

2022 Health at Work

A Report from Quest Diagnostics

Attitudes and Expectations of HR Decision-Makers and Employees about the Changing World of Work, Employee Health and COVID-19, and What it Takes to Compete in the War for Talent

Spring 2022



The COVID-19 pandemic has impacted virtually every aspect of society and business, and workforce expectations are no exception. With more than [5 million more job openings than unemployed workers](#) as of early 2022,¹ employers face the daunting task of finding and retaining adequate levels of workers to service heated consumer and business markets emerging from two-plus years of relative dormancy.

At the same time, soaring inflation, global unrest, and a jittery stock market raise the specter of pending economic weakness—and a potentially softer job market. Against this flux, employers must rethink their human resource strategies as workforce expectations for compensation, health insurance and other benefits, and work/life balance shift.

Given these dynamics, gathering and analyzing the attitudes and expectations of business leaders and employees about the changing world of work is more critical than ever. Organizations informed by these insights may be better equipped to successfully navigate a chaotic workforce landscape.

Quest Diagnostics commissioned a survey of 423 human resources benefits managers and executives with decision-making authority (HREs) and 846 office workers (employees) at companies with at least 100 workers. As the leading provider of diagnostic information services, Quest Diagnostics is also the leading provider of employer population health services for many Fortune 1000 companies, as well as Quest's nearly 50,000 employees. Working for one of the nation's foremost providers of COVID-19 laboratory testing, Quest employees have grappled with the same pandemic-caused physical and mental health and safety challenges as other customer-facing workforces.

Conducted in March 2022, the survey aimed to uncover insights into 3 key areas:

1. The attributes an employer needs to attract and retain talent, according to employees and HREs, as COVID-19 transitions to an endemic
2. The impact of the pandemic on employee health and the role employers play in facilitating healthcare access and overall wellbeing for their workers
3. The strategies corporations must take now to close gaps that threaten not only retention, but also employer-of-choice status

The results reveal despite many points of agreement and sincere efforts of HREs to fulfill employees' heightened expectations, misalignments pose a threat to strategies to attract and retain talent.

Key Findings

- 1 Organizations are going above and beyond to attract and retain talent, and still, most employees are thinking about a job change anyway
- 2 HREs and employees agree that health insurance is too expensive—and they differ on who should pay
- 3 Chronic conditions now rival COVID-19 as a top health concern
- 4 Health screening/wellness programs are essential benefits to be an employer of choice, despite some doubts about cost savings
- 5 At-home health screenings and telehealth could extend healthcare access, but concerns about privacy and overreach could impede adoption

Finding 1:

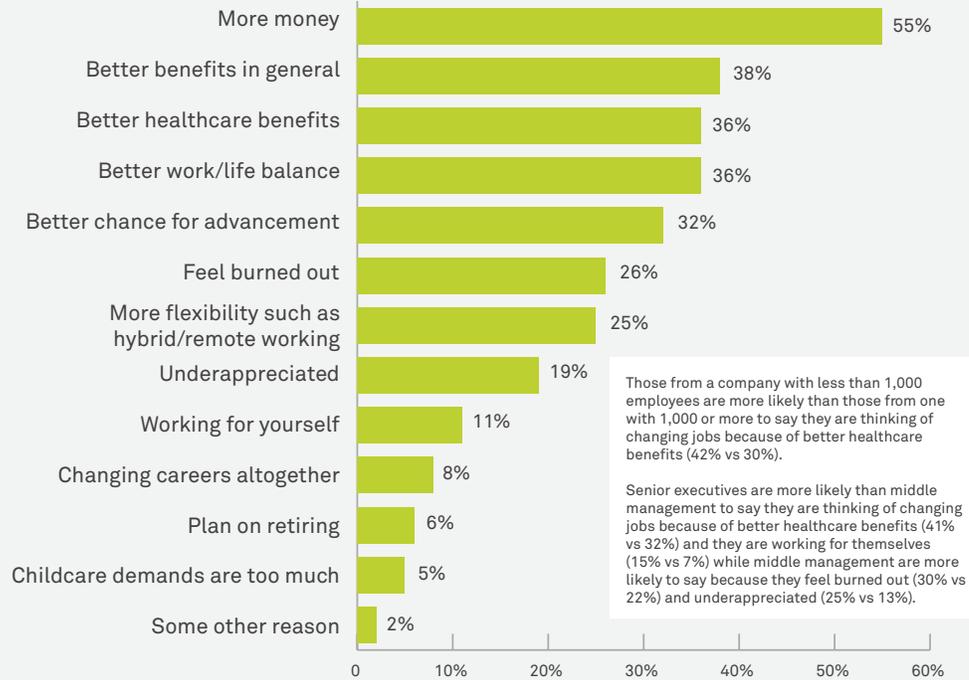
Organizations are going above and beyond to attract and retain talent, and still, most employees are thinking about a job change anyway

