WellCert

Certified Wellness Program Coordinator

LEVEL 1 CWPC

COURSE WORKBOOK

THE PREMIER CERTIFICATION FOR WORKSITE WELLNESS PROFESSIONALS

CHAPMAN INSTITUTE

CERTIFICATION and TOOLS for RESULTS-DRIVEN WELLNESS

LIVE CERTIFICATION

Table of Contents

Welcome!

Welcome to the live version of the WellCert Level 1 Certified Wellness Program Coordinator (CWPC) Course. We hope that this skill-oriented learning experience will enable you to feel confident designing and implementing a worksite wellness program for any organization. There are three different ways to take this course including: onsite live, live webinar and online. This is the Course Workbook for both the onsite live and live webinar versions of the certification training that we refer to together as "Live." For more information please consult our website at www.chapmanInstitute.com. This Course Workbook is organized in the following way:

Section 1 Introduction and Overview

Section 2 Course Agenda

Section 3 Visuals for Note Taking

Section 4 Case Exercises

Section 5 Required Readings

Article #1 Securing Senior Management Support for Wellness Programming
Article #2 Q & A on the ROI of Worksite Wellness
Article #3 Using Health Risk Assessments(HRAs) or Health Questionnaires
Article #4 Planning Your Wellness Program
Article #5 Building Your Wellness Program's Organizational Infrastructure
Article #6 Establishing Your Wellness Program's Technology Infrastructure
Article #7 Evaluating Your Wellness Program

Section 6 Tool Kit

The following tools are included in this Course Workbook:
Tool 1-1 Glossary of Health and Wellness Terms
Tool 1-2 Summary Table of the Benefits of Worksite Wellness Programs
Tool 1-3 Sample of Wellness Interest Survey
Tool 1-4 Summary Table on Wellness Strategy Characteristics
Tool 1-5 Components of Organizational Infrastructure
Tool 1-6 Components of Technology Infrastructure
Tool 1-7 Sample of Wellness Program Launch Letter

Tool 1-8 Possible HRA and Screening Follow-up Interventions
Tool 1-9 Worksheet for Planning Group/Onsite Activity
Tool 1-10 Sample Wellness Program Planning Checklist
Tool 1-11 Sample of Annual Program Evaluation Survey
Tool 1-12 Assorted Program Examples from the Health Project
Tool 1-13 Sample of Wellness Program Design Worksheet
Tool 1-14 Sample of Health Monitor HRA

Note: Each of these tools can be accessed in electronic Word document format through the Membership option on the Chapman Institute website.

Copies of Course Materials

For Webinar Participants:
If you are taking this certification course through the live webinar venue you should have received this Course Workbook via Federal Express and as a link sent to you in the "welcome" email. You now also have access to the online version of this course in your account on our website (www.chapmaninstitute.com). If you miss any of the live content during the webinar you can go to the appropriate session in the online course.

After the webinar is over you will need to log into your account on our website (www.chapmaninstitute.com) and take the Final Exam by clicking on it in your account. The Final Exam consists of three major parts: a set of true-false and multiple choice questions, a set of essay questions and finally the course evaluation questions. The true-false and the multiple choice questions are automatically graded. The essay questions and the course evaluation are manually graded/reviewed and your eCertificate will be sent to you within 10 business days of your completion of the exam.

For Onsite Participants:
If you are completing this certification course onsite you received this Course Workbook at the beginning of the course. You now also automatically have the online version of the Level 1 course added to your account. If you miss any of the live content during the onsite sessions you can go to the appropriate session in the online course. You should also have received a link to the Course Workbook in electronic form in your email acknowledging your purchase of the Level 1 course.

For All Participants:
Once you complete the Final Exam you will be receiving an email with a link to a PDF file that contains a detailed set of recommendations on all the case questions. This is provided so that you can compare your answers from the small group exercise with ours if you wish to do so. After you complete the online final exam you will also be receiving with your Certificate of Completion access to a link to a PowerPoint slide deck called the WellCert Business Case Slide

Deck containing selected slides from the course as well as additional slides that can be used to make a strong business case for your worksite wellness efforts. You can pull the slides you want out of the slide deck and insert them into your own presentations. Each slide in the deck contains in the "note pages" format, a suggested script for use in its presentation to groups of managers and/or employees.

In summary you have access to the following materials as part of the "Live" versions (Webinar and Onsite) of the WellCert Level 1 certification course:

Course Workbook

- ✓ Paper version sent to you by Federal Express or distributed at the onsite session.
- ✓ Electronic version accessible through the link in your "welcome" email.

Case Recommendations

- ✓ Accessible through a link to be provided in the transmittal email with your eCertificate.

WellCert Business Case Slide Deck

- ✓ Accessible through a link to be provided in the transmittal email with your eCertificate.

Your Membership in the WellCert Program

As a successful graduate of the Level 1 WellCert Program you are automatically entitled to one free year of membership (from the date on your eCertificate) in the WellCert Program administered by the Chapman Institute. Once your year is up you will have the opportunity to extend your membership for one year at a time for $99. This membership status entitles you to the following:

1. You are automatically considered as an "Active member" each year. (Note: However each "Active member" is still expected, on the honor system, to complete a minimum of 2 of our learning modules each year.)
2. You have unlimited free access to our growing library of specialized learning modules. (currently 30+)
3. You have unlimited access to our curated document archive and our search engine and can download your own copy of all the documents.
4. You will receive the twice monthly Connections newsletter and can download all the highlighted documents.
5. You will also receive our blog on "Best Practices" in Worksite Wellness.
6. You can submit up to 5 research requests per year.
7. You can participate in a member's monthly Q & A conference call with me. (Third Friday's each month at 3:00 pm Eastern – dial our bridge number at (206) 316-9699. No passcode is needed.)

Section 1 Introduction and Overview

Overview and Purpose: The WellCert Program provides a four level certification program for worksite wellness practitioners. Each level of certification consists of approximately 20 - 25 hours of educational content, and for Levels 1 & 2 requires completion of an online Final Exam. The certification program is designed to provide a progressive level of skill-building for participants in the design, implementation and evaluation of worksite wellness programs and to provide participants with an opportunity to receive formal Certification status at the following levels of achievement.

Level	Name	Contact Hours
1	Certified Wellness Program **COORDINATOR (CWPC)**	16
2	Certified Wellness Program **MANAGER (CWPM)**	16
3	Certified Wellness Program **DIRECTOR (CWPD)**	16
4	Certified Worksite Wellness Program **CONSULTANT (CWWPC)**	16
	Total	64 hours

This Course Workbook is for the live version of the WellCert Program Level I Certified Wellness Program Coordinator (**COORDINATOR)** Course and is used with the onsite and webinar versions of this training.

Objectives of the Level I COORDINATOR Certification Program:

1. To enable participants to plan, implement and evaluate a worksite wellness program.
2. To enable participants to identify the key elements of the organizational and technology infrastructure for a worksite wellness program.
3. To enable participants to be able to conduct a 6 step planning and development process for a worksite wellness program.
4. To help participants acquire 12 key skills for the design and development of a worksite wellness program.

Requirements for Level 1: Complete approximately 20 -25 hours of learning, complete four small group case exercises, and complete the online Final Exam for the Level I **COORDINATOR** course.

Key "How-to" Skills to be Learned in the Level 1, COORDINATOR course:

Skill #1 How to build strong senior management support
Skill #2 How to assess your employees' wellness needs
Skill #3 How to use a Health Risk Assessment (HRA)
Skill #4 How to set your wellness strategy
Skill #5 How to design your organizational infrastructure
Skill #6 How to design your technology infrastructure
Skill #7 How to design effective wellness communications

Skill #8 How to design your health management process
Skill #9 How to design group activities
Skill #10 How to create a supportive environment for wellness
Skill #11 How to design onsite programming
Skill #12 How to perform a simple evaluation of your program

Each of these key skills are the focus of the learning content to be acquired in the Level 1 Certified Wellness Program Coordinator (CWPC) training course.

Use this space to make important notes from the course.

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Section 2 Course Agenda

There are two separate agendas provided here. The first is for the two day onsite program and the second is for the four half-day live webinar program.

