief Q&A slide decks that explain to higher C-level management stakeholders the objectives and design of a Wellness programme. This allows the building of interest amongst these senior level managers that allows them to become champions of such a programme, thereby motivating the rest of the employee population and their managers to get involved in the programme.

c. Activities aimed at tracking interest in a Wellness programme and to follow up on the interest

Marketing automation tools such as Eloqua, Marketo, Pardot etc. can be leveraged to send out emails and newsletters, and this is a useful way to track the interest and response to building the hype for a Wellness programme. The benefits of using marketing automation tools are multi-fold, some of them being:

- Ability to customise the launch email for a Wellness programme with recipients' names, thereby making the message more personalised

- Ability to track the response and the effectiveness of Wellness programme launch campaigns (e.g. email open-rates and click-throughs) and hence understand which messages are more effective for different segments of employees

- Ability to get the right message to the right person at the right time (e.g. based on a person's interaction with the messages sent out)

- Ability to reduce manual interventions, thereby improving productivity for internal communications / Wellness programme team

STAGE 3: Consider Getting Help

Setting up and running a robust and sustainable Wellness programme is a full-time job. Those organisations that have an existing Wellness programme are acutely aware of this. In addition, it often involves being intimately familiar with the local workplace landscape in terms of legislation, human resource agencies, and coordination of third-party providers logistics. Finally, a Wellness programme should be based on the international best practices that have been tested and proven around the world, and it takes time and work to stay updated on these evidence-based practices.

As a *first step* in this stage an organisation should consider outsourcing the running of a Wellness programme to an experienced third-party partner, for the above reasons, but also to allow the organisation to focus on its core competency. There is also the advantage of getting this partner to carry out an inventory of a Wellness programme that may be in existence, as outlined above, or stated differently to assess the 'situation on ground'.

As a *second step* in this stage, and whether an organisation decides to run the Wellness programme themselves or employ a third-party partner, a structure has to be developed within the organisation to provide overall and on-going health support to the organisation's workforce in the implementation of the health and Wellness agenda. This structure must achieve the following goals:

- Lead the implementation of company health standards, procedures, and policies at both headquarter (HQ) but especially country level

- Support the design and evolution of health standards, policies and procedures in coordination with an internal or external Occupational Health (OH) or Wellness healthcare professional

- Act as an on-site health resource to drive and support, health promotion, education and awareness training

- Work closely with the Human Resources department to manage cases to facilitate productivity and assure appropriate and timely care, fitness for work and return to work

STAGE 4: Act on Rolling out the Programme

Your organisation has done a lot of work so far preparing for the Wellness Programme. That is great and congratulations to you and your organisation! The time has now come to get the Wellness programme rolling. This is an exciting time, and one that requires some well-planned steps.

As a *first step* you need to make sure that you are starting small and planning for reasonable growth over a reasonable time. You need to make sure you take on only what you can manage. If you are going at it by yourself, make sure you still employ some third-party partners to implement some key initiatives in complement with your own initiatives. A key part of this step is to create an **Implementation Timeline**. Creating such a timeline will provide a snapshot of the components of the Wellness programme and its campaigns that need to be rolled out and the tasks that need to be planned for to make this happen. It will help to clarify and describe what is going to be delivered within the specified timeframe. At each step of the way consider the time and commitment required, and commit to a realistic and achievable programme. The timeline will also be an important factor during programme evaluation. The timeline structure should, at a minimum, contain the following components:

- **Year and month of events**

- **Topic of event**

- **Type of event (for example, screenings and workshops)**

- **Resources needed**

- **Event date**

As a *second step*, your organisation needs to designate a clear leader for the programme. Designing a Wellness programme can be a top down, bottom up, or hybrid function. However, rolling out a Wellness programme requires local input and a grassroots level champion. For this reason, a Wellness Project Manager should be designated and should be in place, who could also double up as the Wellness Coach, and maybe the Wellness Coordinator. The role of a Wellness Coach will be explored further in this paper but may be an internal resource or one outsourced from a third-party partner. As an example, in one study employing a Wellness Project Manager in a large organisation in China, the organisation reported that its operations in the country managed to achieve 80% Health Risk Screening participation by setting up kiosks at the factory gate at the end of each shift and by providing healthy food while employees waited their turn. In another study, there was indication that encouraging employee input and involvement from the outset in the planning process, thereby creating ownership of the programme, greatly increased the participation rates in the employee population. All these initiatives and others need to be managed by a dedicated resource in a best-practice fashion. Early involvement and consultation with employees will help ensure their commitment to, and engagement with, the strategy of the programme. A work environment with a large disengaged population will be likely to have poor participation in a voluntary-based programme.

As a *third step*, the specific modules that will make up the different phases of a Wellness programme need to be decided on, and further readied using internal and external resources. There are a variety of Wellness modules that are available in the Wellness marketplace which can be used as the 'building blocks' from which to construct a Wellness Programme. At the present time twenty-one modules have been identified by the International SOS Foundation and these are outlined below. Additionally, these twenty-one modules can be grouped into six broad categories or 'buckets', and these categories are further explored below.