More than 3 in 4 (78%) HREs say their organization has been impacted by the “Great Resignation” that is occurring across the country and even outside the United States. Most have increased wages and/or added rewards and benefits to attract and retain workers.

And yet, their employees may not be getting the message, as nearly two-thirds (66%) say that they are thinking about changing jobs in the next year or have begun or recently completed a job change. More than one in five (22%) are actively looking for a new job. The prospect of making more money is the top motivator—cited by 55% of employees surveyed who are eyeing a job change—followed by better benefits in general, including healthcare benefits, and work/life balance.

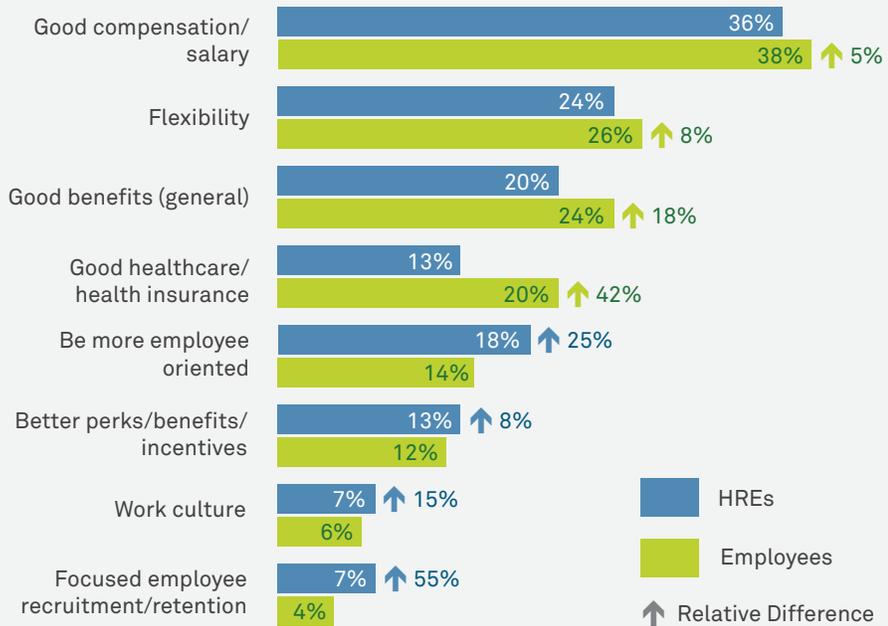
Notably, HREs and employees generally agree on steps employers could take to attract or keep employees, with one notable exception: 20% of employees cite good healthcare/health insurance as a major factor, compared to only 13% of HREs, a relative difference of 42%. And when forced to cite the top 2 factors for attracting and retaining workers, 50% of employees cited comprehensive health insurance, making it the highest rated factor, while only 37% of HREs agreed, a difference of 30%.

Among those at least thinking about changing jobs, more money and better benefits are the top 2 reasons why.



Q6 What are the top reasons you changed or are thinking about changing employers? While many may be reasons, please select the top 3. – Employees
Base: Those who changed/thinking about changing jobs (N=584)

Employees are more likely than HR to say good healthcare/health insurance is something employers could do to keep and/or attract employees right now.



Both groups, Q7 What could employers do to keep and/or attract employees right now considering everything going on? Please be as specific as possible.
Open-ended questions, responses of 5% or higher shown – Both groups

Finding 2:

HREs and employees agree that health insurance is too expensive—and differ on who should pay

One point of strong agreement between HREs and employees: healthcare costs are too high and, due to the pandemic, likely to grow higher.

87% of HREs and 89% of employees are worried healthcare costs will increase this year. (90% of HREs expect costs to be higher than usual for the next 1-2 years due to the pandemic.)

9 in 10 HREs (90%) and almost 9 in 10 employees (88%) believe that employers need to be able to control health insurance expenses more.