The Two Day (Onsite) Version of the Agenda:

DAY ONE

Approximate Time	**Topics to be addressed**
8:00 AM	Introductions and objectives for the course Orientation to Worksite Wellness
	Skill #1 How to build strong senior management support for wellness efforts
	Skill #2 How to assess your employees' wellness needs
10:00 AM	Break
	Skill #3 How to use a Health Risk Assessment (HRA)
	Small Group Exercise #1 Building a Strong Foundation
Noon	Lunch
1:00 PM	**Skill #4** How to set your wellness strategy
	Skill #5 How to design your organizational infrastructure
2:30 PM	Break
	Skill #6 How to design your technology infrastructure
	Small Group Exercise #2 Structure Follows Function
5:00 PM	Adjournment

DAY TWO

Approximate Time	**Topics to be addressed**
8:00 AM	**Skill #7** How to design effective wellness communications
	Skill #8 How to design your health management process
	Skill #9 How to design group activities
10:00 AM	Break
10:15 AM	***Small Group Exercise #3 Creating a Wellness-Oriented Culture***
11:30 AM	**Skill #10** How to create a supportive environment for wellness
Noon	Lunch
1:00 PM	**Skill #11** How to design onsite programming
	Skill #12 How to perform a simple evaluation of your program
2:00 PM	Break
2:10 PM	***Small Group Exercise #4 Programming and Evaluation Dynamics***
3:00 PM	Adjournment

The Four Day Webinar Version of the Agenda

DAY ONE

Approximate Time	**Topics to be addressed**
11:00 AM (Eastern)	Introductions and objectives for the course Orientation to Worksite Wellness
	Skill #1 How to build strong senior management support for wellness efforts
	Skill #2 How to assess your employees' wellness needs
12:30 PM	Break
	Skill #3 How to use a Health Risk Assessment (HRA)
	Small Group Exercise #1 Building a Strong Foundation
	Q & A Session
2:00 PM	Adjournment

DAY TWO

Approximate Time	**Topics to be addressed**
11:00 AM (Eastern)	**Skill #4** How to set your wellness strategy
	Skill #5 How to design your organizational infrastructure
12:30 PM	Break
	Skill #6 How to design your technology infrastructure
	Small Group Exercise #2 Structure Follows Function
	Q & A Session
2:00 PM	Adjournment

DAY THREE

Approximate Time	**Topics to be addressed**
11:00 AM (Eastern)	**Skill #7** How to design effective wellness communications
	Skill #8 How to design your health management process
12:30 PM	Break
	Skill #9 How to design group activities
	Small Group Exercise #3 Creating a Wellness-Oriented Culture
	Q & A Session
2:00 PM	Adjournment

DAY FOUR

Approximate Time	**Topics to be addressed**
11:00 AM	**Skill #10** How to create a supportive environment for wellness
	Skill #11 How to design onsite programming
12:30 PM	Break
	Skill #12 How to perform a simple evaluation of your program
	Small Group Exercise #4 Programming and Evaluation Dynamics
	Q & A Session
2:00 PM	Adjournment

Section 3 Visuals

Each of the visuals that will be used and discussed during the live version (Onsite or Webinar) Level I **COORDINATOR** Certification course are included in this section. Each page of the paper version of the Course Workbook includes two visuals per page and is designed so that you can take notes directly on the visual. The 12 key skills and the page numbers associated with each skill are identified below.

Skill Number/Topic	Page Number
Orientation Module	1 - 9
Skill #1 How to build strong senior management support	10 - 14
Skill #2 How to assess your employees' wellness needs	15 - 21
Skill #3 How to use an Health Risk Assessment (HRA)	21 - 25
Skill #4 How to set your wellness strategy	26 - 33
Skill #5 How to design your organizational infrastructure	34 - 40
Skill #6 How to design your technology infrastructure	40 – 45
End of Day One Slides	46 - 47
Skill #7 How to design effective wellness communications	47 - 55
Skill #8 How to design your health management process	55 - 61
Skill #9 How to design group activities	62 - 67
Skill #10 How to create a supportive environment for wellness	68 - 72
Skill #11 How to design onsite programming	73 – 80
Skill #12 How to perform a simple evaluation of your program	81 – 87
Concluding Slides	88 - 89


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Day One
LEVEL 1 TRAINING
for CERTIFIED WELLNESS PROGRAM COORDINATOR
Presented by
Larry S. Chapman, MPH, CWWPC
President, Chapman Institute
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LEVEL 1
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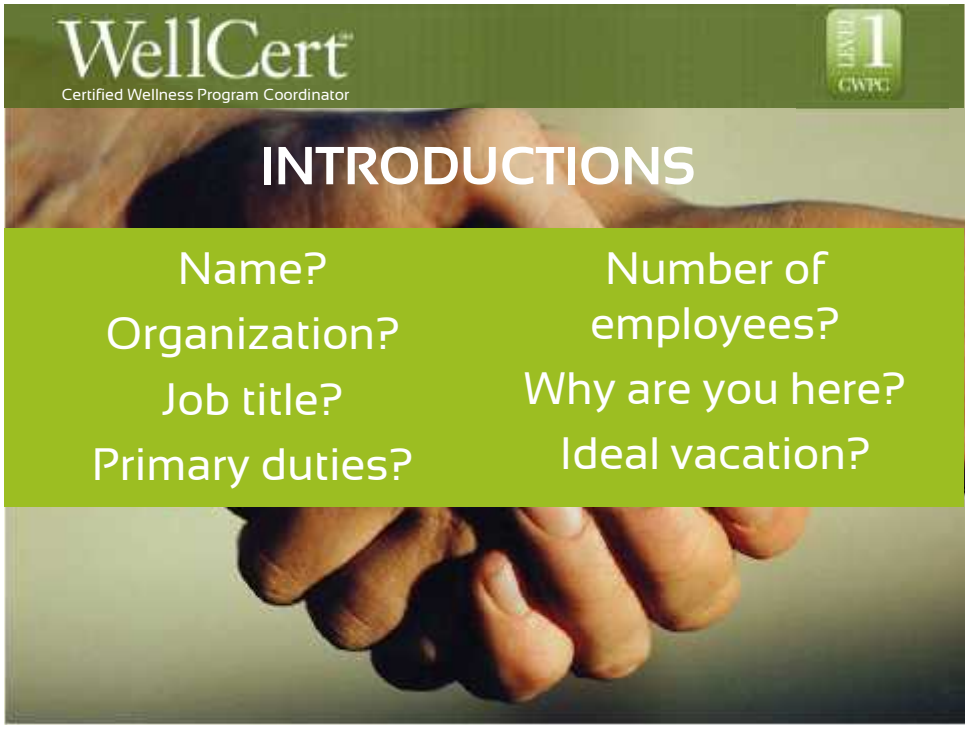
OVERVIEW
COURSE WORKBOOK
SKILL ORIENTED
REQUIRED READINGS
CASE EXERCISES
FINAL EXAM
COURSE EVALUATION
E-CERTIFICATE
CE REQUIREMENT
MEMBERSHIP OPTION
LEVEL 1 OF 4
INTRODUCTIONS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INTRODUCTIONS
Name?
Organization?
Job title?
Primary duties?
Number of employees?
Why are you here?
Ideal vacation?


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SKILLS COVERED IN CWPC
Skill #1 How to build strong senior management support
Skill #2 How to assess your employees' wellness needs
Skill #3 How to use a Health Risk Assessment (HRA)
Skill #4 How to set your wellness strategy
Skill #5 How to design your organizational infrastructure
Skill #6 How to design your technology infrastructure
Skill #7 How to design effective wellness communications
Skill #8 How to design your health management process
Skill #9 How to design group activities
Skill #10 How to create a supportive environment for wellness
Skill #11 How to design onsite programming
Skill #12 How to perform a simple evaluation of your program


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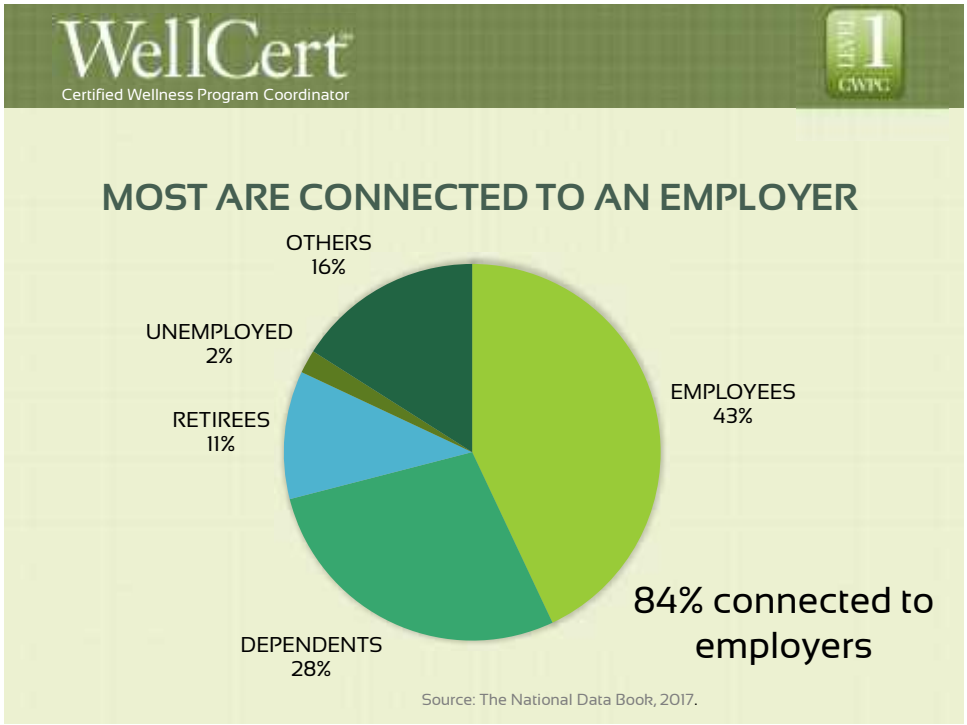
FIRST TOPIC
ORIENTATION TO
WORKSITE WELLNESS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MOST ARE CONNECTED TO AN EMPLOYER
OTHERS 16%
UNEMPLOYED 2%
RETIREES 11%
EMPLOYEES 43%
DEPENDENTS 28%
84% connected to employers
Source: The National Data Book, 2017.

