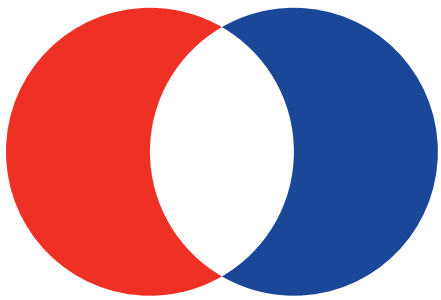


**The Conference  
Board of Canada**



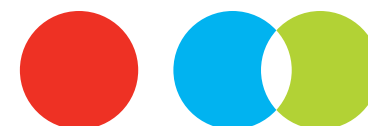
# Seeking Support

The Future of Employee Health

Issue Briefing | November 16, 2021



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## Key Findings

- Current employer-provided health benefits plans do not meet employees' wants or needs. This misalignment puts organizations at increased risk for disengagement and turnover.
- Employees' current coverage may not be enough. Most receive only partial coverage for their health benefits. Those employees who have a personal health spending account (HSA) spend it on dental care, vision care, and prescription drugs rather than paramedical health benefits, such as mental health services.
- The top benefits that employees want are basic dental services, eye exams, glasses/contacts, a pension, and retirement savings plans. The ranking of these benefits varied significantly by gender, age, and family status.
- Future benefits plans should be personalized and cover prevention, virtual healthcare, and telemedicine access as pillars to better attract and retain employees.
- Beyond health benefits, most employees want flexible work arrangements to support their physical and mental health.

# Show Me the Benefits

**In today's labour market, organizations need to offer more than just competitive salaries to recruit, attract, and retain employees.**

Beyond salary, benefits are the second-most important factor when employees consider different job offers.<sup>1</sup> That is, health benefits have more weight than they used to and most employees believe it is a worker's right.<sup>2</sup>

When asked about their top considerations for accepting a job, 68 per cent of employees said compensation and 57 per cent said benefits and perks, such as flex work and tuition reimbursement.<sup>3</sup> Many employees (60 to 79 per cent) report that they would prefer benefits or perks over a pay rise, and even saying that they would leave their current organization for one that offered them better support for their well-being (even if offered less money).<sup>4</sup>

Employees would leave their current organization for an organization that offered them better support for their well-being.

Benefits were important for employee's job satisfaction and their sense that they are being treated fairly.<sup>5</sup> Even for those experiencing financial difficulties, about half of employees with such issues mentioned support for well-being takes precedence over compensation.<sup>6</sup>

Given the rise in mental health issues, particularly throughout the COVID-19 pandemic, organizations are now working to support their employees by reducing the stigma around mental health, as well as offering mental health benefits.<sup>7</sup> Seventy-nine per cent of Canadian organizations offer mental health coverage.<sup>8</sup> There is also a trend toward a more proactive and holistic view of health by examining ancillary issues, such as disability management, financial advice, and education.<sup>9</sup>

1 Glassdoor, "Glassdoor's 5 Job Trends to Watch in 2016."

2 Benefits Canada, "Holistic, Personal Care"; Dujay, "Employees Feel Entitled to Their Health Benefits"; Fractl, "Employee Benefits Study"; Benefits Canada, "Canadians Prioritizing Salary, Benefits in Job Search"; Smith, "How Compensation and Benefits Can Motivate Employees."

3 Glassdoor, "Glassdoor's 5 Job Trends to Watch in 2016."

4 Glassdoor, "4 in 5 Employees Want Benefits or Perks More Than a Pay Raise"; Morneau Shepell, "Morneau Shepell Finds Employees Would Accept Lower Pay for Enhanced Well-Being Support."

5 Smith, "How Compensation and Benefits Can Motivate Employees"; Society for Human Resource Management, "Employee Job Satisfaction and Engagement."