The twenty-one modules are outlined in the figure that follows and can also be classified into the **Measure, Impact and Monitor** categories as outlined earlier in this paper and as pertaining to where they sit in the cycle of implementing a Wellness programme.

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1 Health & Wellness Promotion	2 Data Analysis & Reporting	3 Behavioural Change Management	4 Health & Wellness Assessment	5 Chronic Disease Management	6 Health Partner Collaboration
Health Talks	External Health Checks Data Analysis	Healthy Weight Management Programme	Wellness Questionnaire	Chronic Disease Care Maps	Ancillary Services
Taped Webinars	Internal Health Checks Data Analysis	Smoking Cessation Programme	Biometrics Testing	Chronic Disease Case Management	Vendor Collaboration
Fireside Chats with Consultants		Psychological Resilience Training	External Health Check Program		Office Ergonomic Assessment
Wellness Coaching			Internal Health Check Program		
Vaccination Drives					
Health Fair Drives					
Onsite Health & Wellness Centers					

MEASURE   IMPACT   MIXED

The details of each module is beyond the scope of this paper but can be provided by the International SOS Foundation on request.

STAGE 5: Check-In Regularly

As was mentioned in the **Monitor** section, Wellness programmes should be continuously checked to make sure that all the initiatives are on the right track and that adjustments are made in time when and if required. One can imagine the implementation of regular checks and the monitoring of a programme to be managed in the form of a Wellness dashboard. Such a dashboard, in order to be effective, integrates and consolidates data to provide a clear overview of the Wellness programme performance. A dashboard helps those stakeholders running Wellness activities to visualise the 'larger picture', and provides critical insight into the drivers of success and other strategic information to help the stakeholders track the effectiveness of the programme.

To use the analogy of a car trip for a Wellness programme, the vision or objectives set at the beginning is the **Destination** for the trip, and the overarching Wellness strategy is the **Vehicle**, and finally the Wellness dashboard is the **dashboard** in that vehicle that informs key stakeholders of how fast the programme is moving, how much fuel is left that can be utilised, and other critical data about how the vehicle is performing.

The Wellness dashboard should then be summarised and presented in a Health Outcome Reporting model, preferably in a consumable format such as a PowerPoint presentation. This report should be updated on a quarterly basis and presented to key senior stakeholders to drive the momentum for and commitment behind the Wellness programme. This is a key part of any Wellness programme, as it is vital to check in often with key stakeholders to make sure that motivation and engagement are still there, and that your organisation continues to get the financial and human resources it needs. The concept of reporting is a key one and is further explored in the next section.

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MONITORING WELLNESS AND EVALUATION REPORTING

Any Wellness programme reporting activity should include three key elements (indicators):

- **Inputs:** Refers to parameters such as number of employees attending health fairs, number of posters being distributed in the office etc.

- **Outputs:** Refers to an increase in knowledge that people gained from attending those health fairs

- **Outcomes:** Refers to the lower number of sick days, turnover rates, medical expenses etc. sustained by an organisation

Wellness programme monitoring and evaluation reporting is important for many reasons, and these include:

- Allows for early course correction if program Key Performance Indicators (KPIs) are not being met

- Helps determine how to allocate limited budget so one can focus the time and resources on meaningful programming

- Provides tangible evidence that can be shared with the stakeholders, including employees, management and members of the team implementing the programme

Some indicative examples of ways to collect data for monitoring and reporting of Wellness programmes are:

- Quizzes

- Pre- and post-biometric measures

- Blood pressure and weight of employees

- Monitoring of vending machine sales

- Surveying of employees' opinions

- Cost / benefit analysis

- Insurance claims data analysis

- Health Risk Assessment (HRA) data analysis

- Employee turnover / retention rates tracking

- On-site injury / lost work time date tracking

The question arises at this point as to when should monitoring and evaluation reporting of a Wellness programme occur? The evaluation focusing on health outcomes should be determined by each programme and early in the process (and their planning matrix / SMART indicators) and divided into short medium and long-term measures. A table has been developed that is a useful guide to aid in the evaluation process[12], and this resource can be provided by the International SOS Foundation on request.

Finally, setting measurable and realistic KPIs is an essential component of a well-functioning Wellness programme. The KPIs should capture how well a programme achieves its intended objectives and allows monitoring outcomes and improving the programme. Indicators (as per planning Matrix) may be process oriented, such as participation rates, eating behaviours, or the number of preventive screenings, or outcomes oriented, such as changes in blood pressure, weight, or healthcare costs. Your organisation should develop a plan for how to collect data on the KPIs as part of the initial programme planning. Programme participation data are typically collected by the entity that runs the programme, such as a vendor/ partner or an organisation's own staff. Data on health risks and behaviours has to be collected through surveys and screening. The organisation's health plan, benefits consultant or broker might have data on healthcare costs. If care is provided through an on-site Health & Wellness Centre, care should be taken to identify the data required from the medical service at the onset of the programme.