Yet, key differences emerge from there. While large majorities of HREs (89%) and employees (91%) believe companies should have to pay the larger part of healthcare costs for employees, **just over one-third of employees (35%) say employees need to pay the larger part of their healthcare costs compared to nearly half (46%) of HREs.**

Among HREs and employees, the level of management correlates with views on financial responsibility. **52% of senior management HREs say that employees need to pay the larger part of healthcare costs, not employers, but only 36% of middle management HREs agree. The divide is even more stark among employees: 42% in senior management agree that employees need to pay the larger part of their healthcare costs vs only 28% of middle management employees.**

HREs appreciate the financial burden of healthcare on their workers. Indeed, **more than three-quarters (77%) say they want to lower healthcare costs for their employees, but don't have the tools to do so.** A majority of HREs (63%) agree with the statement, "I feel overwhelmed about making the best choices for our employees."

Annual premiums for employer-sponsored family health coverage reached \$22,221 in 2021, with employees paying \$5,969 on average for family health coverage.²

Finding 3:

Chronic conditions now rival COVID-19 as a top health concern

Priorities around COVID-19 have shifted for HREs. Throughout the worst of the pandemic, more than half (56%) had to manage sick workers, among other challenges, including implementing safety policies and hybrid/remote work transitions.

But beyond the day to day, HREs are also concerned about the prospect that their workforces are sicker than in the past, as the pandemic impeded access to preventive care and other health services.

While almost 4 in 5 (78%) HREs worry about keeping their employees safe from COVID-19, nearly the same proportion, 73%, worry that their employees may be sick with chronic illnesses because they haven't had wellness checks during the pandemic. And 4 in 5 (81%) HREs believe the COVID-19 pandemic has caused a lot of other health issues for their employees.

Those from companies with less than 1,000 employees are more likely than those from companies with 1,000 or more employees to say they are worried their employees may be sick with chronic illnesses because they haven't had wellness checks during the pandemic (77% vs 64%).

These concerns appear warranted. **3 in 5 (63%) employees say they put off routine medical appointments and/or screening over the past 2 years and about three-quarters (77%) say preventive healthcare was hard to do during the pandemic.** (Among those who put off such care, about 75% say they have caught up on at least 1 or more missed health screenings or medical appointments.)

63%
of workers put off routine checkups and screenings over the last 2 years, and 77% said that it was difficult to practice preventative care during the pandemic.

Several studies, including Health Trends® studies from Quest Diagnostics based on its clinical and workforce laboratory data, reveal the negative impacts from deferred care during the pandemic.



Systolic and diastolic blood pressure was significantly higher during each month of the pandemic compared to the previous year, according to health screenings in a workforce population.³

46%

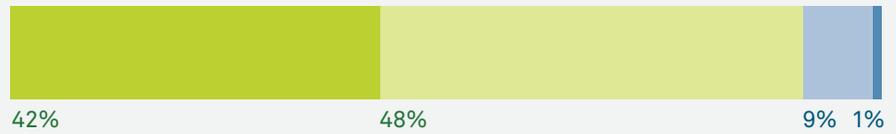
is the rate of decline in newly diagnosed cases of 6 cancers during the first couple of months of the pandemic compared to 2019. This rate of decline continued, though less dramatically, through much of 2020 and early 2021. Delayed diagnosis can result in more advanced and difficult-to-treat cancers.⁴

70%

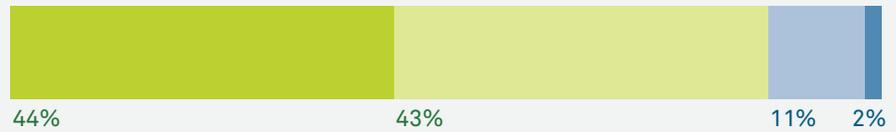
of physicians surveyed feared they missed signs of drug misuse during the pandemic.⁵

4 in 5 HREs say the pandemic has caused a lot of other health issues for their employees and almost three-quarters are worried employees may be sick with chronic illnesses because they have put off wellness checks during the pandemic.

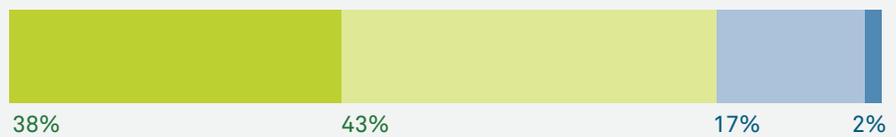
Because of COVID-19 and the pandemic, healthcare costs are going to rise more than normal over the next year or two.