6 Morneau Shepell, "Morneau Shepell Finds Employees Would Accept Lower Pay for Enhanced Well-Being Support."

7 LifeWorks, "The Mental Health Index™ Report"; Wilson, "Which Mental Health Benefits Are Most Popular?"

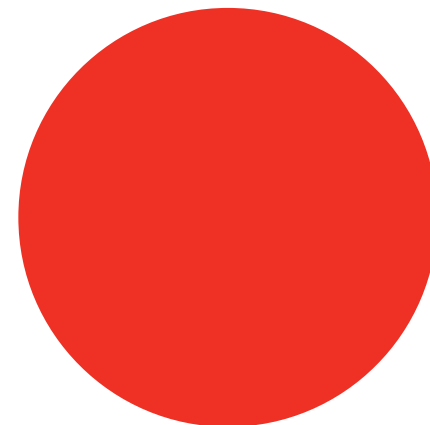
8 International Foundation of Employee Benefit Plans, "Workplace Wellness Trends 2019 Survey Report."

9 Morneau Shepell, "Morneau Shepell Finds Employees Would Accept Lower Pay for Enhanced Well-Being Support."

Some benefits plans are broadening their focus outside of just the employee, such as offering dependant/eldercare assistance, care subsidies, and support groups, which is especially important given North America's aging population.<sup>10</sup> Health benefits and programs not only benefit the employee, but also reduce employee, employer, and healthcare costs over time by preventing major health issues.<sup>11</sup>

We surveyed employees across Canada to examine what employees want from their benefits packages and what they are currently offered. (See Appendix A.) From these insights, we provide recommendations for future benefits plans and perks that would better support employees and their health.

Competitive salaries are not enough anymore.  
Employers who want to recruit top talent need to think about the total offer.



10 Bicho-Vanchon, "How Employers Can Help Staff Take Care of Aging Parents"; Jones, "The Benefits of Offering Backup Elder Care to Employees."

11 Dujay, "Employees Feel Entitled to Their Health Benefits."

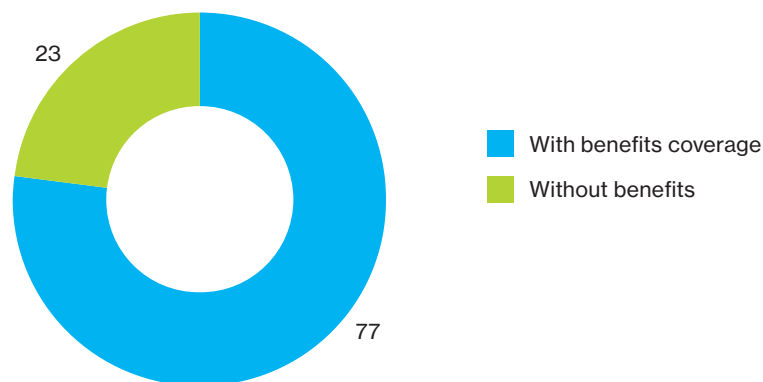


# Current State of Health Benefits

Most respondents reported that they have a health benefits plan either through their employer or their spouse. (See Chart 1.)

Set, or traditional, benefits plans are still the norm for most employees. (See Chart 2.) Whether full- or part-time, most employees have health benefits. This is similar across all demographics (e.g., age, employee level, family status, gender), with the exception of unionized employees. Unionized employees were more likely to have a traditional/set plan than non-unionized employees.

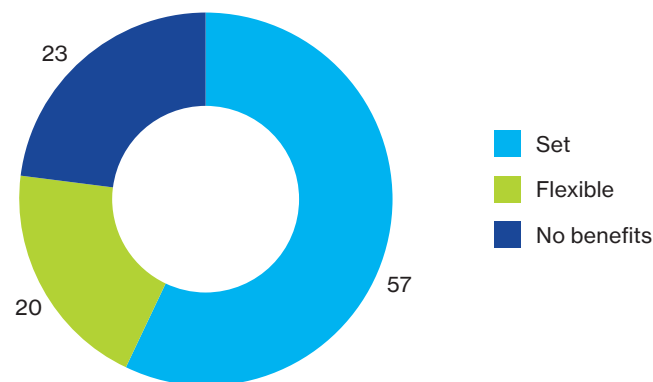
**Chart 1**  
**Health Benefits Coverage for Employees**  
(n = 1,502; per cent)



Source: The Conference Board of Canada.

