Wellbeing 3.0

A Roadmap for Thriving People and Organizations

BY

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Executive Summary

As organizations grapple with the challenges of a rapidly evolving workforce landscape, the need for a new approach to employee wellbeing has never been greater. "Wellbeing 3.0: A Roadmap for Thriving People and Organizations" presents a transformative framework that fuses the holistic integration of personal, social, and organizational determinants of health. This paper traces the evolution of workforce wellbeing from its origins in health promotion and health risk management to the more integrated approach that defines Wellbeing 3.0.

KEY TAKEAWAYS:

- The Evolution of Wellbeing: Wellbeing 1.0 focused on health promotion and health risk management; while Wellbeing 2.0 emphasized incented digital engagement, human coaching, and personalization. Now Wellbeing 3.0 integrates personal purpose and values, social connection and belonging, hopefulness about the future, and conscious curation of organizational culture into a comprehensive wellbeing strategy.
- Three Intersecting Domains: Wellbeing 3.0 is anchored in three intersecting domains

 Personal Determinants of Health (PDOH), Social Determinants of Health (SDOH), and
 Organizational Determinants of Health (ODOH)—which collectively address the root causes of health, engagement, and behavior.
- **Practical Steps for Implementation**: This paper outlines five core strategies for organizations to begin their Wellbeing 3.0 journey, including measuring what matters, leading with leadership, and designing a culture that authentically supports wellbeing.
- Early Returns on Wellbeing 3.0: Preliminary data from organizations that have implemented Wellbeing 3.0 show promising trends in reducing burnout, increasing work engagement, and improving emotional wellbeing metrics among employees.

Wellbeing 3.0 is not just an evolution of previous models but a paradigm shift in how organizations view and support their employees. By embracing it, organizations can build a workforce that is resilient, engaged, healthy, and prepared for the future.

Why Wellbeing 3.0, and Why Now?

Workforce wellbeing has evolved over several decades, with roots in public health, prospective medicine, behavioral psychology, and organizational science. Traditionally, these efforts have focused on improving health behaviors, encouraging preventive healthcare, and promoting a health-supportive culture to strengthen productivity and performance. However, the limitations of these approaches became apparent in the aftermath of the COVID-19 pandemic.

Workforce needs and expectations, hybrid location models, and a higher prevalence of mental health challenges have all impacted employee health in new ways.

THE NEED FOR WELLBEING TO CHANGE

The COVID-19 pandemic exposed significant gaps in traditional workplace health efforts, revealing that many existing wellbeing programs were inadequate in addressing the complexities of modern workforce needs. The pandemic also highlighted the critical importance of viewing employees within the broader context of their lives, considering factors such as mental health, social connection, and the evolving expectations of the modern workforce.

In response to these challenges, workforce wellbeing became a strategic priority for many in the C-suite. Leading consultancies introduced practices focused on "People Sustainability" or "Human Sustainability," recognizing wellbeing as a core pillar alongside environmental and community impact.

Against the backdrop of competition for talent, changing expectations, and a shadow pandemic of mental and social health challenges, workforce wellbeing in many organizations is no longer viewed as simply a perk or treated solely as a siloed preventive healthcare benefit. Increasingly, it's viewed as a central component in an integrated approach to employee experience and impact. The organizational lines between wellbeing, talent, DEIB, L&D, and even ESG programs have begun to blur.

In our view, that's a good thing.

With that in mind, it's time for organizations to evolve individual behavior-focused wellness models and wellness incentive programs. It's time to see employees in their life context. To center on their own core values and to deepen their sense of purpose—the "why" behind the "what" of behavior change, self-care, and an authentically healthy culture. These factors represent powerful catalysts to build a workforce ready for the future of work.

What is Wellbeing 3.0?



The three core domains of Wellbeing 3.0

Wellbeing 3.0 doesn't require abandoning the practices that have worked in the past, but it does necessitate a shift in focus. It's about moving beyond surface-level engagement and addressing the root causes of health, engagement, and behavior. This approach requires organizations to consider the unmet needs of their workforce at the individual, team, and organizational levels. Wellbeing 3.0 is built around three intersecting domains:

PERSONAL DETERMINANTS OF HEALTH (PDOH)

These factors include a sense of identity, connectedness and belonging, and hopefulness about the future. PDOH factors drive emotional regulation and resilience. A central element of PDOH is Purpose in Life (PIL), a self-organizing life aim that drives behavior and decision-making.² Social connectedness, particularly with those who share common values and purpose, is also a key component of PDOH.