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MANY POSSIBLE DOMAINS IN WELLNESS

- Physical?
- Mental?
- Financial?
- Social justice?
- Environmental activism?
- Emotional?
- Social?
- Cultural?
- Intellectual?
- Professional?
- Spiritual?
- Worldview?

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OUR DEFINITIONS

GO TO TOOL 1-1

Wellness — *"An intentional choice of a lifestyle characterized by personal responsibility, moderation, and maximum personal enhancement of physical, mental, and financial health."*

Worksite Wellness Program — *"An organized program in the worksite that is intended to assist employees and their family members in making voluntary behavior changes that reduce their health and injury risks, improve their health consumer skills and enhance their individual wellness, productivity and well-being."*

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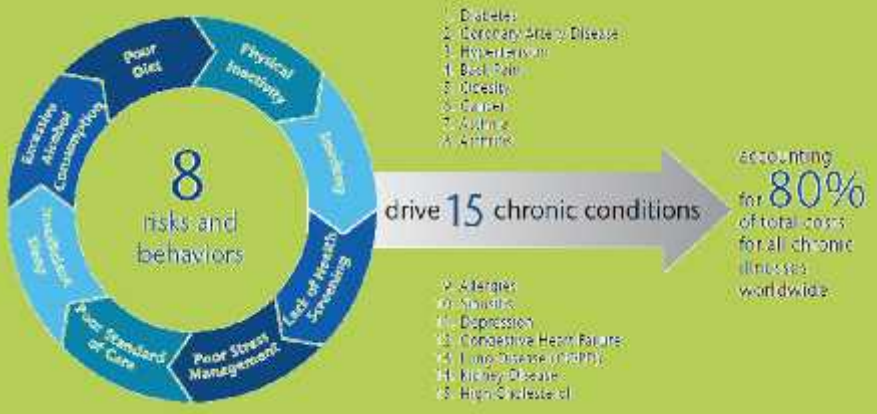
WHY WELLNESS IS NOT GOING TO GO AWAY



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WHERE DO YOU WANT TO BE?

	Ineffective	Effective
Adequately Funded	C	D
Under Funded	A	B

It is very difficult to get to "D"


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Wellness is about behavior change
BUT CHANGING LONG TERM BEHAVIOR IS VERY DIFFICULT!
Plus most people don't do what they know they should for their own health


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THE REALITY - ONLY
20%
Are intrinsically motivated for Wellness

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CHECK YOUR BIAS AT THE DOOR

Background	Bias	Pitfalls
Clinician	***"Just provide good medical information and that's all they need."***	▪ Low participation ▪ Little cultural effect ▪ Clinical emphasis ▪ Ineffective programs
HR/Benefits	***"Keep employees happy at the lowest possible cost."***	▪ Inadequate funding ▪ Tactical emphasis ▪ One more benefit ▪ Ineffective programs
Educator/Coach	***"Only one-on-one interactions can create behavior change."***	▪ Individual focused ▪ Not scalable ▪ Little cultural effect ▪ Ineffective programs

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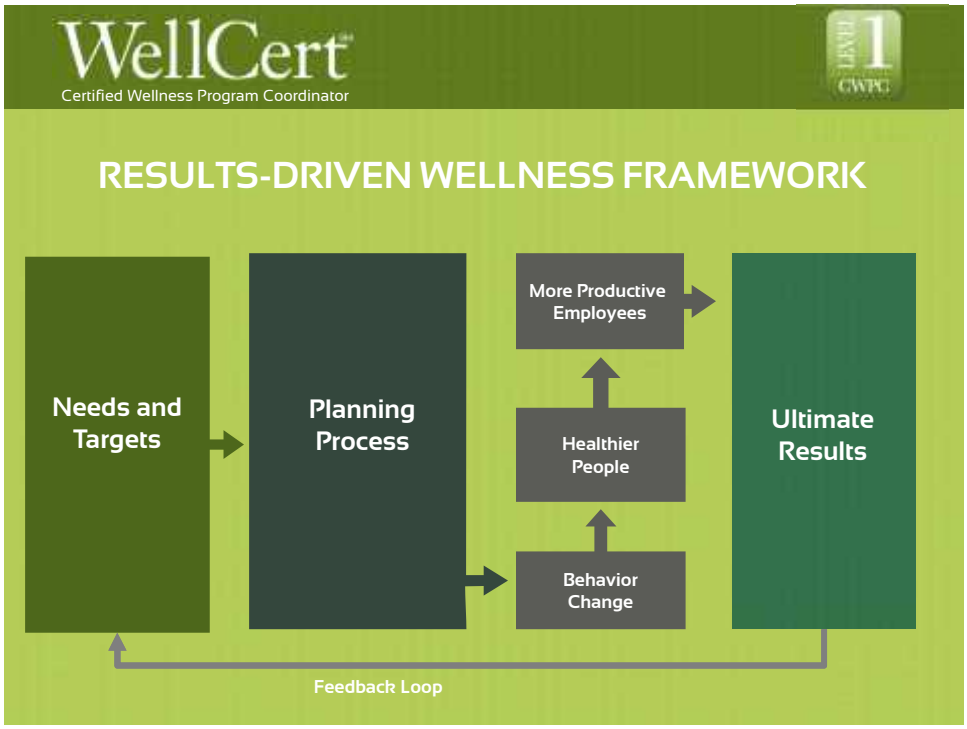
DIFFERENT WAYS OF DOING WELLNESS

	Feel Good Wellness	Traditional Wellness	Results-Driven Wellness
Program Model			
Main Features	• Fun activity focus • No risk reduction • No high risk focus • Not HCM oriented • All voluntary • Site-based only • No personalization • Minimal Incentives • No spouses served • No evaluation	• Mostly health focus • Some risk reduction • Little high risk focus • Limited HCM oriented • All voluntary • Site-based only • Weak personalization • Modest Incentives • Few spouses served • Weak evaluation	• Add productivity • Strong risk reduction • Strong high risk focus • Strong HCM oriented • Some required activity • Site and virtual both • Strongly personal • Major Incentives • Many spouses served • Rigorous evaluation
Primary Focus	Morale-Oriented	Activity-Oriented	Results-Oriented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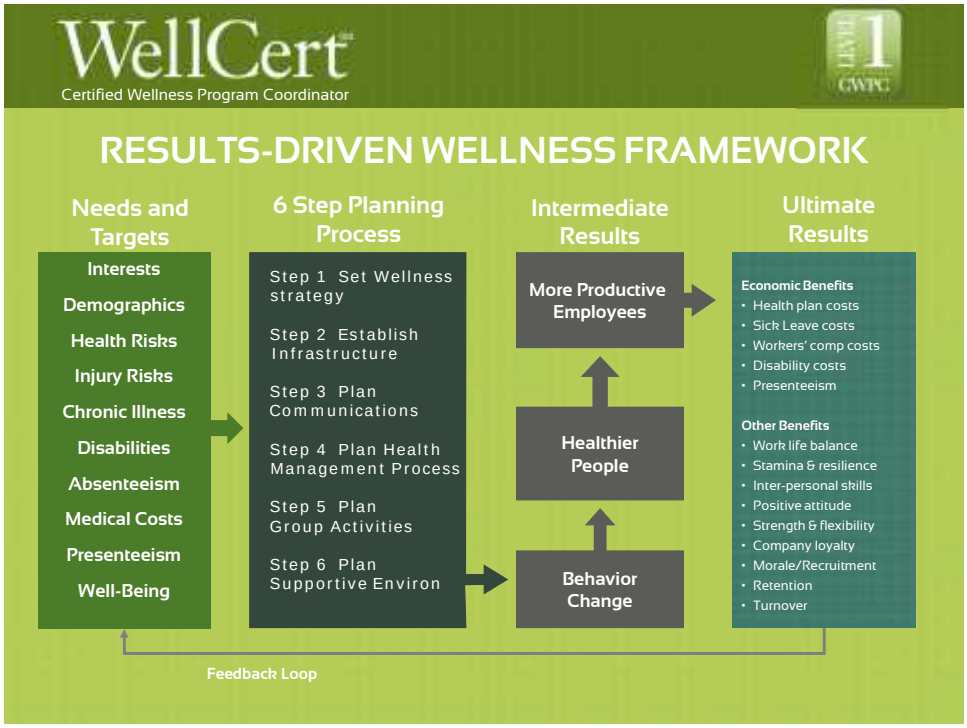
RESULTS-DRIVEN WELLNESS FRAMEWORK
Needs and Targets
Planning Process
More Productive Employees
Healthier People
Behavior Change
Ultimate Results
Feedback Loop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RESULTS-DRIVEN WELLNESS FRAMEWORK
Needs and Targets
Interests
Demographics
Health Risks
Injury Risks
Chronic Illness
Disabilities
Absenteeism
Medical Costs
Presenteeism
Well-Being
6 Step Planning Process
Step 1 Set Wellness strategy
Step 2 Establish Infrastructure
Step 3 Plan Communications
Step 4 Plan Health Management Process
Step 5 Plan Group Activities
Step 6 Plan Supportive Environ
Intermediate Results
More Productive Employees
Healthier People
Behavior Change
Ultimate Results
Economic Benefits
• Health plan costs
• Sick Leave costs
• Workers' comp costs
• Disability costs
• Presenteeism
Other Benefits
• Work life balance
• Stamina & resilience
• Inter-personal skills
• Positive attitude
• Strength & flexibility
• Company loyalty
• Morale/Recruitment
• Retention
• Turnover
Feedback Loop

