

Personalising Employee Wellbeing for High-Impact Results

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Main messages

- Poor workforce health is a **risk** to business and is likely to get worse as workers age
- But good workforce health is a fantastic **asset** & we can do much more to convince employers to **invest** in it
- Few workplace health interventions have strong **evidence** to support them
- A **personalised** approach offers the chance to **empower** employees to influence their own health

Changing Health & Work Landscape



*Ageing
Workforce*

*Later
Retirement*

*More Chronic
Illness*

Widening
health
inequalities

Early labour
market
withdrawal

Reduced
productivity

More social
exclusion &
poverty

Increased
healthcare
costs

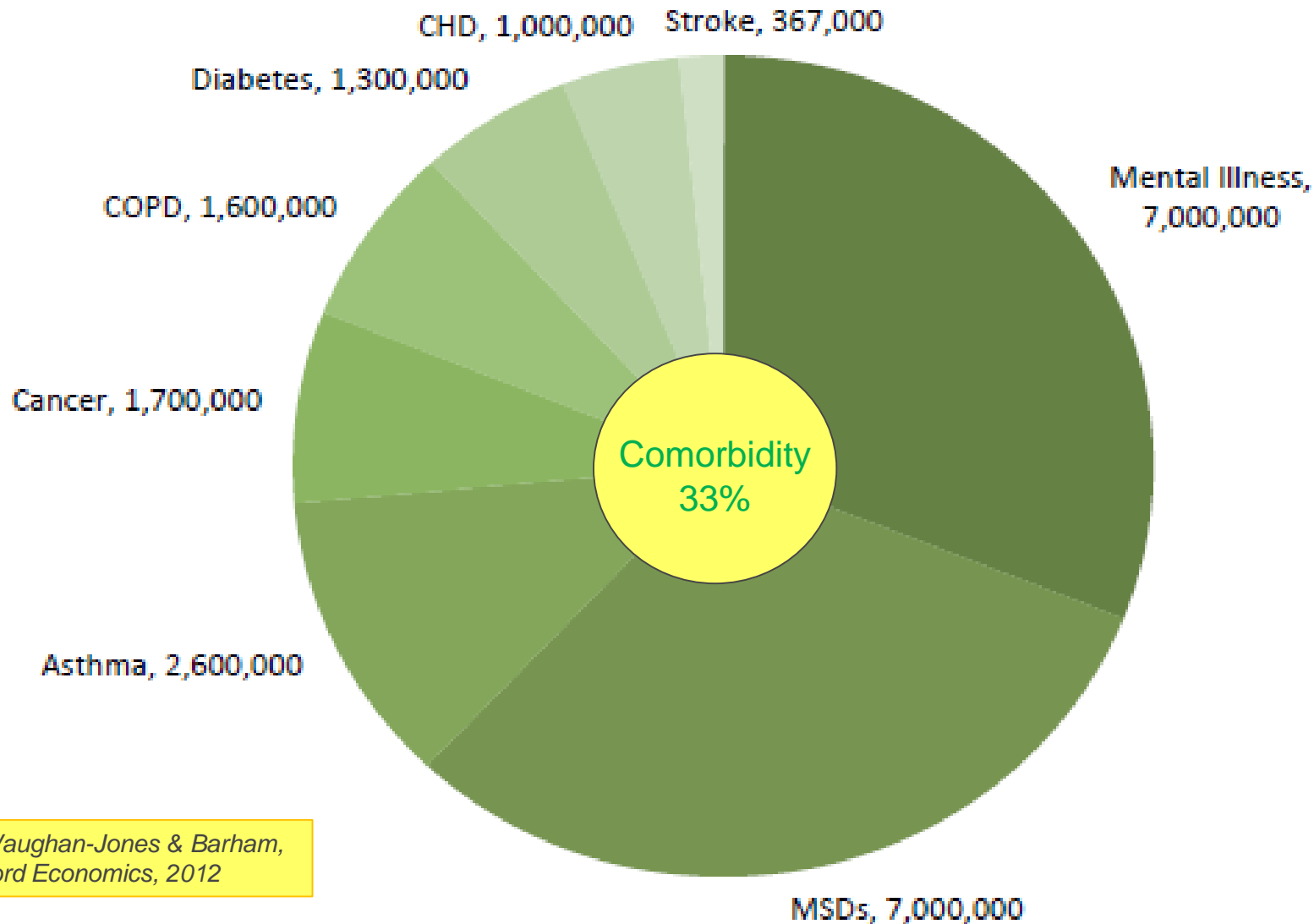
Poor
Workforce
Health

Increased
burden on
families &
carers

Reduced
tax revenue

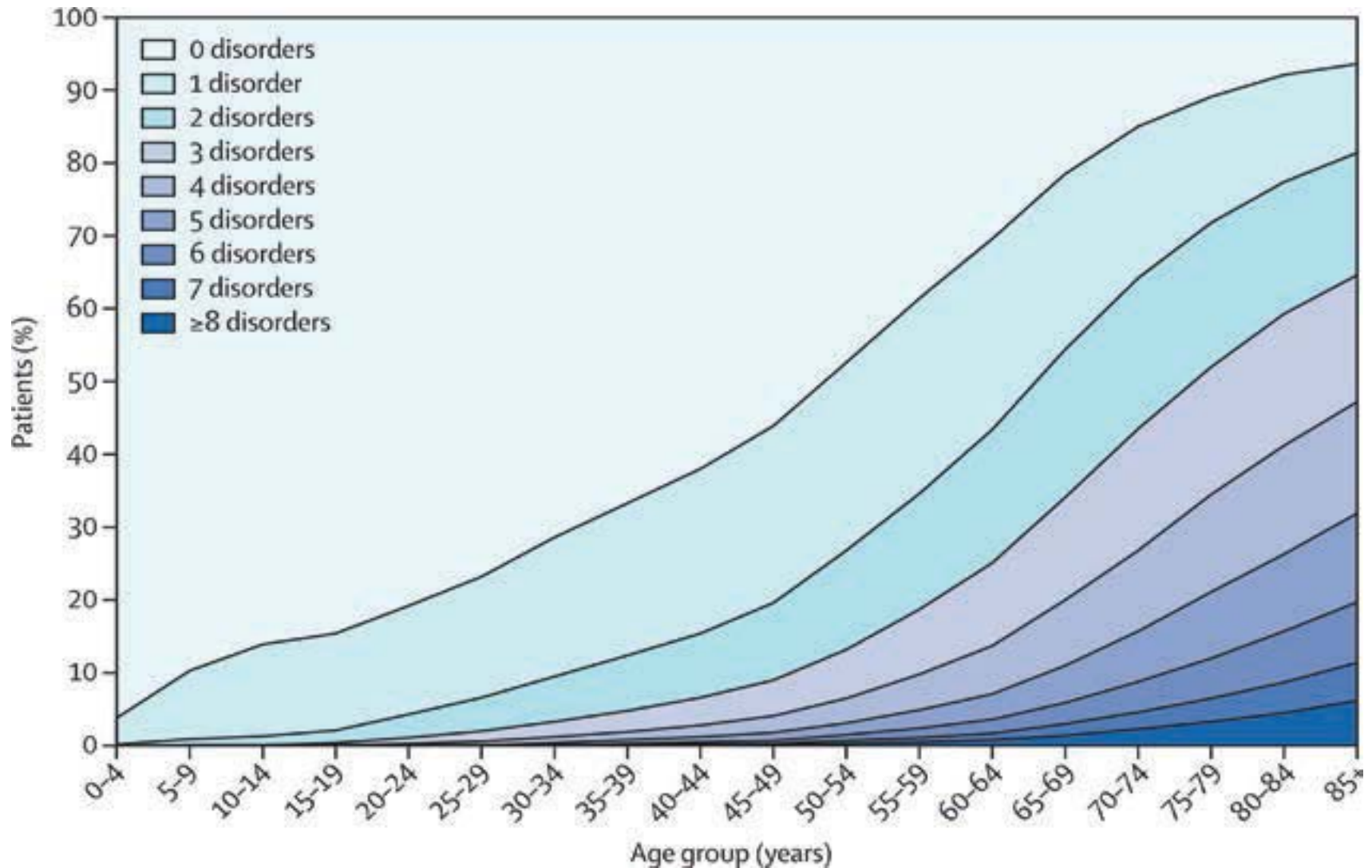
Increased
welfare
spending

LTCs in the UK Working Age Population - 2030



Sources: Vaughan-Jones & Barham, 2009; Oxford Economics, 2012

Comorbidity & Ageing



Supporting Employees to Take More Control



Lifestyle Interventions

- Nutrition
- Exercise
- Smoking
- Alcohol
- Workplaces can support behaviour change among the motivated...
- ...but 'fruit & Pilates' evangelism is no substitute for 'good work' & a great boss

Wearable Tech & Health Apps

- About 1.7bn people have downloaded health apps (total market estimated at \$26bn)
- Many focus on exercise, stress, sleep and smoking cessation
- Can help initiate & maintain change but more a benefit than a proven health intervention
- Concern over surveillance, equality & data privacy

Other Forms of Personalisation

- Health Risk Assessments (HRAs) – can go beyond work-attributed or work-exacerbated health issues – basis for tailoring interventions
- Self-management & employee-led VR
- Job-Crafting – employee-led job redesign to adjust job demands during recovery or phased return to work

‘Best Practice’ Innovations and some gaps in employer practice



Workforce health through a 'Business' lens

“To what business problems might a healthier workforce be a solution?”