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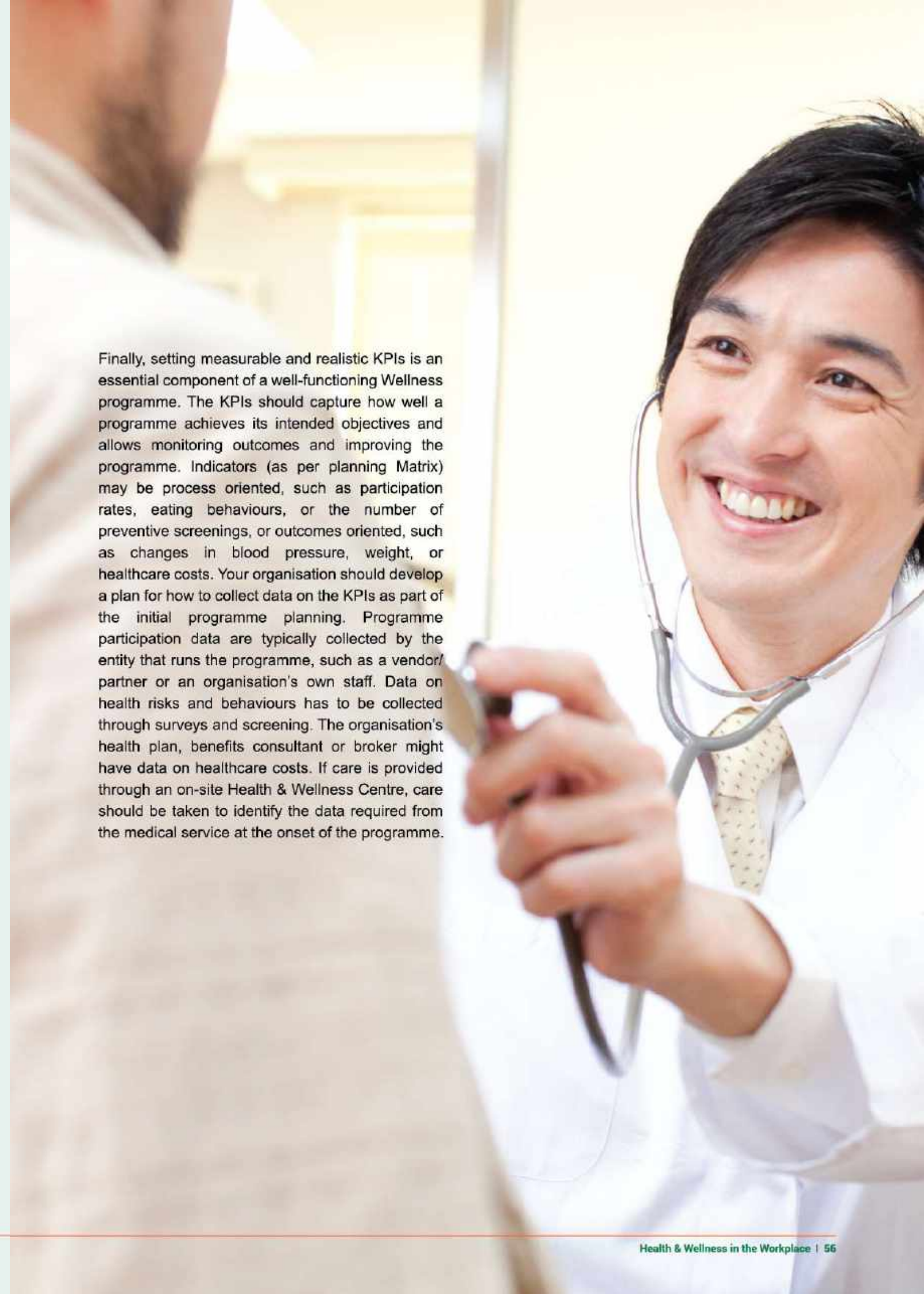
SUSTAINABILITY AND WELLNESS

The world at large continues to be vulnerable to volatility, uncertainty, complexity and ambiguity, the VUCA forces. It is therefore not a surprise that sustainability planning and fulfilment of the Sustainable Development Goals (SDGs) is now practiced by many leading organisations around the world who have committed to tackle the mega forces and challenges according to the UN Global Compact SDGs Agenda by the year 2030.

The SDGs, also known as the 'Global Goals', provide a roadmap to end poverty, reduce inequality, tackle climate change, and address the NCD epidemic, among other things. The 17 goals and 169 specific targets for the 2030 Agenda set the world's sights on addressing the most critical environmental, social, economic and health related issues the world faces today.

The three pillars of environment, society, and economy are frequently used to show how sustainability can be incorporated into an organisation's mission, goals, and practices. The 'three Venn diagrams' is a visualisation of these pillars. Each of the pillars is considered essential for sustainable outcomes to be achieved.

Organisational ambition around the SDGs is only set to increase in the coming years. Many organisations are already recognising the need for business to operate in stable economies, and that, conversely, growing inequality, poverty, climate change and poor health risks are threats to almost any business model. In fact, 93% of the world's 250 largest companies already carry out Sustainability Reporting and this number is increasing.