However, some regions/industries were more likely to have a flexible plan (e.g., 29 per cent of employees in Alberta compared with the average of 20 per cent for the rest of Canada). Of those who have a health benefits plan, 42 per cent reported having a personal HSA. Those in a union were less likely to have an HSA—57 per cent do not have one, compared with 38 per cent in jobs with no union. There was also a difference in job level, with management most likely to have one (41 per cent) and trades, service, and production workers least likely to (24 per cent).

**Chart 2**  
**Type of Health Plan**  
(n = 1,502; per cent)



Source: The Conference Board of Canada.

The majority of respondents had partial benefits coverage. (See Table 1.) Even those who had a benefits plan were lacking coverage in some areas (e.g., 14.1 per cent of those with benefits do not have vision care coverage). Full- and part-time employees who had benefits plans had significant differences on whether their coverage included disability absence and Employee and Family Assistance Programs (EFAP). For example, 83.9 per cent of full-time employees had disability absence coverage and 72.4 per cent had EFAP coverage, versus 69.2 per cent of part-time employees who had disability absence coverage and 50.6 per cent who had EFAP coverage. With the exception of prescription drug coverage, health benefits coverage also varied by employee level.

(See Appendix B to access data.) For example, executives and managers were more likely to have emergency care coverage and disability and absence coverage compared with those in administrative, support, or trades roles.

Those in trades, service, and production roles were also the most likely to be unsure if they get coverage for EFAP and mental health services. Union members were more likely to have health benefits coverage than non-union members (89.5 per cent for union members versus 70 per cent for non-unionized). Those with care responsibilities (e.g., childcare, eldercare) are more likely to have benefits (85 per cent compared with 71 per cent who do not have these care responsibilities); we assume this is because caregivers seek jobs that have benefits plans, if possible.

**Table 1**  
**Health Coverage for Employees Who Have a Benefits Plan**

(n = 1,152, includes full- and part-time workers; per cent)

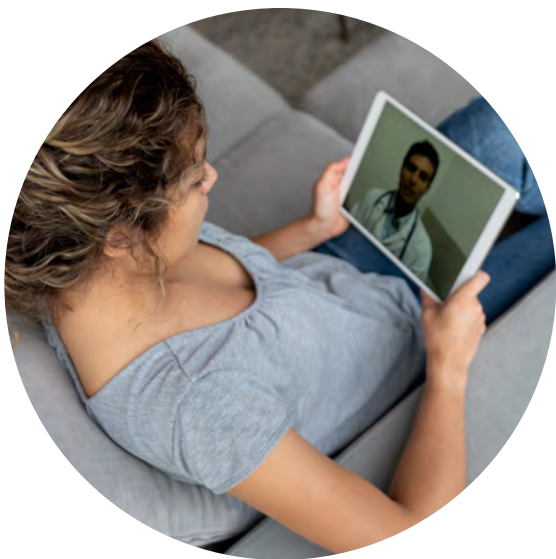
|  | Full coverage | Partial coverage | No coverage | Unsure |
|--|---------------|------------------|-------------|--------|
| Prescription drugs   | 36.5          | 59.8             | 1.2         | 2.5    |
| Vision care  | 19.5          | 63.2             | 14.1        | 3.1    |
| Emergency care (hospital, out-of-country, etc.)  | 36.4          | 46.9             | 5.0         | 11.7   |
| Paramedical physical health services (massage therapy, physiotherapy, etc.)                        | 22.8          | 66.6             | 5.0         | 5.6    |
| Paramedical mental health services (psychology, counsellor, etc.)                                  | 21.9          | 61.5             | 6.7         | 9.9    |
| Dental care  | 25.3          | 62.4             | 9.8         | 2.4    |
| Disability absence (short-term disability, long-term disability, critical illness, paid sick days) | 33.2          | 48.3             | 7.3         | 11.2   |
| Employee and Family Assistance Plan (EFAP or EAP)  | 36.1          | 33.2             | 10.6        | 20.1   |

Note: Numbers reflect only those who have benefits. Twenty-three per cent did not have benefits.

