

# The rise of workplace wellness: A history

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By **Cheryl Brown Merriwether** | July 21, 2021 at 10:08 AM



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John F. Kennedy once said, “Change is the law of life. And those who look only to the past and present are certain to miss the future.” Anyone working in the wellness industry and seeking to find a path forward in this post-COVID-19 pandemic era, should keep this quote in mind. For

wellness practitioners, it is clear that the more things change, the more they remain the same. Welcome to the new normal.

A study of workplace wellness activities since the 1950s indicates corporate wellness programs have benefitted the company more than employees. While the availability of specific health-related resources may have increased worker safety and productivity, programs were fundamentally about managing costs and mitigating risks.

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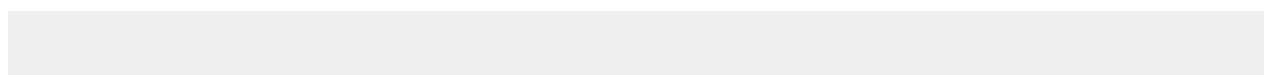
Although cost containment remains an important aspect of employee wellness programs, the primary driver behind today's programs is to improve the health of the workforce. This benefits the employer too because it is much less expensive to retain existing talent than to recruit new talent.

## **The early years: Wellness 1.0 – Focus on people problems and productivity**

### **1950s**

Formal corporate wellness programs did not exist before the 1950s. With two world wars in the rear-view mirror, America was looking forward to a time of peace and prosperity.

While many adults worked in manufacturing or factory jobs, others worked in clerical or desk jobs. Innovations resulted in greater productivity in all work settings.



**Workplace cultures** in the 1950s were formal and hierarchical. Smoking and drinking were both acceptable and common. In fact, Amy Vanderbilt published a Book of Etiquette in 1958 wherein she described the rules of smoking among individuals in the workplace. In this era, women and minorities worked in these jobs at unprecedented rates and many died from lung cancer and other smoking-related diseases,

According to the CDC, in 1950, heart disease, cancer, and stroke were the top three leading causes of death, all of which are directly attributed to smoking. During this decade, there was no public health initiative or workplace wellness program to communicate the dangers of smoking.

While some large companies employed doctors and nurses, and maintained onsite clinics, their primary role was to treat job-related injuries or other minor health problems, such as colds or flu. By the mid-1950s industrial hygiene technicians were hired to monitor air quality and cafeteria sanitation.

The first **Employee Assistance Programs** (EAPs) emerged in the '50s. Veterans returning to the workplace after World War II struggled with alcoholism and mental health issues, and managers realized the link between these issues and worker productivity.

## **1960s**

The focus of workforce wellness in the 1950s and 1960s was to solve the people problems while also increasing **productivity**.

Working lunches in the 1960s were often referred to as a “three-martini lunch.” Think MadMen. As the decade progressed, smoking took a hit as a result of efforts by the American Cancer Society. In 1964 the U.S. Surgeon

General issued a report, directly linking cigarette smoking to serious health conditions including lung cancer and heart disease.

During the 1960s, the number and severity of occupational injuries and illnesses continued to increase. Particular attention was paid to the number of workers harmed by accidents, noise, and asbestos. In addition to workplace safety, those who advocated for legislation focused on the link beyond the worker to their families and to employer-related costs such as lost wages and productivity.

This resulted in the passage of the Occupational Safety and Health Act of 1970, which established the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH). Except for occupational health and safety, no workplace wellness program focused on the wellbeing of the individual worker.

## **Wellness 2.0. Focus on public policy and programs**

### **1970s**

Progress made in the '50s and '60s laid the foundation for the next phase of change in workplace wellness programs, which became the next new normal.

In the 1970s, Congress passed the Public Health Cigarette Smoking Act, resulting in stronger health warnings on cigarette packages and a ban on marketing cigarettes on television and radio.

During this era, financial responsibility for the cost of health care began to shift from the government to employers. This resulted from recognizing

the link between an employee's unhealthy habits and increased costs for health care as well as the negative impact on other key metrics.

In addition, workplace fitness programs we enjoy today can be traced back to executive fitness programs started after World War II by business leaders wanting to promote healthy lifestyles in the workplace. While onsite gyms, fitness trainers, and other benefits were primarily made available only to senior-level managers, they birthed the first onsite physical fitness-focused workplace.

The Employee Retirement Income Security Act (ERISA) was also signed into law in 1974. This law established minimum standards for private industry health care and pension plans. In 1979, Johnson & Johnson created Live for Life, an onsite wellness program. Live for Life included physical assessments, questionnaires, and provided employees with information on stress management, nutrition, and weight control. The program also provided support for high-risk behaviors such as alcohol or substance misuse.

## **1980s**

In the US, many corporate trends are influenced by government policy. In the 1980s, because of a change in administration, federal government support for many corporate health initiatives shifted. In the late 1980s companies began to focus on psychological wellbeing as part of their workplace wellness initiatives. In 1986, OSH began to encourage the implementation of stress-related mental health programs in the workplace.

Consequently, the concept of work-life balance was born in the 1980s and corporate wellness programs became a regular part of the workplace. Due

to tumultuous economic issues and distrust in corporations, employee loyalty began to diminish. Employees began to be concerned about protecting their own needs above their employer.