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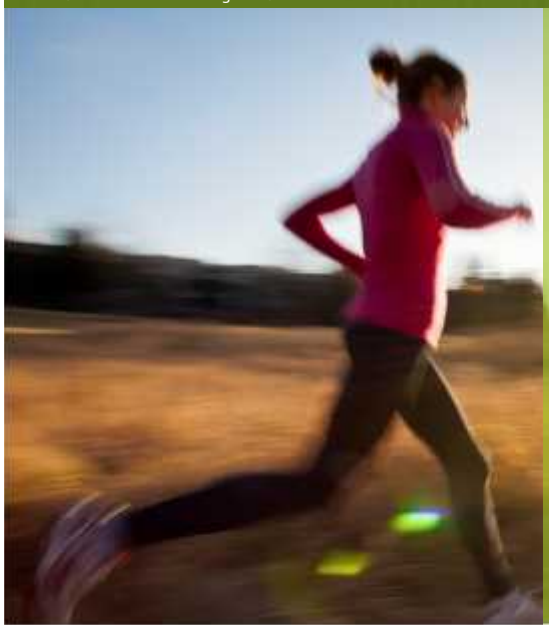

FOUR KEYS TO AN EFFECTIVE WELLNESS PROGRAM

Ongoing methods for raising awareness

Ability to enhance motivation

Learn new skills associated with new behavior

Opportunity to practice those new behavioral skills

AMSO

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SUMMARY OF MAIN POINTS

Wellness offers massive promise to employers.

Wellness is challenging because it is all about changing behavior.

Biases cause us to create programming that doesn't live up to the promise of wellness.

The program model you select is one of the most strategic decisions for your program.

WellCert focuses on Results-Driven Wellness.

Wellness that produces real results is difficult to do, and requires significant planning and investment and follow-through.

To survive economic downturns and other headwinds, wellness needs to be grounded in both a strong humanitarian and economic rationale.

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GET IN THEIR HEADS: WHY SOME LEADERS DON'T VALUE WELLNESS EFFORTS

- **Think wellness is "fluff"**
- **Skeptical of results**
- **Worried about employee reaction, risks**

- Unwilling or unable to think long-term
- Haven't found credible metrics
- Unsure of complexity
- Unrealistic expectations
- Uncomfortable with uncertainty

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ASSESSING YOUR SUPPORT IN THE "C" SUITE

- **Interview your supervisor**
- **Know the "players"**
- **Do your homework**

- Identify a "champion"
- Get precise: use a 1 - 10 scale
- Float "trial balloons"
- Probe periodically
- Have the "meeting before the meeting"
- Link issues with individuals

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WHY ARE THEY DOING WELLNESS?

Humanitarian Reasons

- **Wellness differentiates our organization from other employers**
- **Wellness drives productivity by minimizing distracting health problems**
- **Wellness improves morale by proving we are an organization that cares**
- **Wellness helps our employees and is the 'right' thing to do with resources**
- **Wellness improves our standing in the community by showing we care**

Economic Reasons

- **Lower health plan cost**
- **Lower sick leave cost**
- **Lower workers comp costs**
- **Lower disability insurance costs**
- **Increased worker productivity, lower presenteeism costs**
- **Increases in standard outputs**


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BACK TO BASICS:
HOW DO YOU 'SELL' WELLNESS?
1) Identify the rationales for wellness that best fit your organization's top goals and cultural values.
2) Pull together compelling evidence that wellness delivers desired results with low risk.
3) Create forums to present this message to key stakeholders in a simple way, attuned to their known biases


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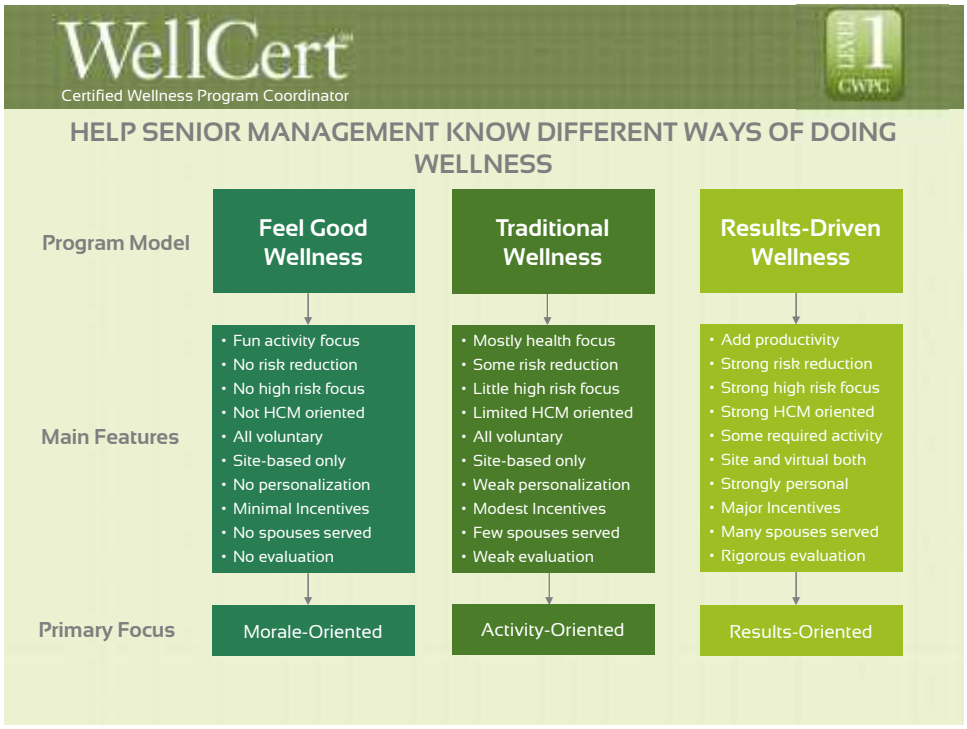
SELECT ADDITIONAL STRATEGIES TO INCREASE YOUR CHANCES OF SUCCESS
Cultivate a senior champion
Get buy-in on a broad economic rationale
Position results-driven wellness approach
GO TO TOOL 1-2
Interview key players
Strong evaluation and credible metrics/ROI
Strategic rationale
Regular reporting and data-driven improvements
High employee satisfaction
Get good internal press
Favorable outside recognition
High quality program management
Responsible program budgeting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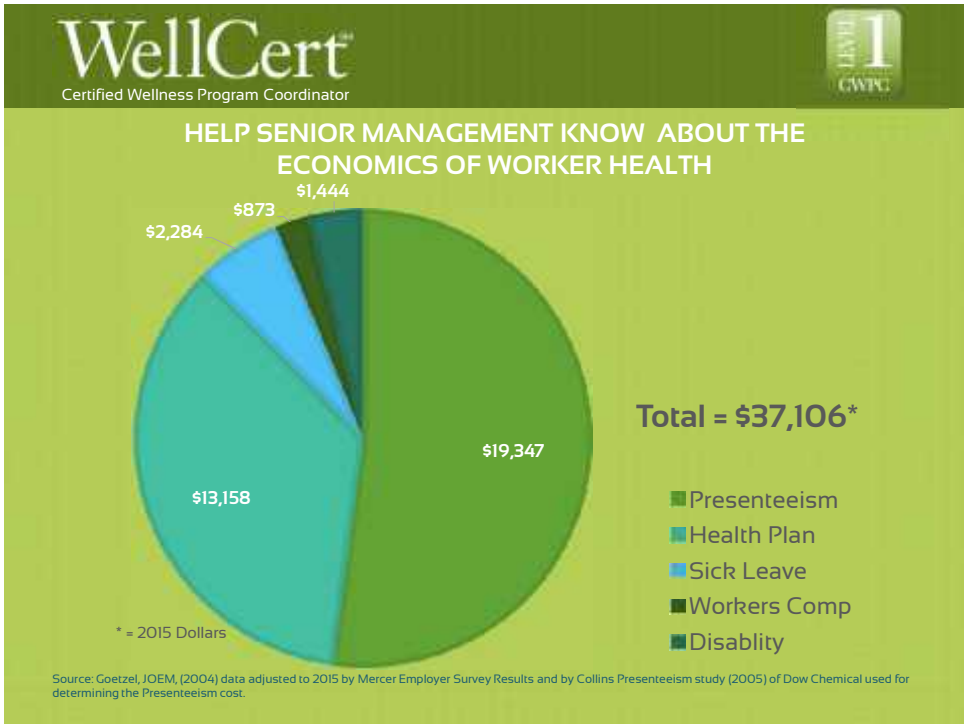
HELP SENIOR MANAGEMENT KNOW DIFFERENT WAYS OF DOING WELLNESS
Program Model
Feel Good Wellness
Traditional Wellness
Results-Driven Wellness
Main Features
• Fun activity focus
• No risk reduction
• No high risk focus
• Not HCM oriented
• All voluntary
• Site-based only
• No personalization
• Minimal Incentives
• No spouses served
• No evaluation
• Mostly health focus
• Some risk reduction
• Little high risk focus
• Limited HCM oriented
• All voluntary
• Site-based only
• Weak personalization
• Modest Incentives
• Few spouses served
• Weak evaluation
• Add productivity
• Strong risk reduction
• Strong high risk focus
• Strong HCM oriented
• Some required activity
• Site and virtual both
• Strongly personal
• Major Incentives
• Many spouses served
• Rigorous evaluation
Primary Focus
Morale-Oriented
Activity-Oriented
Results-Oriented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HELP SENIOR MANAGEMENT KNOW ABOUT THE ECONOMICS OF WORKER HEALTH
$1,444
$873
$2,284
$19,347
$13,158
* = 2015 Dollars
Total = $37,106*
Presenteeism
Health Plan
Sick Leave
Workers Comp
Disablity
Source: Goetzel, JOEM, (2004) data adjusted to 2015 by Mercer Employer Survey Results and by Collins Presenteeism study (2005) of Dow Chemical used for determining the Presenteeism cost.