Improved staff
availability

Quality &
continuity of
service

Fewer
Accidents

Reduced
'displacement'
costs

Improved
Productivity &
Engagement

More innovation,
creativity & agility

Some Innovations (1)

- Public body – no health interventions for which there is no evidence base (eg flu jabs, standing desks, resilience training)
- Military – team based mindfulness to support ‘change readiness’ & agility
- Automotive – risk exposure ‘app’ to capture hazardous physical & cognitive job demands

Some Innovations (2)

- Transportation – online sleep management programme to reduce fatigue & accident risks
- Financial Services – financial wellbeing support programme
- Construction – mental health & suicide prevention (peer support) for young men
- Manufacturing – workability assessment & job redesign for older workers

Some Innovations (3)

- Telecoms company – workplace adjustments ‘passport’ to encourage job & career mobility for those with chronic illness
- Oil company – early dementia screening & job redesign to promote job retention
- Shipping – telepsychiatry interventions to reduce suicide risk among isolated mariners

Common Gaps in Employer Practice (1)

- Divided attention (reducing medical costs; providing competitive benefits; improving physical & psychological wellbeing as a driver of productivity & engagement)
- Over-medicalising the problem (and the solutions) – mortality, morbidity or wellness?
- A focus on symptoms over causes
- Little on self-management by workers with health conditions – can improve job retention and productivity

Common Gaps in Employer Practice (2)

- A 'deficit'-based rather than capability-based perspective often dominates
- Rare to find coordinated early intervention & VR practices involving line managers & job redesign
- Fruit & Pilates evangelism trumps 'Good Work', culture, leadership, psychosocial health, job design & Vocational Rehabilitation
- Business case 'crowds out' Moral case?
- Evaluation – 'take-up' versus outcomes
- Health as a Risk or as an Asset?

Good practices

- Clear business rationale for action
- Getting senior management support – ‘hearts & minds’
- Good work is good for health, productivity & performance
- Risk and needs assessment, conducted in a participative manner
- Interventions focused on prevention - with a traditional OSH perspective but with a psychosocial component
- Interventions focusing on Work Ability – job redesign
- Active worker ‘voice’ and involvement in design and implementation – focus on line manager role
- Clear evaluation of impact
- Capturing the learning from interventions

A Return on Investment?



Measuring Financial Benefits

- Rarely done because it is difficult!
- Few employers cost sickness absence or measure productivity
- Technical hurdles (eg Human Capital vs Friction Cost methods)
- Most large scale ROI exercises suggest that interventions aimed at reducing absence-related productivity costs yield a 3:1 ROI

The ROI of EAPs

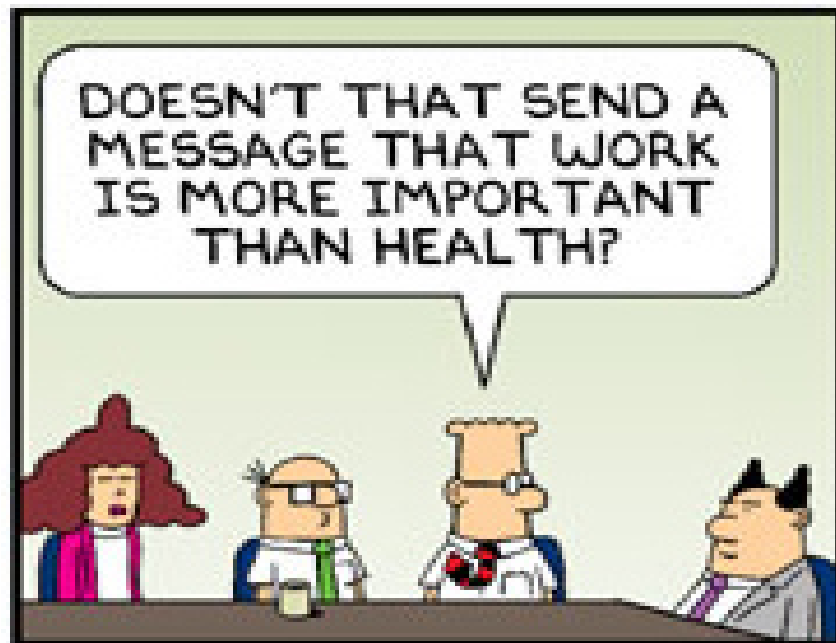
- IES has worked with EAPA to develop an online EAP calculator
- Early results suggest that the ROI of EAPs are positive – sometimes very cost-effective, yet too few employers who use them make effort to promote their use
- <https://www.eapa.org.uk/roi-calculator/>

Time to 'Fess-Up - Perks or Interventions?

- Are we trying to compete in a tight labour market or to improve employee health?
- My worry is that, by pretending that health benefits are the same as health interventions, we may be convincing ourselves that we are making a difference to workplace health when we are not



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