Until now, the work around environmental safety has effectively used the sustainability movement to advance improvements in environmental outcomes, such as resource usage and emissions reductions, through increased awareness, the establishment of a global vision through accords such as the Paris Agreement, investment in innovations, and promotion of transparency. It was not until more recently that the 'social' element of the global sustainability agenda has been examined with a closer lens, partially thanks to the introduction of the SDGs, and partially thanks to investors' interest in organisations that are considered 'sustainable'. Looking at this through a Wellness lens, the workplace provides an important part of the Social element of sustainability as seen in the figure below.

No matter their size, organisations are indeed starting to integrate Wellness health and well-being as a means of achieving their own sustainability. A UN report released in April 2017 found that 82 out of 100 blue chip companies demonstrated commitment to the SDGs in their 2016 annual reports, either through explicit statements about the goals or implicit actions that support them. SDG 13 (Climate Action), SDG 3 (Good Health) and SDG 10 (Reduced Inequalities) were top priorities, with the key focus varying by sector.

From the SDG perspective, organisations are encouraged to address Wellness in a holistic manner, Wellness being at the core of health, and one critical determinant of workplace health. Two of the 17 Sustainable Development Goals are indeed related to the Wellness well-being of the employee population for an organization. Some of their respective targets are more likely to drive specific well-being initiatives across organisations, such as:

i. SDG 3: Good Health & Wellbeing

- Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases; the above is pertinent as relationships have been established between cancers and some infectious diseases;

- Target 3.4: By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being;

- Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (as these addictions may trigger non-communicable diseases);

- Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (as healthcare access and coverage influences mental well-being).

ii. SDG 8: Decent Work & Economic Growth

- Target 8.8: Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment (as health promotion and protection is closely related to a safe working environment).

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Health being one of the most critical goals of the UN Global Compact agenda, achieving health and well-being for all relies not only on meeting the SDG 3 targets, but also on addressing other social determinants of health and well-being. From an organisation standpoint, it appears that well-being has many touch points with other SDGs such as, but not limited to:

- Good nutritional intake in terms of quality and quantity is inextricably linked with health and well-being (SDG2);

- Access to education and health promotion is associated with better health, informed decisions about healthy behaviours (SDG 4);

- Economic growth can lead to health and well-being gains as workers' income increases, but may also lead to an increase in non-communicable diseases with changed lifestyles. Further, increased health/well-being supports people to enter the workforce and contributes to economic growth and employment (SDG8);

- Reducing inequalities in income, wealth, education, health care services and access to power can contribute to the achievement of health and well-being (SDG 10);

- Improving transport and supporting active travel modes promotes physical activity and helps to mitigate or prevent non-communicable diseases (SDG 11).

These examples demonstrate that only a holistic understanding of the positive interactions between health, well-being and other SDGs may lead to a genuine, efficient sustainability agenda. This should support the strategic vision of organisations considering the complete meshing of health and well-being with their other sustainable development goals, objectives and targets.

To this point, many organisations are already considering well-being as a material topic, either directly or indirectly through the labels of "health and safety", "employee health and lifestyle" or "employee welfare". As a consequence, well-being is fully featured in their annual sustainability reports, from vision to programmes, and from initiatives to outcomes.

Hence, organisations pursuing a sustainability agenda, for which employees are considered key assets, cannot afford not to consider Wellness as growing priority in terms of strategy and programme implementation. Wellness appears then to be an integral component of a well-executed Health Management System, for which a vision is expected to be displayed (along the lines of the SDGs), and for which transparency in reporting is required (using, for example, the Global Reporting Initiative (GRI) reporting framework as a template for disclosure).

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DIGITALISATION OF WELLNESS

Today's corporate employees are virtual, driven, and stressed. As stated previously in this paper, this has led a key stakeholder from a large US multinational company to comment that she considers her employees to be 'Corporate Athletes'. Like regular athletes, these employees are meant to compete in the highly-charged corporate world, but their arenas are not a stadium or a golf course, but the hallways of corporate offices. There is one more thing that distinguishes todays' employees from those of the years past: a large proportion of them are millennial. That means they have grown up with handheld devices right from their teen years, and they are used to consuming material and products through those very handheld devices.

Therefore, it makes sense that whatever health and Wellness programme is provided by an organisation, that an end-to-end digital solution be provided as part of the programme.