Evidence: Employees who connect work to a strong sense of personal purpose have stronger resilience, engagement, and retention.⁵

SOCIAL DETERMINANTS OF HEALTH (SDOH)

These are external factors, such as food, housing, financial security, and access to healthcare, which can impact an employee's ability to maintain good health and wellbeing. Addressing SDOH is crucial for creating an environment where employees can thrive.

Evidence: SDOH risks are highly associated with mental health risks including depression, anxiety, and burnout.⁵

ORGANIZATIONAL DETERMINANTS OF HEALTH (ODOH)

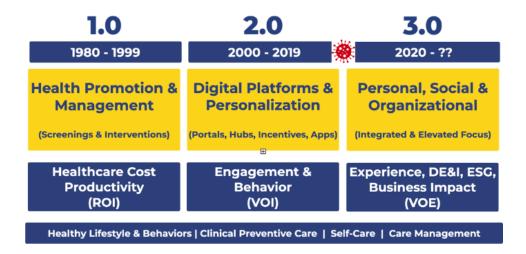
These factors pertain to the workplace environment, including organizational culture, psychological safety, and the ability to thrive and grow within an organization. ODOH strategies ensure that leaders model positive behaviors, resulting in employees feel they belong, can bring their authentic selves to work, and are supported by their organization in pursuing their personal purposes.

Example: Leaders who share aspects of their own purpose, and get to know their employees' purpose for working, enjoy stronger team cultures that retain talent and promote positive mental health.

SIMPLIFYING THE JOURNEY

To successfully implement Wellbeing 3.0, organizations need to integrate these three domains into their stated goals, program designs, and measurement strategies. When they do, they set the stage for environments where employees are not just healthy but also deeply engaged and connected to their work and colleagues.

How Did We Get Here?



WELLBEING 1.0:

Health Promotion and Health Risk Management

Starting in the 1970s, workforce wellness became more common, and focused primarily on health promotion and health risk management. These efforts were driven by the need to address lifestyle-related health risks, such as poor nutrition, lack of exercise, and tobacco use,³ which were identified as significant contributors to chronic illnesses and rising healthcare costs, impacting up to 70% of disease burden and associated costs.⁴

The value proposition of Wellbeing 1.0 centered on reducing health risks and achieving a return on investment (ROI) by controlling healthcare expenses. While this approach was effective in addressing some health risks, it often fell short in promoting long-term behavior change and addressing the broader context of employees' lives. The organizations that enjoyed the most success in achieving measured improvements in workforce health and performance during this era placed these activities in a larger, more holistic organizational context. They addressed culture, environment, and leadership, alongside health behavior change programs. In many ways these early leaders set the stage for the "3.0" era.

WELLBEING 2.0:

Portals, Pillars, and Personalization

As technology advanced, Wellbeing 2.0 emerged, characterized by the digitalization of wellness programs and the use of financial incentives to drive participation. The scope of some programs expanded to include more dimensions than simply physical health. Programs added financial, social, and emotional wellbeing, and some extended toward spiritual and career wellbeing.

However, the reliance on digital engagement and financial incentives in the "2.0" era often led to unintended consequences, such as a lack of sustained behavior change and plummeting engagement once incentives were removed, or reward thresholds met.

The focus on participation metrics, such as "clicks" and "taps," often overshadowed the actual impact on employee health and wellbeing.⁵

HR leaders and consultants alike lament the downside of points-based, threshold-oriented wellness program designs. They view this as "bribing" people to click on a portal vs. encouraging employees to practice health-enhancing habits linked to intrinsic motivations and to become proactive, informed, and engaged health consumers.

Example: A company that focused heavily on digital engagement saw participation drop significantly once the financial incentives were removed, or reward thresholds met, highlighting the need for a new approach that harnesses intrinsic motivation to support enduring behavior change.

While Wellbeing 2.0 became overfocused and reliant on incentive models and click-driven (vs. outcome-driven) reporting metrics, it did lay the groundwork for a broader understanding of wellbeing, moving beyond physical health to include multiple dimensions of an individual's life. This broader focus, as well as the frustration with incentive dependence, helped set the stage for Wellbeing 3.0.

WELLBEING 3.0:

Purpose, Connection, and Context

The COVID-19 pandemic accelerated the need for a rethink when it comes to wellbeing. The fractures in social connectedness and the chronic stress caused by the pandemic led to a sharp rise in anxiety, depression, and burnout.⁵ These challenges exposed the inadequacies of the Wellbeing 1.0 and 2.0 models, underscoring the need for a new paradigm.

In Wellbeing 3.0, Personal Determinants of Health (PDOH) — such as purpose, belonging, and emotional resilience — play a central role in aligning employees' values with their work. By addressing Social Determinants of Health (SDOH), like financial stability and healthcare access, organizations help mitigate external stressors, creating a supportive environment where employees can thrive both personally and professionally.