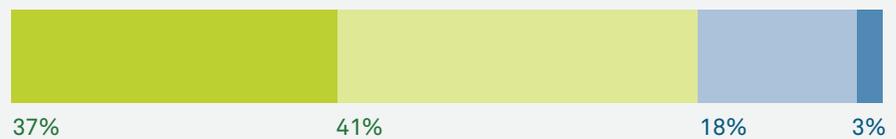
I worry about increased healthcare costs because of the pandemic.



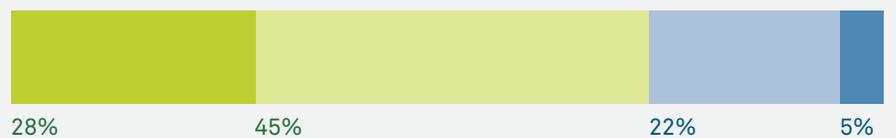
The COVID-19 pandemic has caused a lot of other health issues for our employees.



I worry about keeping our employees safe from COVID-19.



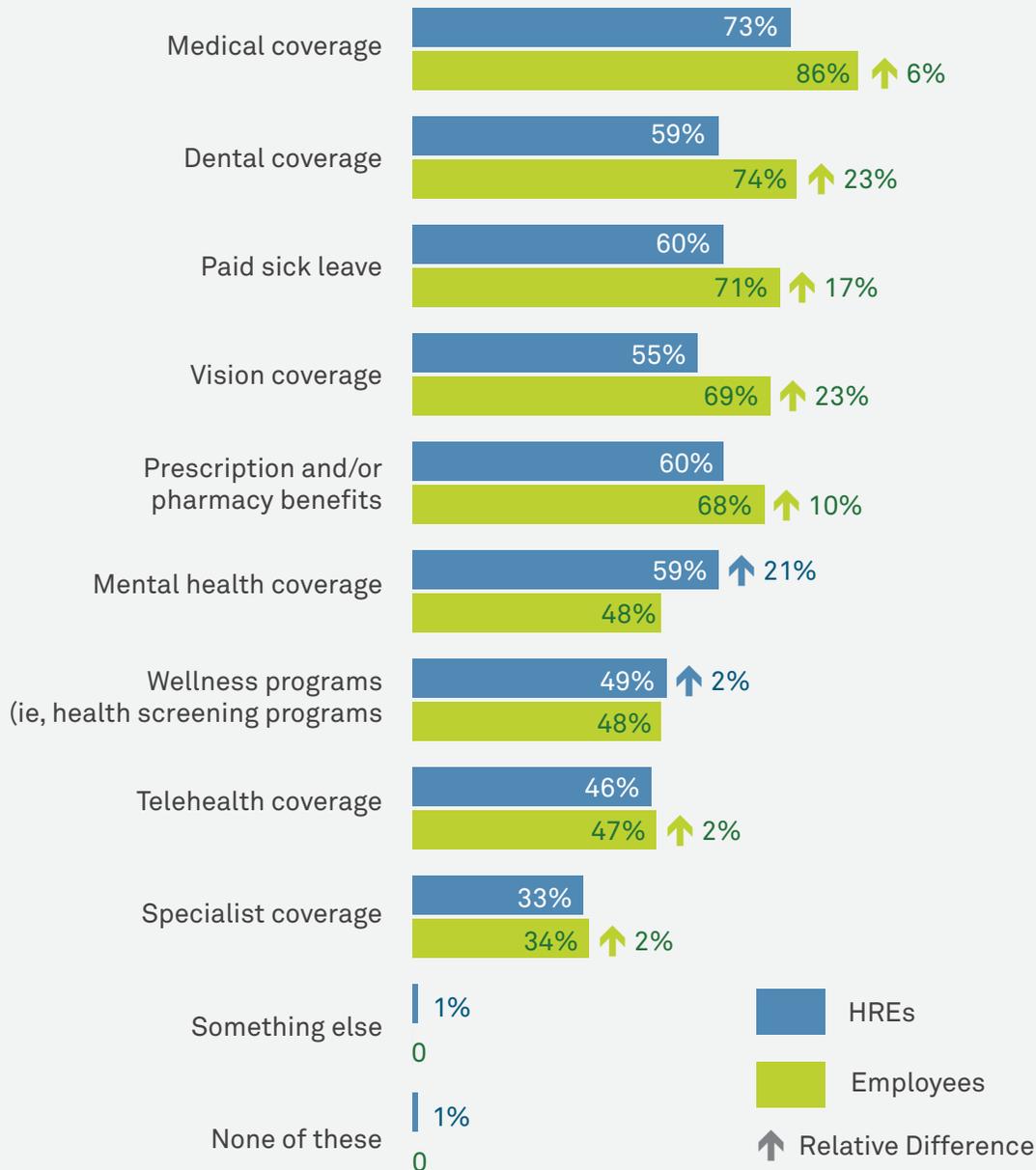
I am worried that our employees may be sick with chronic illnesses because they haven't had wellness checks during the pandemic.



Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

HREs, Q12 How strongly do you agree or disagree with the following statements?

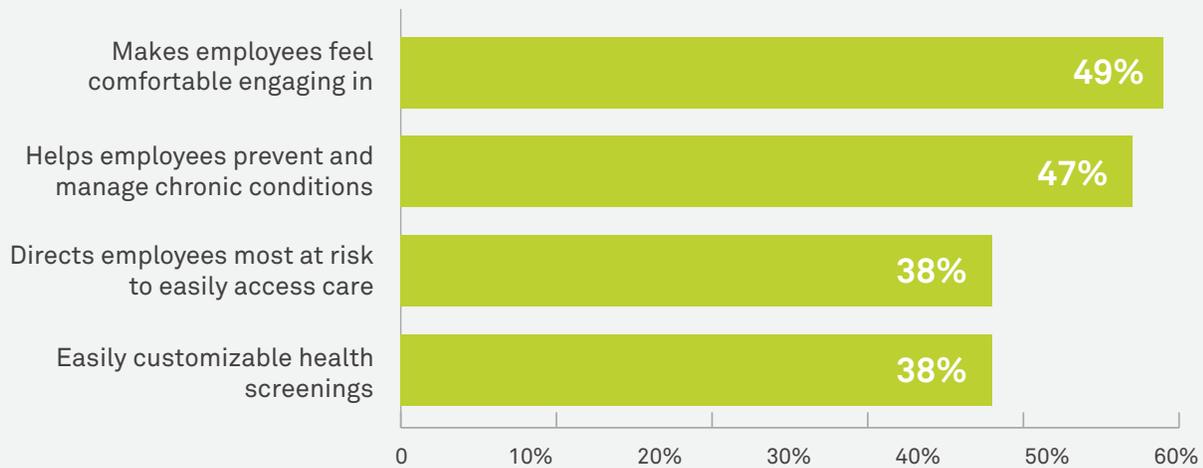
Employees are more likely to say their company offers medical coverage, dental coverage, paid sick leave, vision coverage, and prescription benefits while HREs are more likely to say their company offers mental health coverage.



Both groups, Q26 What health benefits are currently offered by your company? Please select all that apply.

HREs seem deeply concerned about employees' mental as well as physical health. Of HREs surveyed, 84% are concerned about their employees' mental health, nearly the same proportion, at 85%, who express concern about their physical health. Indeed, 9 in 10 HREs (88%) say they really care about employees, and 76% of employees agree. **Yet, more than 2 in 5 office workers (44%) say employers really do not care about the health of their employees.**

To have a better ability to stay on top of employees' health, half of HREs (51%) say they need a program that takes into consideration all employee physical and mental health needs. Other attributes of such a program:



Finding 4:

Health screening programs are essential to being an employer of choice, despite some doubts about cost savings.

Given the potential that delayed care has adversely impacted health quality, it is perhaps unsurprising that **90% of HREs and 89% of employees say health screening and/or wellness programs are essential benefits to be considered an employer of choice.**

Yet, more than two-thirds of both groups (68% for each) say creating health screening and/or wellness programs usually does not lower medical costs for employees.

Senior management HREs and employees are more likely than middle managers to say that health screening and/or wellness programs are essential to be an employer of choice and to say they don't lower medical costs.

The findings raise the prospect that senior managers believe these programs are essential benefits, even if they do not deliver a benefit to the bottom line. But it is also possible that HREs and employees, particularly at senior levels of management, recognize that employee health services are increasingly sophisticated, and data driven, employing population health strategies traditionally used in healthcare. **Nearly 9 in 10 (88%) HREs say employees' expectations of health programs in the workplace, such as having biometric screening programs with connections to care, have changed over the past few years.** It is also possible that COVID-19 has made individuals more comfortable with health interventions, including laboratory and biometric screenings, in connection with the work environment. Over 84% of HREs and 81% of employees say it is important to have COVID-19 testing to be a good employer and attract and/or retain talent.