Such an end-to-end solution should ideally have four pillars of access, all connected by a database in the Cloud. Each of the pillars serves a different function, and allows access by different stakeholders: the corporate athlete (employee), the Healthcare Team (Nurses, Physicians, Wellness Coaches, Nutritionist and Physiotherapists, Traditional Chinese Medicine practitioners etc.) and finally external health providers (external consultant physicians, external ancillary services providers), as well as external diagnostic devices.
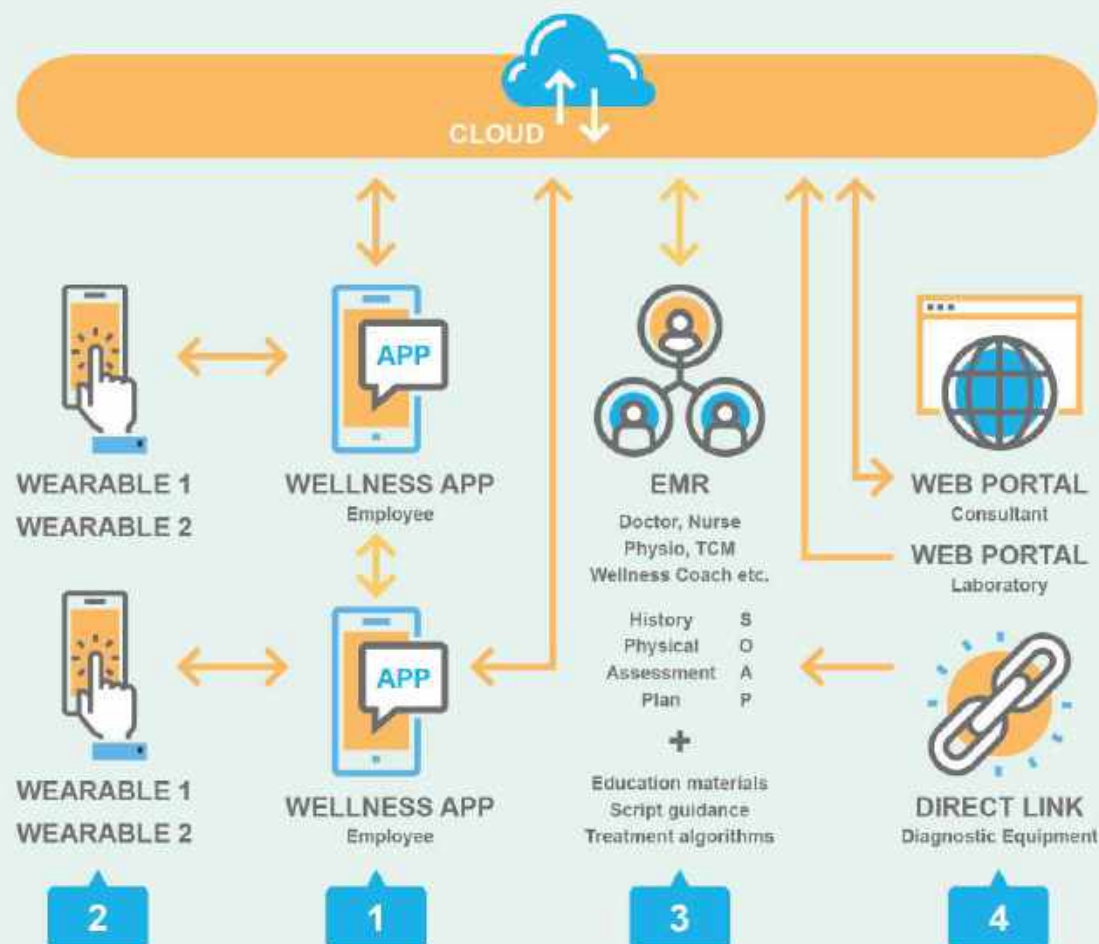
The key challenge is finding a digital health solution that allows such an integrated end-to-end solution, and right now there is a limitation in third-party providers in terms of the number of pillars that can be provided by one such provider. For the purposes of this paper, we will focus on discussing pillar 1 of such a solution, which encompasses a Wellness App, and pillar 2, the wearable that connects to it, as part of the digitalization of Wellness.