At the same time, Organizational Determinants of Health (ODOH), such as psychological safety and a purpose-driven culture, ensure the workplace fosters resilience and meaningful connection. By integrating PDOH, SDOH, and ODOH into wellbeing strategies, organizations offer holistic support, leading to higher engagement, better retention, and a workforce that feels genuinely aligned with their personal purpose and organizational mission.

The Shift to Wellbeing 3.0

Wellbeing 3.0 places purpose, connection, hopefulness, and employee life context at the center of workforce wellbeing strategies. This new paradigm requires that organizations:

- Reframe their understanding of employee engagement and wellbeing: Moving from transactional models to approaches that foster deep, intrinsic motivation, with a focus on judging program success through meaningful health impacts and business outcomes.
- Integrate wellbeing into the organizational culture: Ensuring that wellbeing is not only a program or benefit but a core component of the company's mission and values, and the way it operates, both top-down and bottom-up.
- Address the whole person: Recognizing the interconnectedness of personal, social, and organizational determinants of health sets the foundation for a more cost-effective approach that produces a more enduring impact.

Wellbeing 3.0 moves us from a VOI/human capital model to a "Values of Employee" (VOE) model, acknowledging the profound impact that these factors have on employee experience, health behaviors, and overall organizational success.⁶⁷⁸

Example: A company that shifted from a traditional individual incentive-based program to a purpose-driven model that emphasized group-level achievement and focused rewards on social impact saw significant improvements in employee engagement, along with improvement in business-critical wellbeing metrics, like improved resilience, reduced anxiety and depression, and stronger employee retention

Early Returns on Wellbeing 3.0

As organizations begin to implement Wellbeing 3.0, early results demonstrate the paradigm's effectiveness in improving both employee wellbeing and organizational performance. A compelling example of this success can be seen in the healthcare sector, where Baystate Health transitioned from a traditional incentive approach to a purpose-centered, SDOH-sensitive wellbeing model during the challenging days of the COVID-19 pandemic.

BAYSTATE HEALTH: A CASE STUDY IN PURPOSE-CENTERED WELLBEING

Baystate Health, with over 12,000 employees across five hospitals and over 80 medical practices, had long prioritized employee wellbeing, and had an award-winning program. However, the COVID-19 pandemic in 2020 presented unprecedented challenges, particularly for healthcare workers. Recognizing that traditional wellness programs were insufficient, Baystate Health's leadership restructured their wellbeing strategy around four core principles:

- 1. Compassion and Empathy
- 2. Proactive Emotional & Mental Wellbeing
- 3. Addressing Essential Needs
- 4. Purpose-Centered Culture

In 2021, Baystate Health partnered with Kumanu and its Purposeful wellbeing platform to transition from an incentive-based wellness approach to a purpose-centered model. This new strategy emphasized intrinsic motivation, tailored support through data analytics, and enhanced resource accessibility to address essential needs, particularly in financial wellbeing and mental health. They named the program Wellbeing Essentials to signal the connection to the most human needs of their workforce.

As Baystate and Kumanu evolved the program to optimize for employee engagement, they introduced monthly themed challenges in the Purposeful app around relatable and timely topics, such as Financial Fitness, Sleep, Movement & Mindfulness, Creativity, and Life Balance. Each challenge featured group goals driving "social good" donations to meaningful causes, as well as linkage to the organization's Rewards & Recognition program. This approach significantly boosted engagement, exceeding Baystate Health's initial goals threefold.

Key outcomes⁹ of Wellbeing 3.0 at Baystate Health include:

- Emotional Wellbeing:
 - 17% reduction in anxiety
 - 11% reduction in depression risk

- 9% reduction in burnout
- 30% increase in emotional self-regulation
- · 12% reduction in social isolation
- · 30% boost in overall wellbeing

Physical Health:

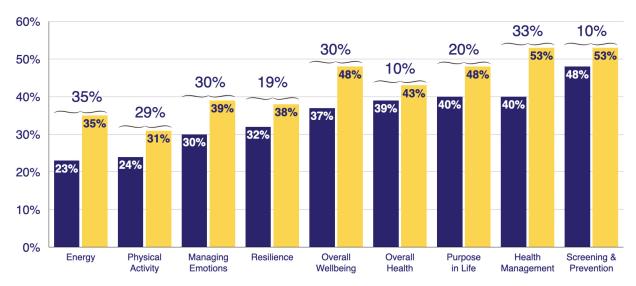
- · 29% increase in physical activity
- 10% reduction in sleep issues
- 33% rise in personal health management
- 10% boost in screening and prevention practices

Organizational Impact:

- 83% reduction in employee turnover among employees screened to be at "high risk for leaving" at baseline who engaged 10 or more times with the Purposeful wellbeing platform.
- The reduction in turnover included positive impacts on employees with low initial feelings of organizational support and high anxiety scores, as well as those in lower salary brackets.