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SUMMARY OF KEY POINTS

You have to have strong management support to be successful and strong and sustained senior management support for wellness requires:

- Credible champion
- Strong strategic rationale
- Strong economic rationale
- Uses R-DW Approach
- Wellness positioned strategically
- Strong evaluation and reporting
- "Good" press
- Favorable recognition
- High employee satisfaction
- High quality program management
- Constant improvements
- Responsible program budgeting
- Positive ROI

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STARTING POINTS FOR NEEDS ASSESSMENT

Needs assessment can be
- Present state or forward looking
- Top-down (prescribed) or bottom-up (observed) process

Desired results drive goals
- Participation?
- Health improvement?
- Productivity?
- Economic return and ROI?

- **Different process for new vs. existing programs**
  - Existing: Evaluation, HRA, survey, and participation data
  - Existing: Ongoing goal and model congruence
  - New: Biases, history, if any
  - New: Survey employees for input
  - New or existing: Use the "Big 8" wellness targets

"Big 8" Wellness Targets:
tobacco, physical activity, nutrition, heart health, weight management, stress, medical self-care and back pain

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THE "BIG 8" WELLNESS TARGETS

Focus	Disease/Conditions	Possible Interventions
Tobacco Use	COPD, emphysema, bronchitis, lung cancer	Smoking cessation/policies
Physical Activity	Obesity, anxiety, sleep disorders, muscle pain	Walking program, fitness facility
Nutrition	Obesity, deficiencies, eating disorders	Food choices, food demonstrations, education
Heart Health	Hypertension, hypercholesterolemia	Blood pressure testing, cholesterol testing
Weight Management	Overweight, obesity, diabetes type 2	Coaching, nutrition education, mentors
Stress	Anxiety, depression, sleep disorders, migraines	Stress management, Resilience education
Back Pain	Chronic pain syndrome, sciatic nerve pain	Conditioning, lifting techniques, ergonomics
Medical Self Care	URI's, reflux, allergies, severe headaches	WebMD, e-Health portal, education, health advice line

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BASIC NEEDS ASSESSMENT METHODS

Small Employer

History
Demographics
Key stakeholders
Survey
Focus groups
Design team

Mid-size Employer

History
Demographics
Key stakeholders
Survey
Focus groups
Design team
Claims data
Vendor data

Large Employer

History
Demographics
Key stakeholders
Survey
Focus groups
Design team
Claims data
Vendor data

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HELPFUL DATA SOURCES AND THEIR UTILITY

Type of Data	Planning Utility	Evaluation Utility
Historical data	++	+
Demographic data	+++	+
Key informant	++++	+
Wellness interest survey data for new programs	++++++	+(+++)
Focus group	++++	+
Design team	++++	+
Medical claims	+++	++++++
Prescription claims	+++	++++
Workers Comp data	++	++++
Sick leave data	++	+++++
Disability data	+++	++++
Presenteeism data	++	+++++
FMLA data	+	+++

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OTHER POSSIBLE WELLNESS TARGETS

- Other tobacco use
- Lack of preventive screening
- Excessive chronic alcohol consumption
- Binge alcohol consumption
- High saturated fat diets
- Low dietary fiber intake
- In adequate fruit and vegetable consumption
- Excessive caffeine consumption
- High risk sexual practices*
- High risk recreational practices*
- Over-the-Counter (OTC) medication abuse
- Undetected depression*
- Poor nutrition practices
- Carelessness or injury proneness*
- Lack of seat belt use*
- Excessive sun exposure
- Lack of supportive relationships*
- Illegal drug use
- Inappropriate health care use*
- Insufficient sleep or rest*
- Overly passive health care consumerism*
- Unsafe home practices*
- Eating disorders*
- Elevated blood sugar*
- Pre-hypertension*
- Pre-diabetes*
- Obsessive dieting
- Prescription drug abuse*
- Distracted driving

* = Short term economic return targets

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CONTENT OF WELLNESS INTEREST SURVEYS

- Demographics
- Current health behaviors
- Readiness to change
- Topical interests
- Program interests
- Intention to participate
- Willingness to help
- Open ended ideas

GO TO TOOL 1-3

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USE A WELLNESS INTEREST SURVEY WHEN....

- **No history with wellness**
- **Concerns about employee reaction**
- **Skeptical managers**

- Tight budgets
- Remote work force
- "New" work force
- Conflicting stakeholder requirements
- Specific options unclear
- Very large population
- Highly conservative culture
- Resistive employees

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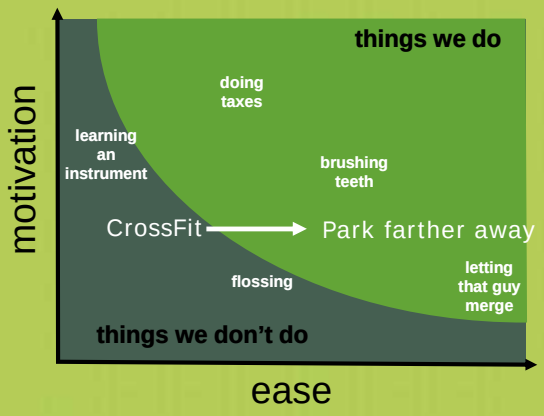
MAJOR NEW PERSPECTIVE ON "NEEDS"



B.J. Fogg, Stanford University

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THE FUTURE?