Source: The Conference Board of Canada.

## Virtual Healthcare Coverage

Not surprisingly, virtual healthcare—health-related services via telecommunication technologies—is on the rise due to the COVID-19 pandemic. Even though more people were able to access virtual healthcare, only 45 per cent of employees reported that their benefits package covers virtual healthcare for both mental and physical health. Providing virtual healthcare is of increasing importance, especially in small or remote communities that have limited access to basic or specialized care.<sup>12</sup>



<sup>12</sup> Centers for Disease Control, *Coronavirus: A Guide to Understanding the Virus and What Is Known So Far*.

# What Employees Want

## What's Important?

We asked employees what coverage was most important for them. (See Table 2.) Women valued almost all benefits as more important than men. As expected, coverage importance varied by age and paralleled lifestyle needs for different age groups. For example, the importance of fertility benefits decreased with older individuals, whereas hospital accommodation, orthopedic supports, and major dental services increased. Those who have dependants had unique benefits they felt were important, such as fertility treatment/family planning and dependant life insurance.

There were no significant differences across industries, but a few regional highlights are worth noting. For example, respondents from Northern Canada valued hospital accommodation coverage and long-term care insurance as more important, whereas respondents from Quebec valued osteopathy as more important. Therefore, if organizations operate in multiple provinces and/or regions, it is important to consider the unique needs of their workforces in those areas.





**Table 2**  
**Benefits Desired**

(n = 1,502; per cent)

|  |      |
|--|------|
| Basic dental services (e.g., preventative and minor restorative) | 81.9 |
| Eye examinations   | 81.8 |
| Glasses and/or contact lenses                                    | 80.4 |
| Pension  | 73.6 |
| Retirement savings plan  | 73.0 |
| Major restorative dental services (e.g., caps, crowns, bridges)  | 72.0 |
| Hospital accommodation   | 70.6 |
| Long-term disability   | 70.0 |
| Basic/core prescription coverage                                 | 69.6 |
| Paid sick leave (excluding short- and long-term disability)      | 68.3 |

Source: The Conference Board of Canada.

Respondents who currently have benefits see them as important and value them compared with those without benefits. This suggests that employees appreciate the benefits they receive and come to rely on them once they are provided.



After identifying which benefits were important, respondents were asked to identify and rank their top 10 benefits in order for us to gain a better sense of essential versus less-essential benefits. (See Table 3.) Differences were identified based on gender, family status, and age. For instance, men, those aged 45 to 65, and parents tend to value pension as their highest benefit while women, those without dependants, and those aged 35 to 44 value basic prescription coverage as their highest benefit.

**Table 3**  
**Top 10 Benefits Chosen by Employees**  
(n = 1,502)

| Rank |                         |
|------|-------------------------|
| 1    | Basic prescription      |
| 2    | Basic dental            |
| 3    | Pension                 |
| 4    | Glasses/contacts        |
| 5    | Retirement savings plan |
| 6    | Eye exams               |
| 7    | Paid sick leave         |
| 8    | Restorative dental      |
| 9    | Long-term disability    |
| 10   | Short-term disability   |

Note: The overall list was also identified as the deal-breakers for employees.

Source: The Conference Board of Canada.

## But Is It Covered?

To examine where benefits may not be meeting people's needs or wants, we compared what coverage people had with what they deemed was within their top 10 benefits. We found gaps of up to 83 per cent between what people had versus what they felt was important. Specifically, those who did not have coverage desired benefits and those with only partial coverage still saw gaps between what they had and their top 10 needs or wants. Of those who had partial coverage, the largest gap was for disability and absence, where only half of people had partial coverage but 87 per cent ranked it in their top 10.