These results highlight the potential for improvements in emotional wellbeing, physical health, and organizational stability associated with a Wellbeing 3.0 strategy.

Percent Thriving/At Low Risk, Baseline v. 90-Day Follow-up

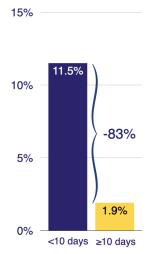


90-Day improvements from Baystate/Kumanu Case Study, 2024. All differences p<.01; n=1,172.

Percent At Risk, Baseline v. 90-Day Follow-up

-10% 70% 66% 60% -17% 60% 53% 50% -11% 44% -9% -12% 40% 38% 34% 30% 32% 30% 20% 10% 0% Sleep **Anxiety** Depression **Burnout** Social Isolation

Actual Turnover Reduced by Purposeful Use



1. 90-Day risk reductions from Baystate/Kumanu Case Study, 2024. All differences p<.05; n=1,172.

(PHQ2)

(GAD2)

2. Reduction in Actual Turnover by use of Purposeful. Baystate/Kumanu Case Study, 2024. n=2,049 with high baseline turnover intent. Usage x turnover intent interaction: t=2.6; p<.01.

Baystate Health's experience underscores the transformative potential of Wellbeing 3.0. By shifting focus from traditional incentives to a holistic, purpose-centered strategy, they not only improved employee health outcomes but also enhanced overall engagement and retention, setting a powerful example for other organizations.

As Baystate evolves its program, they are expanding efforts to reach traditionally low-engagement populations, integrating organizational initiatives with wellbeing benefits and introducing new technological approaches, such as the Purposeful Al Coach, to better personalize the experience and neutralize access barriers to tailored, evidence-based support for Personal and Social Determinants of Health.

BROADER TRENDS

Disturbance

The positive outcomes at Baystate Health reflect broader trends seen across organizations adopting Wellbeing 3.0.

Measuring across a broad set of organizations, we found that those who were high risk at baseline saw the following improvements:

- Purpose in Life: Improved by 14%
- Work Engagement: Improved by 12%
- Anxiety (GAD2): Declined by 28%
- Depression (PHQ2): Declined by 35%

These early returns underscore Wellbeing 3.0's capacity to foster a more engaged, resilient and purpose-driven workforce.

A Wellbeing Transformation Roadmap: Five Ways to Get Started

To begin your Wellbeing 3.0 journey, consider these five core strategies:

1. MEASURE WHAT MATTERS

Establish a baseline for your population's wellbeing using existing data, such as medical, behavioral, and prescription claims, as well as human capital metrics, like absenteeism, turnover, and employee engagement. Expand your focus to include SDOH and financial distress indicators to understand employees' life context. Be sure to include PDOH factors, such as purpose, belonging, hopefulness, and resilience, and results such as burnout, work engagement, and retention intent. Look for evidence that healthy behaviors and mindsets are embedded in your organizational culture, and that they are promoted both by leaders and in the work environment.

Example: A company that shifted its focus from app engagement metrics to measuring work-life balance improvements saw a significant reduction in employee burnout.

2. LEAD WITH YOUR LEADERS

Leadership is crucial for embedding wellbeing into your organization's DNA. Ensure that leaders understand the connections between personal purpose, individual wellbeing, and business success. Support them in aligning their work with their personal purpose, and hold them accountable for modeling and promoting desired behaviors within their teams.

Example: Leaders at a tech company who actively participated in wellbeing programs and communicated their personal stories saw a 20% increase in program participation among their teams.

3. WEAVE IT INTO THE FABRIC

Move beyond seeing wellbeing as just an employee benefit or program. Integrate wellbeing into every aspect of your organizational culture, from safety protocols to customer service standards. Use familiar organizational language, colors, and symbols to reinforce the connection between wellbeing and your company's mission.

Example: A manufacturing firm used its commitment to product quality to inspire a culture of "quality of life," emphasizing wellbeing in all aspects of work.

4. GET EVERYONE TO THE TABLE

Involve a diverse cross section of your organization in the design and implementation of wellbeing initiatives. Leverage Employee Resource Groups (ERGs) and other internal networks to gather input and build engagement.

Example: A global corporation created a wellbeing task force that included representatives from various departments and regions, leading to a more inclusive and effective program.