Undifferentiated	Risk Stratification	Individualization
		
Very $$ Feasible	$$ Feasible	$$ Feasible?
Ineffective	Effective	Highly Effective

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SUMMARY OF KEY POINTS

- You have to address "interests" and "necessities"
- Employer size will shape needs assessment process
- However remember - the 80/20 rule always applies
- Program goals often determine "true necessities"
- Good baselines are often more important for evaluation than planning
- Wellness interest surveys can be very helpful with new programs
- However, an HRA is more useful than an employee wellness interest survey
- Virtual wellness components allow us to efficiently let individuals address their own needs
- Individual personalization of programming is a more effective way to address wellness needs.
- The future will bring enhanced personalization and much greater ease of use.


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SKILL #2
HOW TO ASSESS YOUR EMPLOYEES' WELLNESS NEEDS
PERSONAL ATTRIBUTES?


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NEXT TOPIC
SKILL #3
HOW TO USE A HEALTH RISK ASSESSMENT (HRA)

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DEFINITION OF AN HRA

HRA = "a systematic approach to collecting information from individuals that identifies risk factors, provides individualized feedback, and links the person with at least one intervention to promote health, sustain function and/or prevent disease."

- CDC, 2017

GO TO TOOL 1-14

Your primary tool for ongoing needs assessment!

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CHANGING FUNCTION OF HRAs

Origin:	Motivational Tool		
Transition:	Program Intervention		
Now:	Annual Program Planning	Annual Intervention Targeting	Annual Program Evaluation

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THE HRA CAN DO A LOT FOR YOUR PROGRAM

Individual Uses

- To help the individual view his/her prospects for **future good health**.
- To provide a **catalyst** for health behavior change.
- To enable the individual to objectively **monitor their health** over time.
- To determine **readiness** for targeted interventions.
- To **evaluate** change in personal health attitudes, status and behaviors

Population Uses

- To assess a range of health **needs** for planning purposes.
- To **target individuals** within a population for specific interventions.
- To **evaluate the changes** in health behavior, health risks, attitudes, readiness, self-efficacy and perceptions in a population over time.
- To help **predict** such things as morbidity, mortality and health care utilization.

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TARGETING "ACTIONABLE INSIGHTS"

- Seat belt risk
- Speeding risk
- Lifting risk
- CTD risk
- Occupational risk exposure (14)
- Stress problems (16)
- Life satisfaction (4)
- Global readiness to change
- Readiness to change (8)
- Health information method (13)
- Physician use
- Inpatient days
- Sick days
- Planning medical procedure
- Use of medical self-care book
- High blood pressure
- Cholesterol problem
- Obesity
- Antidepressant use
- Chronic conditions (14)
- Symptoms (15)
- Family medical history (6)
- Preventive health screens (13)
- Testicular self-exam
- Perception of health status (5)
- Breast cancer risk
- Pregnant
- Planning to become pregnant
- Under doctor's care for pregnancy
- Tobacco readiness to change
- Self-efficacy
- Pre-diabetes

GO TO TOOL 1-8

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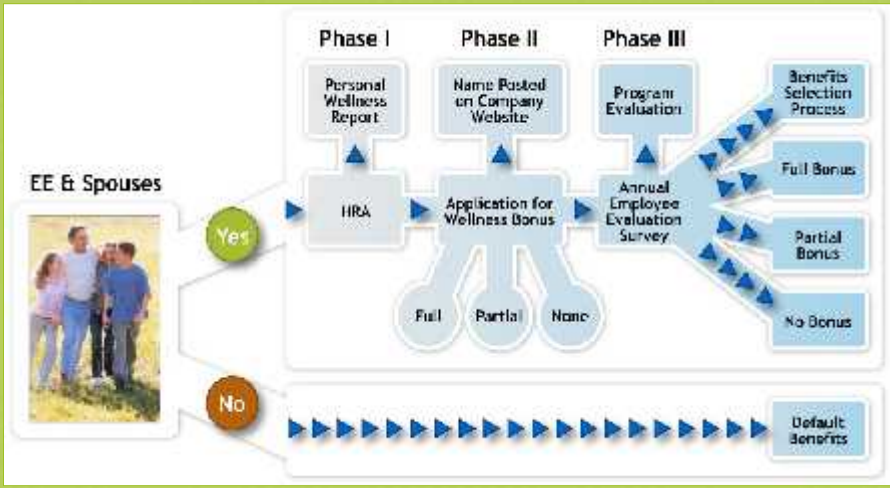
FUTURE OF HRAS AND OPEN ENROLLMENT?



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REMEMBER!

- No annual HRA – No program planning information
- No annual HRA - No ability to proactively intervene or coach anyone
- No annual HRA – No ability to know what your population's health looks like
- No annual HRA – No way of evaluating the health impact of your program
- No annual HRA – No Results-Driven Wellness
- No annual HRA – No automated way of raising awareness about wellness issues (AMSO)

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SUMMARY OF KEY POINTS

HRAs should be a core component of all HM efforts

HRAs make a big impact and do a lot

HRAs have a broad range of actionable insights

They must be linked to health management interventions to provide health risk reduction and economic return

They should not "stand alone"

There are a variety of strategies that can help maximize their utility in health management programming

HRAs should be integrated into open enrollment

Put pressure on your vendor to improve the user experience

Selecting an HRA is one of the most important decisions health program managers can make

Personalization is critical to effectiveness

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Small Group Exercise #1
BUILDING A STRONG FOUNDATION
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NEXT TOPIC
SKILL #4
HOW TO SET YOUR WELLNESS STRATEGY


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SIX STEPS TO DESIGNING YOUR WELLNESS PROGRAM
Step 1: Set Wellness Strategy
Step 2: Plan Infrastructure
Organizational Infrastructure & Technology Infrastructure
Step 3: Plan Communications
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Step 5: Plan Group Activities
Step 6: Plan Supportive Environment


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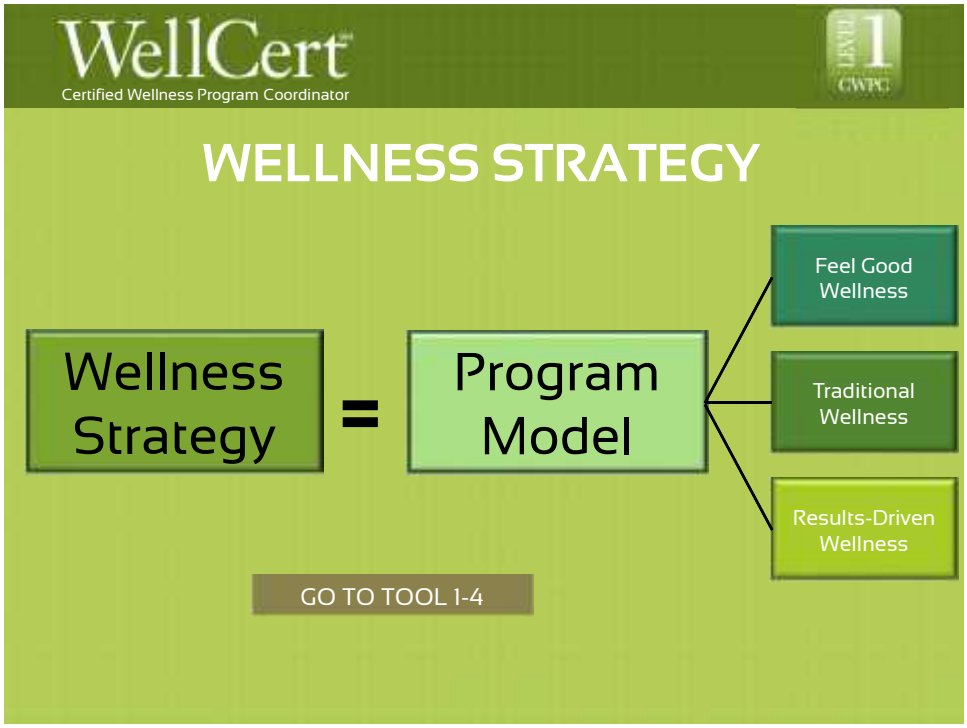
WHO IS SETTING THE WELLNESS STRATEGY?
• Include executive team
• Owner - typically HR/Ben
• Remember Goldilocks:
– Too few stakeholders: Likely to hurt buy-in
– Too many stakeholders: Process will bog down
For all Employers
CHRO
Benefits Manager
Labor Relations
Employee Relations
EAP Manager
Food Service Manager
Facilities Manager
Staff Development
Communications
Training
Information Services
Financial Management
General Counsel
Workers Comp
Disability Management
Work/Life Programs
Safety & Security
Occupational Health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WELLNESS STRATEGY
Wellness Strategy
=
Program Model
Feel Good Wellness
Traditional Wellness
Results-Driven Wellness
GO TO TOOL 1-4


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INTRODUCING....“G.O.A.L.”
TO HELP YOU SELECT YOUR STRATEGY - PROGRAM MODEL
G.O.A.L.
Goals: What we want from our wellness program
Organizational Culture: The values and norms that guide us
Assess needs of your population: The wellness targets we want to affect in our population
Limitations: launch timeline, budget or other limits from leadership
Your Program Model Sets your Wellness Strategy:
Feel Good
Traditional
Results-Driven

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FEEL GOOD WELLNESS PROGRAM MODEL

Primary Wellness Targets

- Fun events
- Stress relief
- Nutrition
- Community service
- General wellness information
- General health information

Participation: 15% to 35%

Approximate Cost/EE/Yr: <$50

Likely ROI: <1:1.0

Typical Activities

- Health fair
- Lunch and learn sessions
- Wellness "event"
- Community sponsorship
- Chair massage option
- Free fruit
- Wellness materials in HR
- Health cartoons circulated
- Nutritious pot lucks
- Movie events
- Company games
- Celebrity event

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The Feel Good Wellness Model

Feel Good Wellness Model

Choose it when....