What is Employee Population Health?

Reimagining employee “wellness” programs to improve engagement and outcomes

Chronic conditions, such as diabetes and heart disease, cost employers \$36.4 billion per year in absenteeism.⁵ Cost of treatment is also a major concern for employers. One study of 57 nationwide employers found that over a 2-year period, they spent in aggregate \$2.5 billion to treat their workforces for five chronic conditions.⁷

To reduce the costs and health outcomes of chronic conditions, employers have traditionally offered “wellness” screening programs to their employees. Based on biometric and laboratory tests, these programs are premised on the theory that individuals, once informed of their health risks, will independently make changes to improve their health, such as scheduling visits with a doctor or losing weight. While well intentioned, traditional wellness programs may leave the individual adrift on the care journey, disconnected from support necessary to spur meaningful change.

To address this limitation, population health strategies have emerged in recent years as a replacement to traditional wellness screening programs. Based on strategies that originated in healthcare, employee population health strategies use data analytics, based on comprehensive biometric, laboratory, behavioral, and other data to identify individuals at risk for chronic diseases. But unlike traditional wellness programs, they go an additional step in engaging at-risk individuals and connecting them to care interventions that educate and spur behavior modifications for long-term health benefits.

For instance, segments of a workforce whose lab results suggest heightened risk for diabetes may be directed through special outreach into diabetes prevention programs, which typically employ education modules to instill healthier dietary and exercise choices. Participants can often see results and meet with a healthcare professional in person, virtually, or through text messaging, including outside business hours when it is most convenient for them.

Offering yearly health screenings in a manner that meets employees where they are—whether an on-site event or through telehealth—helps employees engage in their healthcare, empowering them with greater insights into their health risks and, ultimately, spurring changes that lower those risks.

Employee population programs have also been shown to improve key health metrics in workforce populations, including lowering diabetes and cardiovascular disease risk and promoting weight loss.⁸

Finding 5:

At-home health screenings and telehealth extend healthcare access, but concerns about privacy and overreach may impede adoption

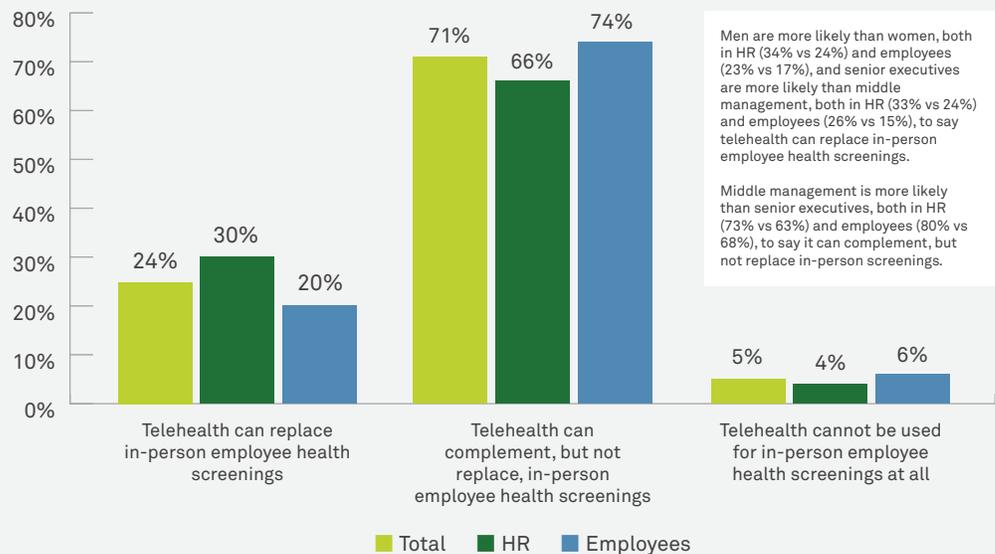
In the same way that much of work today has shifted online, healthcare is increasingly digital, with repercussions for employee health programs.