The key objective of a Wellness App is to Provide Integration of a Wellness programme by linking employees as well as the providers, key amongst them being a Wellness Coach, through the use of the Wellness App. In turn, the key deliverables as part of this objective are outlined below.
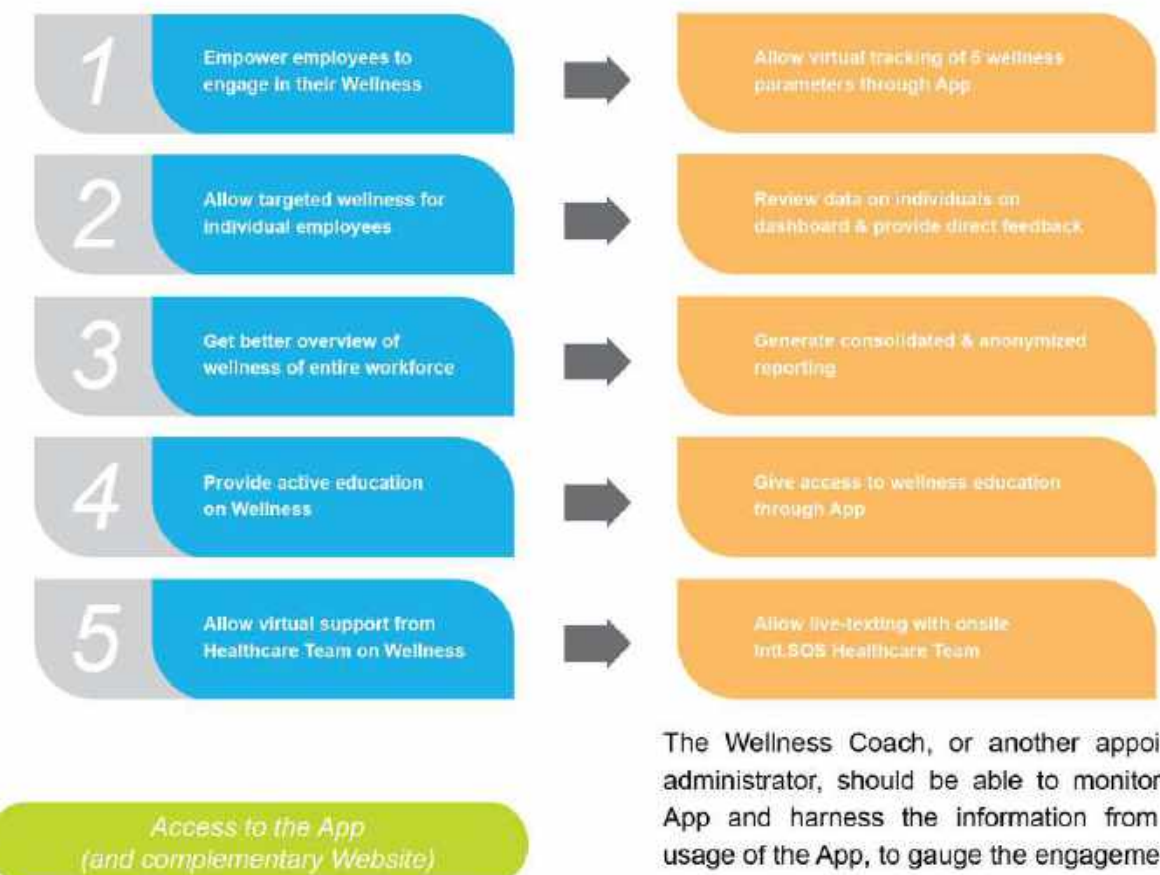
All employees of the organisation should be given log-in access to the Wellness App through their handheld devices.

As such, the Wellness App has to be accessible by employees through a variety of devices including the main Apple and Android platforms, as well as locally produced handheld platforms.

The App should have a complementary website that can be accessed through desktop computers at the employees' workstation with the same features as the App. The Wellness Coach, and all the Healthcare Team stakeholders, should be able to access the information entered into the App through a desktop dashboard, leading to the monitoring of key health parameters of at-risk or self-identified employees.

The Wellness Coach, or another appointed administrator, should be able to monitor the App and harness the information from the usage of the App, to gauge the engagement of the employee population, and to create anonymised consolidated reports on the state of health and Wellness of an employee population on a regular basis.

Features of the App

Any Wellness App used by an organisation should have some standard features that can be provided at the start of the programme, or even during a pilot phase, but should also have the ability to add customised features as the need arises or as per the findings from a pilot.

a. Presentation & Marketing

The Wellness App and the complementary website should be provided by a tested third-party provider, but managed by either the organisation or the third-party health and Wellness partner. For those organisations that have the inkling to develop their own Apps, key gurus from the marketplace have stated that such organisations should think twice about doing that, as the advice in the marketplace is: do not **Make** an **App**, but **Buy** or **Rent** one. Ideally any Wellness App would be identified as being provided by the organisation, and perhaps the Health and Wellness third-party partner, or stated another way should be 'white-labelled' with the developer of the App not being visible to the employee population. There should be a 'splash screen' that is provided on first log-in into the App or website that conveys the above message, and that also allows the employee to opt in or opt out of the programme of using the App, and that allows a consent form to be 'signed' if the employee opts into the programme of using the App.

Additionally, there should be a future option to opt-out of the programme at any time, with a clear indication of how long the information of an employee will be kept on the server, and how it will be deleted.

b. Tracking Parameters

The Wellness App should be able to track at least eight of the below distinct parameters, both through a subjective entry of data by the employee, as well as objective gathering of data through sensors (e.g. steps tracker) in the 'attached' wearable. There should be the ability to add other parameters in the future as the state of health and Wellness of an employee population becomes more apparent.

- **Activity Tracker:** Allows entry of exercise type and duration, from a menu of exercises that are pre-programmed on the App, and through a wearable device is the employee has access to such a device

- **Steps Tracker:** Uses the sensor in the hand-held device to monitor the number of steps taken, and allows comparison of this in weekly and monthly basis. Sensors available should be from a variety of device platforms as discussed above

- **Blood Glucose Tracker:** Tracks the level of blood sugar as entered manually by the employee, and allows trending over time (the information could also be entered automatically through a Bluetooth enabled blood glucose monitor)

- **Blood Pressure Tracker:** Tracks the readings from a blood pressure measurement as entered manually by the employee and allows trending over time (the information could also be entered automatically through a Bluetooth enabled blood pressure monitor)

- **Weight Tracker:** Tracks the level of weight as entered by the employee, and allows trending over time (the information could also be entered automatically through a Bluetooth enabled weigh scale)

- **Food Tracker:** Allows entry of food eaten during different times of the day, and calculates the caloric content of a meal and the total caloric load for the day and week

- **Water Tracker:** Tracks the intake of water as per number of glasses of water drank in a day

- **Stress Diary:** Allows free text to be entered about stress and overall mental feeling, Furthermore, it also allows the subjective tracking of mood by the use of five cartoon faces, from the very sad to neutral to very happy

c. Text-messaging access to Wellness Coach (Wellness-Texting)

As discussed above a large proportion of employees in an organisation today are millennial, and these millennials are accustomed to communicating through their handheld devices; in fact many of them prefer to communicate this way as opposed to face-to-face interactions. Therefore, the employee in your organisation should be able to communicate through text-messaging with the Wellness Coach, or other designated members of the Healthcare Team, through a modality that can be called 'Ask the Expert' of 'Live-Texting' or 'Wellness-Texting'.