5. EMBRACE WELLBEING DEFINED BY THE PERSON

Adopt a person-centered design approach that focuses on what matters most to the individual. Understand the social and environmental context in which employees live and work, and offer resources that are relevant and accessible. Let individuals define wellbeing priorities for themselves and their families, setting their focus and linking behaviors to their personal purpose and core values.

Look for wellbeing platforms and apps that offer both human and digital support. Ensure that they incorporate ethically designed, carefully guardrailed, and evidence -trained AI into the digital experience, with full user control over whether AI is used in shaping their personal digital experience.

Example: A consulting services company introduced a wellbeing program that allowed employees to choose from a carefully Al-curated set of resources tailored to their personal needs and preferences, resulting in higher employee engagement and satisfaction.

CONCLUSION

The journey to Wellbeing 3.0 requires a shift in mindset and a commitment to viewing employees within the full context of their lives. By focusing on the three core domains — Personal, Social, and Organizational Determinants of Health — organizations can build a resilient, engaged, and purpose-driven workforce that is prepared to meet the challenges of the future. The early returns on this approach are promising, showing significant improvements in key health and workforce metrics. As organizations continue to evolve, embracing Wellbeing 3.0 will be essential for thriving in an increasingly complex and interconnected world.

ABOUT KUMANU

Kumanu is a leading provider of purpose-centered wellbeing solutions, helping organizations foster a culture of health, connection, and personal growth. Our platform integrates cutting-edge technology, behavioral science, and data-driven insights to deliver personalized support that aligns with the unique needs and values of each employee. By addressing Personal, Social, and Organizational Determinants of Health, Kumanu empowers companies to build resilient, engaged workforces and create lasting, positive impacts on employee wellbeing. Partnering with organizations across industries, Kumanu helps drive measurable improvements in mental, emotional, and physical health while enhancing retention, engagement, and overall organizational performance. Learn more at kumanu.com and discover how we can help your organization thrive.

ABOUT THE AUTHORS

Seth Serxner, PhD, MPH, Seth Serxner is a recognized expert in workforce health and wellbeing with over 25 years of experience in public health, population health management, and organizational behavior. As the former Chief Health Officer at Optum, Seth has led large-scale initiatives to improve employee health and drive engagement. He is passionate about developing strategies that integrate personal purpose and organizational culture to enhance wellbeing and performance.

Victor Strecher, PhD, MPH, Vic Strecher, founder and CEO of Kumanu, is a renowned, researcher, author and speaker in the fields of health behavior and health equity, digital health communication and wellbeing. His most recent work targets the root causes of health and wellbeing, including life purpose, and the personal, social and organizational determinants of health.

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Sources

- Ihrke, R., & Smrecek, M. (2022, May 12).
 Are employer wellbeing strategies able to respond to employee needs?. WTW. https://www.wtwco.com/en-us/insights/2022/05/are-employer-wellbeing-strategies-able-to-respond-to-employee-needs
- 2. Kashdan, T. B., Goodman, F. R., McKnight, P. E., Brown, B., & Rum, R. (2023). Purpose in life: A resolution on the definition, conceptual model, and optimal measurement. American Psychologist. https://doi.org/10.1037/amp0001223
- 3. Literature review: Corporate Health Management (Jonathan E. Fielding, M.D.; Addison-Wesley Publishing; reading, Massachusetts; 1984; 416 pages). (1986). *Quality Assurance and Utilization Review, 1(3), 100–101.* https://doi.org/10.1177/0885713x8600100310
- 4. Fries, J. F., Koop, C. E., Beadle, C. E., Cooper, P. P., England, M. J., Greaves, R. F., Sokolov, J. J., & Wright, D. (1993). Reducing health care costs by reducing the need and demand for medical services. *New England Journal of Medicine*, 329(5), 321–325. https://doi.org/10.1056/nejm199307293290506
- 5. Strecher, V. (2021-2023). Analysis of Kumanu-Harris Poll [Data Set].
- Mercer. (2023). Global Talent Trends study 2022-2023. https://www.mercer.com/en-nz/insights/people-strategy/future-of-work/global-talent-trends/#mktoForm_71425
- 7. Deloitte. (2024, February 5). When people thrive, business thrives: The case for human sustainability. Deloitte Insights. https://www2.deloitte.com/us/en/insights/focus/human-capital-trends/2024/focusing-on-human-sustainability-and-employee-wellbeing.html
- 8. Aon. (2023). 2022-2023 Global Wellbeing Survey. https://www.aon.com/global-wellbeing-survey.aspx
- 9. Kumanu. (2024). Baystate Case Study.