87% of both HREs and employees are comfortable with the concept of at-home biometric testing, and **three-quarters (76%) of employees say they would have more routine screenings if they could do them at home**. Yet, slightly more HREs (88%) and employees (89%) say they are comfortable with doing biometric testing at an office event and/or a patient service center with a trained professional.

A similar dynamic is observed with telehealth, **with 66% of HREs and 74% of employees saying telehealth can complement, but not replace, in-person health screenings**. Indeed, HREs are more likely to embrace telehealth, with 30% saying it can replace in-person health screenings, while fewer employees agree (20%). Among HREs and employees, males and senior managers were more likely to embrace telehealth as a replacement to in-person screenings than women or middle managers.

Whether health screenings and other services are delivered in-person or at-home, when it comes to health services, a major potential hurdle to employee engagement is concern about privacy. **Two-thirds of employees (67%) would not want their employer to know results of their health screenings and/or test results, and over half (55%) are concerned about having their employer so involved in their healthcare.**

HREs are more likely to say telehealth can replace in-person employee health screenings while employees are more likely to say they can complement, but not replace them.



Both groups, Q21 Which is closest to your view of telehealth?

Conclusion

The past two years have raised workers' expectations about the workplace and prompted business leaders to reimagine their talent strategies. While they agree on much, HREs and employees do not always see eye-to-eye on what is needed to keep workers engaged.

For employees, pay and benefits matter—a lot. But so does flexibility and freedom. Healthcare costs are too high, and employees expect employers to do more to control them.

Employee health screenings are must-haves of an employer-of-choice—whether one believes they reduce medical costs or not. And while telehealth and at-home health services hold potential to engage employees in medical care, concerns about privacy and employer overreach in healthcare could impede adoption.

HREs are working to meet these challenges by increasing pay, adding new benefits, and implementing more flexible work structures. Yet, despite these efforts, most employees surveyed say they are thinking about leaving for another job anyway.

50% of employees say flexibility and/or freedom is a must to be an employer-of-choice; only 35% of HREs agree.

80%

of HREs believe that their decisions and actions will be instrumental in retaining workers, and almost as many say they will be able to fully staff all open positions

75%

anticipate having a large number of open positions

72%

say it is likely there will be a recession that will impact hiring in the next year

Much about the world of work is in flux and unpredictable. A majority of HREs (75%) anticipate having a large number of open positions to fill, and 90% believe they will have to improve benefit packages and increase wages. **At the same time, over 7 in 10 (72%) HREs surveyed say it is likely there will be a recession that will impact hiring in the next year.**

Amid these chaotic times, business leaders will need to listen more and not assume they know what employees value from an employer-of-choice. Educating employees on actions being taken to improve the employee value proposition is also key. The COVID-19 pandemic and Great Resignation together produced an empowered workforce poised to increasingly demand more from employers. Indeed, business leaders will be challenged to meet these demands for years to come.

Methodology

Quest Diagnostics commissioned Regina Corso Consulting to conduct a survey of HR benefits decision makers (HREs) and office workers (employees) to understand attitudes and beliefs about shifting workplace dynamics and health and other benefits programs. This survey included 1,269 respondents, including 423 HREs and 846 office workers in a company with at least 100 employees. Respondents self-identified as senior management, including C-level executives (representing approximately 20% of respondents), or middle management. Employees and HREs who responded to the survey were not necessarily employed by the same companies. The survey included respondents from all regions of the United States and several industries, including professional services, healthcare, manufacturing, and financial services, among others. The survey was conducted online between March 2 and 9, 2022. For full methodology details, please contact Kim Gorode at Kimberly.B.Gorode@QuestDiagnostics.com.

About Quest Diagnostics

Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world's largest database of clinical lab results, our diagnostic insights reveal new avenues to identify and treat disease, inspire healthy behaviors, and improve healthcare management. Quest annually serves 1 in 3 adult Americans and half the physicians and hospitals in the United States, and our nearly 50,000 employees understand that, in the right hands and with the right context, our diagnostic insights can inspire actions that transform lives.

www.QuestDiagnostics.com

Through its employee population health services, Quest Diagnostics is the leading provider of services that help organizations improve health outcomes and lower medical costs for employers and their employees. The company's data-driven population management services, based on its laboratory and biometric screening data, provide insights for identifying individuals at-risk for chronic diseases and other medical conditions. Once identified, the company also provides access to interventions to inspire behavioral and other changes leading to better outcomes.

www.QuestDiagnostics.com/EmployerPopulationHealth

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