- ROI low priority
- New to Wellness
- Strained employee-employer relations
- Tight timeline
- Young/healthy employees

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TRADITIONAL WELLNESS PROGRAM MODEL

Primary Wellness Targets

- Everything from the "FGW" Model plus...
- OWS
- Cholesterol
- Blood pressure
- Tobacco use
- Obesity
- Medical self-care
- Physical activity

Participation: 28% to 58%

Approximate Cost/EE/Yr: $51-$200

Likely ROI: 1:1.5 to 1:3.0

Typical Activities

- Everything from the "FGW" Model plus...
- Health risk assessment (HRA)
- Biometric testing option
- Fitness club memberships/facility
- Weight management program
- Smoking cessation program
- Web-based health information
- Healthy cafeteria/vending options
- Self-care book or software
- Preventive medical benefit coverage
- Wellness newsletter
- Short term incentive challenge

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The Traditional Wellness Model

Traditional Wellness Model

Choose it when.....

- ROI moderate priority
- 2+ years of Wellness programming
- EE entitlement mentality strong
- Moderate budget support
- Tight competition for talent
- Not good on follow-through

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RESULTS-DRIVEN WELLNESS PROGRAM MODEL

Primary Wellness Targets

- Everything from the "TW" Model plus...
- Productivity
- Injuries (All)
- HC utilization issues
- Presenteeism
- Resiliency
- Integrated programming
- Health consumerism

Participation: 65% to 95%

Approximate Cost/EE/Yr: $201-$500

Likely ROI: 1:2.5 to 1:6.5

Typical Activities

- Everything from the "TW" model plus...
- HRA (incented and used for targeting with 80% minimum)
- Large incentives ($600 - $1200/yr)
- Telephonic coaching
- Medical self-care and consumer workshop
- Injury prevention (4)
- Benefit linked incentive
- Wellness achievement incentives
- Resiliency initiative for productivity
- Spouses also served
- Integrated programming (Levels 1, 2 & 3)
- Uses R-DW framework

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The Results-Driven Wellness Model

Results-Driven Wellness Model

Chose it when....

- ROI high priority
- Mature Wellness capabilities
- Employees feel like partners
- Significant health risks, older population
- Capable cross-disciplinary team (IT, HR, operations, etc.)


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SOME WELLNESS STRATEGY IMPLICATIONS OF THE MODELS
Feel Good Wellness
• Group activities
• Fun and social events
• Awareness-oriented
• Light focus
• Limited testing
• Morale building
• No spouses served
• Lowest cost
• Minimal effectiveness
• Easiest to do
Traditional Wellness
• Both group & individual
• More health emphasis
• Education-oriented
• Mixed focus
• Moderate testing
• Knowledge building
• Few spouses served
• Moderate cost
• Moderate effectiveness
• Moderate difficulty
Results-Driven Wellness
• Mostly individual
• More risk emphasis
• Behavior-oriented
• Serious focus
• Heavy testing
• Skill building
• Most spouses served
• Higher cost
• High effectiveness
• High difficulty


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SIX STEPS TO DESIGNING YOUR WELLNESS PROGRAM
Step 1: Set Wellness Strategy
Step 2: Plan Infrastructure
Organizational Infrastructure & Technology Infrastructure
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Step 6: Plan Supportive Environment

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SUMMARY OF KEY POINTS

Developing your wellness strategy is the first step in planning

You have to know what your senior managers want

The strategic planning process takes inputs like goals and creates outputs like your program model

Getting the right mix of stakeholders setting strategy is critical—remember 'goldilocks'

Remember "GOAL."

Setting the program model (feel good, traditional, results-driven) is probably the most important outcome of the strategy process

Outputs of the strategy-setting process are inputs to the rest of the planning process

You will need to communicate the different program models clearly to educate stakeholders

Use the strategy process to build excitement and consensus for wellness with leaders

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NEXT TOPIC
SKILL #5
HOW TO DESIGN YOUR ORGANIZATIONAL INFRASTRUCTURE


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ORGANIZATIONAL INFRASTRUCTURE: WHERE THE RUBBER MEETS THE ROAD

Now that you have selected your program model, here are the pieces that enable you to "S.T.A.R.T" to make it happen:

Service providers - wellness vendors

Targets – behavioral focus and interventions

Accountability – metrics that document success

Resources – staff and budget dedicated to your program

Team – stakeholders and wellness champions

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S: SERVICE PROVIDERS – ARE KEY

Why vendors are needed?

- **Privacy concerns limit what employers can do on their own**
- **Employers don't usually have in-house expertise**
- **Limited IT resources**

What services are often outsourced?

- **HRA services**
- **Coaching**
- **Screening**
- **Health portals**
- **Incentive administration**

Remember: Your health plan often offers some 'free' wellness services, but don't assume that's all you need!

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T: TARGETS – BEHAVIORAL FOCUS

From Skill #2: Wellness Needs Assessment…

- Remember the "Big 8"?
- Select the additional targets you want to address

Tobacco, physical activity, nutrition, heart health, weight management, stress, medical self-care and back pain

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A: ACCOUNTABILITY – METRICS & OWNERSHIP

Goals must be turned into objectives and then into metrics

- Goal example: "Reduce the rate of growth of employee health costs."
- Objectives example: "Keep our annual health claims cost growth next year to under 6%."
- Metrics example: We will define our key metric as… "average percent growth in health claims cost per employee excluding individuals with total claims over our individual stop loss attachment point."

Ownership: Who will own this goal?

Who will perform the analysis?

Remember: Your program will lose support without some measurable results, even if no ROI metrics

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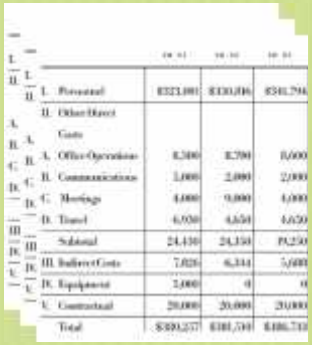
R: RESOURCES: BUDGET & STAFFING

Cost areas:
- ✓ Incremental staff
- ✓ Technology vendors
- ✓ Participation incentives
- ✓ Intervention vendors
- ✓ Add'l benefits (gym membership?)
- ✓ Events/programming



Remember: Your program model drives the complexity of your program and the investment/budget required

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T : TEAM – Extended Wellness Team

You need these two groups to help with the program!

Wellness advisory group/committee: And stakeholders from across the organization who agree to help shape the program.

Wellness reps/champions: Individuals at different sites, or business units that serve as "boots on the ground", extending your influence. They represent your program—promoting, educating, role modeling, and advocating.

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S.T.A.R.T. – SHAPES YOUR PROGRAM PLAN

WHICH BECOMES YOUR WORK PLAN

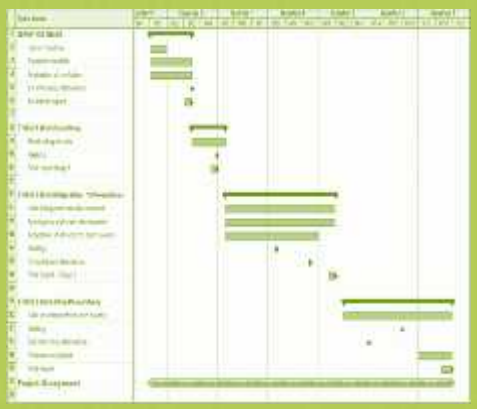
Uses organization's planning standards/systems

Organized for the year ahead around key dates

Used for planning and accountability

Identifies all activities and dependencies

Lays out program implementation



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Program Model	Feel Good Wellness	Traditional Wellness	Results-Driven Wellness
Main Features	• Fun activity focus • No risk reduction • No high risk focus • Not HCM oriented • All voluntary • Site-based only • No personalization • Minimal Incentives • No spouses served • No evaluation	• Mostly health focus • Some risk reduction • Little high risk focus • Limited HCM oriented • All voluntary • Site-based only • Weak personalization • Modest Incentives • Few spouses served • Weak evaluation	• Add productivity • Strong risk reduction • Strong high risk focus • Strong HCM oriented • Some required activity • Site and virtual both • Strongly personal • Major Incentives • Many spouses served • Rigorous evaluation
Primary Focus	Morale-Oriented	Activity-Oriented	Results-Oriented

Remember: Your program model determines what you need from your organizational Infrastructure

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REMEMBER S.T.A.R.T. !