Overall, about half of respondents have a gap between what they want and what they have, which puts the organization at risk of having a disengaged workforce and/or increased turnover.<sup>13</sup>

After ranking their top 10, we asked respondents which of these benefits would be worth leaving the organization over or not applying to an organization if they were not covered. The following benefits are seen as deal-breakers:

1. basic/core prescription coverage
2. pension
3. basic dental services
4. paid sick leave (excluding short- and long-term disability)
5. retirement savings plan
6. glasses and/or contact lenses

7. long-term disability
8. eye examinations
9. major restorative dental services
10. short-term disability

These findings are consistent with previous research that found basic prescription, dental, and vision coverage as the top-valued benefits.<sup>14</sup> Approximately a quarter of respondents did not see any benefits as a deal-breaker.

## Personal Health Spending Account Choices

We see a similar pattern when respondents were asked what they spend (or would spend) their HSA on. (See Table 4.) This suggests that employees may not have enough coverage from their basic plans to meet their needs. For example, some of the essential benefits shown in Appendix B, such as mental health and paramedical physical health services (e.g., massage therapy), may be underutilized or employee-paid. For example, employees may not seek out services they think are important if they aren't covered. This is consistent with previous research that states that only 37 per cent of Canadians felt their benefits plan was meeting their needs.<sup>15</sup>

<sup>13</sup> Benefits Canada, "Canadians Prioritizing Salary, Benefits in Job Search"; Glassdoor, "Glassdoor's 5 Job Trends to Watch in 2016"; Smith, "How Compensation and Benefits Can Motivate Employees."

<sup>14</sup> Fractl, "Employee Benefits Study."

<sup>15</sup> Dujay, "Employees Feel Entitled to Their Health Benefits."

**Table 4**  
**Flexible Spending Choices**

(n = 1,502, per cent)

|   |      |
|---|------|
| Prescription drugs  | 55.5 |
| Vision care   | 61.1 |
| Paramedical physical health services (massage therapy, physiotherapy, etc.) | 39.5 |
| Paramedical mental health services (psychology, counsellor, etc.)           | 21.8 |
| Dental care   | 64.5 |
| Preventative health services (health risk assessments, etc.)                | 10.7 |
| Nutrition or weight loss programs   | 14.4 |
| Athletic gear or gym membership   | 24.0 |
| Alternative medicines or therapies  | 13.0 |
| Emergency services  | 17.9 |
| Dependant care  | 9.9  |
| Wellness technologies/wearables   | 13.0 |
| Other   | 3.9  |

Source: The Conference Board of Canada.

Overall, employees used their HSA for their basic prescription, dental, and vision needs the most. These results reinforce previous studies.<sup>16</sup> Spending primarily on three basic needs can mean that other benefits, like preventative and mental healthcare, are not getting coverage or used as often.

When we looked at HSA spending by demographics, there were significant differences based on gender, family status, and age. For example, women spent more money on paramedical physical and mental health services and parents spent more on dependant care. We found some differences in HSA spending based on job level. (See Appendix B to access data.) For example, executives tended to spend more on athletic gear or gym memberships, likely because they receive larger amounts to spend in their HSA and/or on gym memberships, specifically.

## Virtual Healthcare Preferences

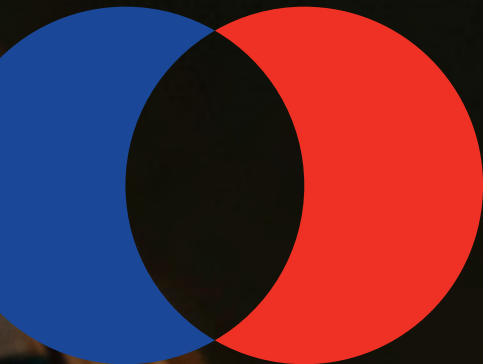
Currently, 40 per cent of respondents use virtual healthcare for either physical or mental health services. Among users, roughly a quarter (26 per cent) prefer it to in-person services. Those who prefer to use virtual healthcare tend to be younger (18 to 34 years compared with 65+ years). Previous research also suggests that those who do not have a family doctor prefer to use virtual health services.<sup>17</sup>