As part of this process parameters need to be set on how quickly the Wellness Coach, or other designated member of the Healthcare Team, will be expected to answer the text-message. Some organisations have agreed to an answer within one hour of receiving the message (unless the Wellness Coach is in transit while travelling), and during the hours set for the Wellness Coach to be monitoring the traffic of the 'Wellness-Texting'.

d. Real-time health promotion material push

There should be a variety of educational materials that are available through the App for the consumption of the employee. The material should cover some key areas such as, but not limited to:

- Overall advice on how to be healthy and the pillars that make up a healthy life

- Fitness and exercise advice

- Nutritional advice with tips as to how to eat better

- Mental health advice with tips for happiness and how to be happy

- Sleep advice or how to practice good sleep hygiene

With time and with usage of the Wellness App, there should be a review of the resources on the App by the organisation as well as the third-party health and Wellness partner, if present, to guarantee accuracy and credibility of the advice provided and to highlight good resources based on the numbers of 'hits'. There should also be the ability to customise the information in the educational section to allow both the organisations and the third-party partner content

Additionally, with the passage of time there should be the introduction of 'active' health promotion materials (in addition to the 'passive' articles) such as info-graphics, videos, taped webinars, tapings of the 'Fireside Chats' etc.

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e. Point tracking from activities & rewards

The Wellness App should allow the tracking of points gained through participation in various activities featured on the App as well as offered off the App (could be either corporate driven incentives or external activities). The end goal of such tracking should be to change both the mind-set of the corporate employee population as well as changing behaviour with respect to bad habits towards Wellness: the first step should be on the mind-set change followed by bad habit change. The overall goal of both approaches should be to build a culture of good habits and health and care.

The employees should be able to convert the points earned for rewards using the Wellness App or the website. There should be a review of possible outsourcing of the rewards, with some of the services in the local country market being potentially used as online agents by employees to order the rewards. This allows dispersed access to the rewards, easy logistics of sourcing and quick delivery of the rewards, and would remove the need to keep physical stocks of the rewards.

Furthermore, there could be the offer of vouchers and discounts for some of the products that are offered as rewards, so that employees can purchase them through the Wellness App.

f. Reporting

The Wellness Coach, or a designated member of the Healthcare Team, should have the ability to harvest individual as well as aggregate data from the App. This should allow the partner to prepare consolidated and anonymised reports for management of an organisation on the state-of-health of the employee population.

g. Data Hosting

The data from the Wellness App should be hosted at a reputable server such as Amazon AWS or other, with a back-up server in another reputable location. With the passage of time, there should the ability to host the data in the local country on a server within the control of a third-party health and Wellness partner. This will allow the highest level of confidentiality for the employee population, as the organisation should not have access to individual employee data.

TESTIMONIALS

There are many well-known organisations in Malaysia that have successfully implemented a Health and Wellness Programme in their organisations, or is in the process of implementing one. The full review of these organisations and their successes stories is beyond the scope of this paper. However, below are outlined testimonials from two organisations regarding their real-life examples of Health and Wellness Programmes.

AN INTEGRATED WELLNESS PROGRAMME THAT DELIVERS POSITIVE BUSINESS OUTCOME

Shell Malaysia recognises that the rise in preventable non-communicable diseases could affect performance at work, which results in the loss of productivity. It also leads to the rise in medical treatment and sickness absenteeism, which inadvertently leads to an increase in healthcare cost.

Since 2015, Shell Malaysia has been exploring innovative initiatives to address this rising concern. By the end of the year, they launched an integrated wellness programme to achieve three main objectives: creating a Culture of Health, demonstrating Duty of Care and delivering positive business outcomes.

Integrating five main themes into one programme
The programme was built around five main themes which include staying fit and healthy (Be Well), keeping a healthy and balanced dietary intake (Eat Well), increasing physical activity (Move More), smoking cessation (Breathe well) and building resilience (Think well).

Innovative ways to make it sustainable
To ensure sustainability of the programme, gamification was included so that employees feel that "Staying healthy is fun and rewarding". Employees who engaged in healthy behaviours were rewarded with health incentive points which were redeemable for gifts. This motivated employees to engage in healthy behaviours at all opportunity, thereby gradually creating a Culture of Health in the company.