Workforce wellness was growing in popularity during the 1980s with many companies using health risk assessments, establishing onsite fitness centers and exercise classes. The popularity of these initiatives was spurred by the popularity of an exercise video released by Jane Fonda in 1982.

As the number of companies implementing wellness programs continued to expand, actuarial firms were calculating that lifestyle behavior choices like smoking, obesity, and other common health-risk factors were driving employer health care costs.

### **Wellness 3.0. Focus on wellness culture and costs**

#### **1990s**

As more people began to talk about and lobby for work-life balance, wellness programs became a regular part of office life. Corporate culture was increasingly a priority. It was essential that businesses had a culture, defined it, and employees understood it. Companies that focused on total quality management began to incorporate initiatives designed to positively influence employee quality of life issues, such as “casual Fridays.”

Several important workplace wellness initiatives were launched during the '90s. For example, the National Institute of Mental Health Managing Depression in the Workplace was started in 1991.

In addition, Healthy People 2000, a federal government initiative that encouraged employers with more than 50 employees to offer health promotion services as part of their benefit programs, was launched during the 1990s. It was widely believed during this period that workplace health and wellness initiatives benefitted both employees and company, even though evidence supporting data was hard to find.

Workplace wellness initiatives during this period primarily focused on awareness and were made available to employees via health fairs, classes, and posters. Programs also focused on lifestyle and behavioral change like smoking cessation.

## **2000s**

By the early 2000s, workplace wellness programs were fairly well established throughout the US. In fact, a [2008 Employer Health Benefit Survey](#) reported approximately 70% of large US companies in the US had workplace wellness programs.

At the same time, businesses and the world were experiencing dramatic innovation and advances in technology. Companies like Skype, Google, Facebook, Twitter, and YouTube launched or expanded operations.

The US Department of Health and Human Services also released an updated version of the Healthy People 2000 program. Healthy People 2010 had many of the same goals as previous programs, which encouraged companies with 50 or more workers to implement comprehensive health promotion programs. Programs included health care screening, health education, and related services, supportive physical and social workplace environments, all of which were integrated into the company's administrative systems.

## **Wellness 4.0: Focus on prevention and purpose**

### **2010s**

As we entered the second decade of the 21st century, the workplace wellness journey continued, moving forward from simply providing general physical and mental health information, physical fitness, and counseling support. The trend was to maintain the various “normal” aspects of corporate wellness programs, changing with the times, which meant incorporating more awareness and prevention services.

Today’s workplace wellness programs are designed to provide more preventative care for a variety of health conditions. Services include [health risk assessments](#) and screenings for a variety of acute and chronic conditions, or other specialized services.

The goals of today’s wellness programs have not changed much from prior decades. Health care cost containment remains a high priority, as does finding ways to increase employee engagement and productivity while reducing absenteeism.

As important as physical health is to an individual, mental and emotional health services are now included. Increasingly financial security is being factored into wellness programs.

Underutilizing services is always a challenge for employers. For companies to achieve the desired financial cost savings and performance objectives, high levels of employee participation must occur. Thus, many companies offer financial incentives such as lower health insurance premiums to participate in company-sponsored wellness programs.

## **Wellness 5.0: Health, wellness and recovery**



## 2020

The most exciting change in wellness programs that will impact and influence workforce wellbeing in the new normal future will be provided by professional practitioners, both clinical and non-clinical, working as part of wellbeing care teams. These teams will include mental, behavioral and integrative health practitioners working in partnership with health, wellness, and professional recovery coaches.

The market for health coaching services is \$7 billion and growing. There are currently more than 128,000 health coaches and educators who help clients establish lifestyle behavior changes. Chronic conditions like heart disease, diabetes, high blood pressure, and obesity can often be reversed or managed with a health or wellness coach.

As a result of the suffering, [isolation](#), instability, stress and distress caused by the Coronavirus pandemic, the need for mental and behavioral health services has increased exponentially. The demand for EAP services exceeds the supply of available service providers, at a time when they are most needed.

Also, as mentioned regarding the 1950s workplace, alcohol and substance abuse have always been problems among the workforce. Pre-COVID-19 data indicates 70% of people who struggle with substance misuse are employed either full or part-time.

Alcohol and substance use disorders are now recognized as chronic, yet treatable diseases. There are approximately 23 million people in the US in recovery many of whom maintain sobriety by working with certified professional recovery coaches.

While professional coaching is largely unregulated, national standards have been established by organizations like the International Coaching Federation (ICF) and the [National Board for Health and Wellness Coaching](#) (NBHWC) for professional health and wellness coaching.

And, because alcohol and substance use disorders are often encountered by health and wellness coaches, many earn specialty qualifications like the Certified Professional Recovery Coach (CPRC). Professional recovery coaches are trained and certified by organizations such as the [International Center for Addiction and Recovery Education](#) (ICARE).

Universities like the [University of Wisconsin-Stevens Point](#), in partnership with the National Wellness Institute, offer a Health and Wellness Coaching Certificate approved by the NBHWC.

Increasingly, large companies that are self-insured, or others working closely with health care insurance providers can provide health and wellness coaches to improve their employees' health while reducing the number of insurance claims and associated costs.

Currently, coaches are paid directly by their clients or retained by their company on a contract basis. As organizational wellness becomes the de facto standard, board-certified health and wellness coaches are becoming mainstream. By 2022 they predictably will become part of every employee's benefits package.

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