Virtual pharmacies—telepharmacies, Internet pharmacies, or mail-order pharmacies that operate over the Internet and send orders to customers—are used only by 9 per cent of all survey respondents, but 31 per cent would prefer to use them at least some of the time. Those who prefer to use virtual pharmacies tend to be younger or in executive or management roles. This suggests there is some opportunity to promote where virtual pharmacies exist and how to use them, especially if organizations provide coverage for these services.

16 Fractl, “Employee Benefits Study.”

17 CMA—Abacus, *What Canadians Think About Virtual Health Care*.

**Moving health plans forward with more personalization, prevention, and virtual access are key to allowing employees to thrive. This also produces a healthier workforce.**





# Support Beyond the Benefits Plan

In recent years many organizations have strived to increase their employee value proposition by bringing in workplace perks alongside their health benefits, such as free snacks, meditation rooms, and on-site massages.<sup>18</sup> While employees enjoy these perks, we surveyed whether they were viewed as highly as the top 10 health benefits identified earlier.

Flexwork and telework are the most important ancillary benefits (72 per cent stated that flexwork would be in their top-10 list of benefits and 64.8 per cent said telework would be). This is a trend many organizations have been seeing due to the COVID-19 pandemic. These findings were consistent with previous research that found employees value flexwork, telework, and unlimited vacation alongside their health benefits.<sup>19</sup> Allowing for more personalization of workplace perks and benefits can not only allow employees recovery time, but also provide them time to focus on preventative health activities.

The lowest-rated perks include on-site car washing (endorsed by 12.5 per cent), on-site dry cleaning/laundry (endorsed by 12.8 per cent), creativity rooms (endorsed by 15.6 per cent), and party rooms (endorsed by 16.8 per cent) and are not viewed as being an important part of mental and/or physical health benefits.

Other ancillary perks differed by those in different life stages. (See Appendix B to access data.) For example, younger workers and parents valued tuition reimbursements and cafeterias more than other groups, whereas those without dependants valued non-work-related training (e.g., financial literacy).

What employees want also depends somewhat on their job level or position within the organization. For example, administrative and support staff wanted an on-site cafeteria more than other job levels (endorsed by 55.7 per cent admin compared with 52.8 per cent or less by other job levels). Trades, service, and production staff were less likely to care about telework and on-site fitness classes (48 per cent telework and 29.8 per cent on-site fitness classes endorsed by trades compared with 64.7 per cent or greater for telework and 37.1 per cent or greater for on-site fitness classes by other job levels). This finding is likely due to the nature of their jobs—the work likely cannot be done from home and they are typically doing physical activity at work already.



<sup>18</sup> Fractl, “Employee Benefits Study”; Glassdoor, “Glassdoor’s 5 Job Trends to Watch in 2016.”

<sup>19</sup> Fractl, “Employee Benefits Study.”

# Recommendations

Job applicants view the health benefits an organization offers as an indication of how they treat their employees.<sup>20</sup> This suggests that employers need to get health benefits right, not only to attract employees, but to retain them. Organizations can do the following to better align with employees' needs:

1. **Offer health benefits for all employees, including part-time employees.** Many respondents felt that organizations not offering benefits (especially core/traditional coverage like dental) was a deal-breaker. Consider having health benefits for temporary, casual, and contract employees, as increased well-being is likely to reduce costs later on due to lower absenteeism, turnover, and increased productivity.<sup>21</sup>
2. **Consider the demographics of your workforce.** When deciding whether to increase coverage or flexibility of health benefits programs, ensure that benefits better align with your workforce, as some results varied by region.<sup>22</sup> Also consider the demographics of your workforce to determine whether different choices are needed for age, employee level, family status, gender, etc. However, consider that it is more likely that benefits differ by people's life stages (e.g., having kids, finishing school) rather than age and gender.<sup>23</sup> Consider allowing employees to purchase or ask for additional benefits to suit their unique needs (and if you do, make sure that this is also communicated to your employees).
3. **Ensure that all employees are familiar with all programs, but especially with mental health offerings.**<sup>24</sup> Regardless of what benefits packages are offered, organizations need to communicate their benefits coverage and what is offered to their employees.<sup>25</sup> Some respondents were unaware if they even had coverage, including 20 per cent who did not know if they had an EFAP. It is important that employers provide this information during recruitment, onboarding, and throughout the employee's time in the company. It is also important to ensure constant communication if there are any changes to the benefits plan(s).
4. **Talk to your employees about virtual health services.** As we move to a more digital age, communicate with employees whether virtual health services are covered, how to access them, and any benefits to using them (e.g., less commuting, better work-life balance, on-demand access). Virtual care is particularly important for those working in remote communities with minimal access to healthcare providers. Use benefits providers to communicate offerings and how to use them (e.g., lunch and learns, websites, training).

20 Dujay, "Employees Feel Entitled to Their Health Benefits."

21 Benefits Canada, "Holistic, Personal Care"; Benefits Canada, "Canadians Prioritizing Salary, Benefits in Job Search"; Dujay, "Employees Feel Entitled to Their Health Benefits"; Smith, "How Compensation and Benefits Can Motivate Employees."

22 Smith, "How Compensation and Benefits Can Motivate Employees"; Smith, "The Benefits of Rethinking Employee Benefit Plans."

23 Dujay, "Employees Feel Entitled to Their Health Benefits."

24 Ibid.

25 Ibid.



5. **Allow employees to prioritize their mental and physical health needs by providing flexible work arrangements, including working from home.** These perks were valued by most respondents. Letting employees customize their work can allow them to accommodate their own unique physical and mental health needs. Also ensure that employer-led resources are available to help employees customize their work, such as at-home ergonomic checks and accessibility software. Additionally, economists point to the fact that providing options for flexible work hours (without differential pay) also helps to decrease the gender wage gap.<sup>26</sup>
6. **As the business world changes to increased globalization, health benefits also need to change.** Moving health plans forward with more personalization, prevention, and virtual access are key to allowing employees and organizations to thrive. They also produce higher employee engagement and a healthier workforce.<sup>27</sup>



Moving health plans forward with more personalization, prevention, and virtual access are key to allowing employees and organizations to thrive.

26 Goldin, *Hours Flexibility and the Gender Gap in Pay*.

27 Smith, "The Benefits of Rethinking Employee Benefit Plans."

## Appendix A

# Methodology

*Seeking Support: The Future of Employee Health* summarizes the results of the TELUS Health Benefits survey. Data were collected in September 2021. A total of 1,502 people employed in Canadian organizations participated. The purpose of the survey was to find out what benefits packages that organizations are currently offering, what employees actually want from their benefits packages, and what benefits are deal-breakers if organizations do not provide them. Care responsibilities were defined by whether or not they have any sort of care responsibilities and by what type of care responsibilities they may have (e.g., childcare, eldercare).

IBM SPSS software was used to analyze the quantitative data pulled from this survey. When examining significant differences between demographic groups, analyses were conducted while controlling for other demographics. For instance, when examining parents versus those without dependants, age and gender were controlled in order to avoid contamination.

## Limitations and Future Directions

This research has limitations that should be acknowledged:

- All data are self-reported and assume that respondents know what is included in their benefits packages. We have no way of knowing if they were guessing on their current benefits or if they had their benefits package information on hand as instructed.
- We excluded those who are self-employed or unemployed, so the preferences do not represent those groups.
- While we were representative of the Canadian population, we had low sample sizes for Northern Canada and their results are unlikely to be representative of the full community.
- Because we wanted a working population, our age demographics over the age of 65 are limited and any results of those over 65 are unlikely to be representative of that demographic.
- We did not measure current physical or mental health to determine if that impacts their benefits preferences.
- We did not make a distinction between those who have benefits through their own job or through their partner.
- Participants could be under multiple plans if they are under 25 years of age and in school and still on their parents' plan and/or on a school plan.