Backbone through innovative technology
Having various themes and activities, including the need to gamify this programme, required an innovative platform that can bring all these together. Hence, a user friendly mobile app was created as the backbone of this program where each employee was able to view the upcoming health activities, view their health records, track their health incentive points, watch online health awareness video and obtain feedback.

Creative health promotional programmes integrated with mobile app

There were many activities that were organised throughout the programme, which included biometric screening, health promotion fair, health awareness video, step challenges, biggest loser challenge and many others. The leadership team were involved and supportive in all these activities and even championed these programmes among their respective businesses. Leader demonstrated their Duty of Care by ensuring the health of each worker is prioritised.

The business outcome

The programme also achieved three main business outcomes:

The reduction in health care costs arising from chronic preventable illnesses by 23%	Reduction in harm to people where there is reduction in incidence of new preventable chronic illnesses by 17%	It also increases human performance and reduces sickness absenteeism arising from chronic preventable illnesses, the latter by 14%

Also, overall BMI, blood pressure and blood glucose of employees showed improvements at the end of the program.

In conclusion, Shell Malaysia managed to increase care for its employees with leaders supporting every aspect of this program. They also demonstrated evidence that investing in Human Performance and Care, especially the Health and Wellbeing of their employees improved engagement, achieved outstanding health and business outcomes.

First Solar.

MANAGING HEALTHCARE IN A NEW PERSPECTIVE

First Solar is committed towards the welfare of its employees, by focusing on employees' wellness and team collaborations to create a healthier working environment.

In the past, poor health management among employees had resulted in increasing trend of medical insurance claim ratio, insurance premium, high risk medical illness cases and operational expenses. As a result, a strategic approach to look at the employees' health in a holistic manner was undertaken to address existing health care related issues.

In 2014, Wellness for Life Program was incorporated. It was championed by a highly dedicated team to lead transformational initiatives which resulted in the improvement of medical cost and employees' wellness in totality.

In order to fully gauge the health profile and risk of the population, free health screening programme was initially offered to all associates in January 2013 with 30% participation rate. The results were used as a reference to design the strategic wellness intervention and action plans . The strategic approach was divided into 4 phases with clear deliverables for each as outlined below:

1. Short-term action plan: **Cost Containment and Management**
   - Co-sharing plan 90:10 scheme on dependents' inpatient medical premium
   - Partnering with insurance provider to jointly review, negotiate and standardise the medical charges with the panel hospitals and clinics
   - Appointment of panel physio-therapy and child specialist
   - Pilot long-term medication follow-up and issuance
   - Pilot chronic medical case cost management for back-pain and ergonomics cases

2. Medium-term action plan: **Awareness and Health Management**
   - Formalised long-term medication follow-up and issuance process
   - Formalised back-pain ergonomics case management
   - Proactive measures in cost management for chronic medical case to potential high-risk group
   - Weight management programme
   - Quarterly health week
   - Quarterly fun mass group sports and fitness events

3. Medium-term action plan: **Awareness & Health Management**
   - Free annual health screening and free flu shots
   - Scheduled and regular exercise classes three times a week
   - Organise and participate in sports competition inter-department and externally
   - Create a culture of healthy lifestyles by the formation of informal interest groups

4. Wellness infrastructure: **Facilities & Support**
   - Setting up a fully equipped and well-maintained in-plant gymnasium with a scheduled gym instructor
   - Rental of external futsal and badminton courts on scheduled days
   - Healthy menu selection, including special fruits counter
   - Quarterly "Tap for Wellness" reward points system programme
   - Wellness education via sharing of success stories through talks, educational programmes and wellness information

With the effective wellbeing strategies successfully rollout, these programmes bring values to both the organisation and employees.

Value to the Organisation

1. Reduction in Claim Ratio from 114% (2012) to 81% (2013) and sustained in the Market Healthy Range (75%- 85%).

2. Reduction of up to 27% in Insurance Premium Cost. This lower medical insurance claims ratio resulted in lower premiums, which benefited the company financially and enabled better medical benefits coverage to be made available to all employees.

3. Employees' retention rate has been trending exceeding expectations at above 90% and above market, since 2013.

4. Positive result from the 2018 Voice of Organisation Survey which indicated that the employees' engagement towards company is high and it clearly shows that the employees continue to stay motivated, engaged and performs for the organisation.

5. Exemplary achievements in operations performance by investing in the right programme to improve overall employees' wellbeing. The organisation is enjoying the benefit through a committed, healthier and motivated workforce. The business prospers through better cost management and operation performance indicators remain green.

6. Foster Excellence Teamwork – Corporate image enhanced by being a caring employer and inculcating high sense of pride of association with the company. This programme promotes strong teamwork and collaboration amongst not only employees but committee members from cross-functions.

7. Awards Recognition - Successfully received recognition internally and externally as a successful Employer of Choice.

Value to the Employees

1. Improvements in medical benefits – The savings were ploughed back to the employees for better medical benefits coverage.

2. Great place to work - Employees were more aware and keen to live a healthy lifestyle and be rewarded through the "Tap for Wellness" points system.

3. Health success indicator - By having our in-house physiotherapy since March 2016, the company has witnessed high successful rate of recovery of more than 50%.