## Appendix B

# Respondent Profile and Detailed Data

A total of 1,502 people employed in Canadian organizations participated in this survey. Discover more about them here.



## Appendix C

# Glossary

**Accidental death and dismemberment insurance (AD&D):** AD&D insurance provides a lump sum benefit (based on a loss schedule) to an employee who suffers an accident or to a beneficiary in the event of the employee's accidental death.

**Basic dental services:** Basic dental services include preventative and minor restorative dental work.

**Basic prescription coverage:** Basic prescription coverage includes generic drugs, dispensing cap fees, and some brand-name drugs (dependent on the plan).

**Biologic drugs:** Biologic drugs are manufactured from, or through the use of, animals or micro-organisms and tend to be more complex than chemical pharmaceuticals. Examples of biologics include insulin, vaccines, blood products, and, more recently, immunomodulators and antineoplastics, which are used to treat illnesses like rheumatoid arthritis and cancer. Because of their complex manufacturing process, biologics often cost far more to produce than other pharmaceuticals.

**Critical illness insurance:** Critical illness insurance typically pays the insured a lump sum amount upon diagnosis of a covered illness, such as cancer or a heart attack. This benefit is distinct from short- and long-term disability benefits.

**Dental care:** Dental care can include services such as basic dental services (e.g., exams, X-rays, cleaning, fillings); supplementary basic services (e.g., root canals, gum surgery); major services (e.g., crowns, dentures); and orthodontics.

**Dependant life insurance:** Dependant life insurance is typically offered as a lump sum insurance payment, often used to pay for funeral expenses upon the death of a spouse or dependent child.

**Flexible benefits plans:** Flexible benefits plans permit employees to choose a package of benefits from a selection of choices provided by the employer. In some plans, employees receive credits from the employer to purchase the benefits of most value to them. Semi-flexible benefits may include a core set of benefits and provide options for employees to purchase additional levels of coverage, or they may be modular plans, where employees can choose between several predetermined benefits packages.

**Personal health spending accounts (HSA)** or wellness spending accounts are accounts containing credits or a fixed dollar amount that can be used to reimburse a number of different benefits expenses—including medical, vision, and dental expenses—over and above what the organization's benefits program covers.

**Temporary employees** include contingent, casual, contract, co-op, seasonal (e.g., summer), or term employees. Excludes independent contractors (i.e., those paid through accounts payable.)

**Virtual healthcare** includes any health-related services via telecommunication technologies (e.g., telehealth or digital healthcare). This includes over the phone (text, call), Internet (video, chat), or store-and-forward methods (e.g., apps where photos are uploaded or text-based therapy).

**Virtual pharmacies** include telepharmacies, Internet pharmacies, or mail-order pharmacies that operate over the Internet and send orders to customers through the mail, shipping companies, or an online pharmacy web portal.

**Well-being** is a broad construct that encompasses physical (e.g., heart rate, sleep quality, physical symptoms) and mental health (e.g., life satisfaction, presence/absence of psychological symptoms like anxiety, depression, or burnout).

## Employee group definitions

**Executives:** All executives including the chief executive officer.

**Management:** Senior and middle managers who plan, develop, and implement policies and programs.

**Professional:** Engineers, information technology specialists, developers, accountants, lawyers, doctors, human resources professionals, social workers, etc.

**Administrative and support:** Administrative staff, clerks, coordinators, assistants, etc.

**Trades, service, and production:** Technologists, technicians, millwrights, employees providing customer service, production, maintenance, transportation, etc.



## Appendix D

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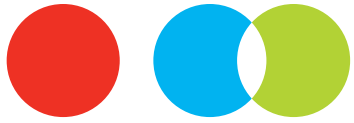
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