Service providers - wellness vendors

Targets – behavioral focus and interventions

Accountability – metrics that document success

Resources – staff and budget dedicated to your program

Team – stakeholders and wellness champions

GO TO TOOL 1-5

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SUMMARY OF KEY POINTS

Wellness strategy and program model will drive your organizational infrastructure

An intentional process is needed to plan your program's organizational infrastructure

There are five major components to your org infrastructure: S.T.A.R.T

Service providers include your health plan(s), but take a hard look at all options

Good organizational infrastructure works wonders in building leadership support and credibility

Wellness reps and advisory committee play a strong role in influencing program participation

Your program's work plan should borrow from the planning standards used across your organization

Org size influences how rigid the infrastructure needs to be


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SKILL #5
HOW TO DESIGN YOUR ORGANIZATIONAL INFRASTRUCTURE
PERSONAL ATTRIBUTES?


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NEXT TOPIC
SKILL #6
HOW TO DESIGN YOUR TECHNOLOGY INFRASTRUCTURE


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SIX STEPS TO DESIGNING YOUR WELLNESS PROGRAM
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THE MISTAKE MOST EMPLOYERS MAKE
They fail to build a personalized, intrinsically-based, scalable, automated, learning oriented, proactive, engagement system or technology infrastructure
GO TO TOOL 1-6

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TECHNOLOGY INFRASTRUCTURE DISTRIBUTES WELLNESS

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WAY THE TECHNOLOGY WORKS

- Information from one intervention used by another
- Imbedded links
- Active reminders
- Ease of transfer
- Helpful demos
- Smart phone platforms
- Text messaging
- Use of selected apps
- Scalable
- Proactive
- Intrinsically-oriented
- Provides "offers"

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ROLE OF TECHNOLOGY INFRASTRUCTURE

- ✓ Meet program goals
- ✓ Address participant needs
- ✓ Minimize staffing needs
- ✓ Automate as much as possible
- ✓ Reduce intervention costs
- ✓ Enhance program effectiveness
- ✓ Provide scalability
- ✓ Assure equitable programming
- ✓ Keep activity "current"

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IMPORTANT I.T. JARGON: API

- API: Application Programming Interface
- Why it matters: This is how data flows from one system to another
- Example: Fitbit data has to flow to your incentive system through an API so you can reward a certain number of steps

The number of APIs and systems that need to be connected together drives the cost and time required to make the IT magic happen for your program

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TECHNOLOGY INFRASTRUCTURE IMPLICATIONS

	Feel Good Wellness	Traditional Wellness	Results-Driven Wellness
Program Model			
Main Features	• Fun activity focus • No risk reduction • No high risk focus • Not HCM oriented • All voluntary • Site-based only • No personalization • Minimal Incentives • No spouses served • No evaluation	• Mostly health focus • Some risk reduction • Little high risk focus • Limited HCM oriented • All voluntary • Site-based only • Weak personalization • Modest Incentives • Few spouses served • Weak evaluation	• Add productivity • Strong risk reduction • Strong high risk focus • Strong HCM oriented • Some required activity • Site and virtual both • Strongly personal • Major Incentives • Many spouses served • Rigorous evaluation
Primary Focus	Morale-Oriented	Activity-Oriented	Results-Oriented

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EFFECTS OF DIFFERENT PROGRAM MODELS

	Option #1	Option #2	Option #3
Type of Emphasis or Major Effects	**FGW** Program Model	**Traditional** Program Model	**R-DW** Program Model
Information	++	+++	++++
Motivation	+	++	+++++
Behavior Change	+	++	++++
Economic Change	+	++	+++++
Cultural Change	++	++	++++

LINKED TO TECHNOLOGY INFRASTRUCTURE

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SUMMARY OF KEY POINTS

Technology and data flow is the backbone of effective programs.

Technology infrastructure provides intervention targeting, integration, and measurement.

Without targeting, integration, and measurement, it is hard to influence behavior change at scale.

Few employers have a cohesive technology infrastructure.

Large parts of technology infrastructure usually depend on vendor execution and integration.

The extent of your technology infrastructure and costs depends on your chosen program model.

Application Program Interfaces or APIs are how systems talk to each other.

Technology infrastructure will not be effective without careful thought.

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SKILL #6

HOW TO DESIGN YOUR TECHNOLOGY INFRASTRUCTURE

PERSONAL ATTRIBUTES?

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QUICK RECAP

Skill #1	How to build strong senior management support
Skill #2	How to assess your employees' wellness needs
Skill #3	How to use a Health Risk Assessment (HRA)
Skill #4	How to set your wellness strategy
Skill #5	How to design your organizational infrastructure
Skill #6	How to design your technology infrastructure
Skill #7	How to design effective wellness communications
Skill #8	How to design your health management process
Skill #9	How to design group activities
Skill #10	How to create a supportive environment for wellness
Skill #11	How to design onsite programming
Skill #12	How to perform a simple evaluation of your program


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See You Tomorrow!
At 8:00 am.
Have a good evening!


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Good Morning!
We will start today's training promptly
at 8:00 am.


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Day Two
LEVEL 1 TRAINING
for CERTIFIED WELLNESS PROGRAM COORDINATOR
Presented by
Larry S. Chapman, MPH, CWWPC
President, Chapman Institute
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QUICK RECAP
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Skill #12 How to perform a simple evaluation of your program


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NEXT TOPIC
SKILL #7
HOW TO DESIGN EFFECTIVE WELLNESS COMMUNICATIONS


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CONGRATULATIONS, YOU ARE A MARKETER!

- Marketing is about getting people to change habits: use brand X, visit this store, feel this way using X, etc.
- That is what we are always trying to do in wellness

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ALL GOOD MARKETING STARTS BY GETTING INTO YOUR "CUSTOMER'S" HEAD...

Starting point...

- Most (80%) employees aren't intrinsically motivated about wellness
- Our programs must overcome entrenched **beliefs** people have about their health and behaviors:
  - *"Good health behaviors are unpleasant, hard or costly"*
  - *"I won't have to personally bear the costs of my bad behavior in the near term"*

Don't make the most common marketing mistake of all:
assuming the "customer" is like you!

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CORE COMMUNICATION PLANNING

- Program identity: brand, name, logo, & tagline, art
- Marketing/Communication channels: Email, text messages, voice calls, mailers, etc.
- Messaging calendar: How the messaging changes seasonally and message frequency
- Launch letter/email

GO TO TOOL 1-7

Your biggest challenge in all areas: getting anyone's attention

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PROGRAM IDENTITY: NAME, LOGO, TAGLINE

- Aspirational
- Friendly
- Easy to remember
- Short
- No acronyms
- Logo and font design
- Think long-term

Branding is hard! Borrow from the best, try not to draw a yawn!

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COMMUNICATION CHANNELS: EMAIL

- **Subject line is king**: Open rates are low – grow them with relevance, giveaways, coupons, incentive messaging
- **Track open rates**: find out what works over time
- **Clear "call-to-action":** the email should be pushing folks to measurable actions like a visit to your program webpage
- **Get help**: enlist email marketing teams to help improve your emails
- **Monthly/quarterly newsletters**: a big part of the wellness playbook, but be careful of publishing "blah" content
- **Text messages are key**: Harness them for the future

Don't abuse your power: Too many emails with weak content will tank your open rates—hard to get attention back

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OTHER COMMUNICATION CHANNELS

Channels ranked by impact

1. Leader announcements at all hands meetings
2. Text message
3. Mandatory online video (LMS)
4. 'Cascaded' emails from supervisors
5. Printed posters
6. Program website
7. Newsletter inserts
8. Employee handbook

General rules

- Messages delivered by leaders at mandatory all-hands events are most effective
- Text messages are the most powerful vehicle
- LMS can drive mandatory videos that introduce wellness programming
- Higher open rate if leaders cascade a message to directs, and on down the chain
- Posters can be effective but make sure they are not cheesy!
- Without other promotion, employees won't just visit your website
- Messages inserted into other communications (i.e. HR newsletter) don't usually work well

Building awareness is tough, so you still need to be everywhere to get the message out due to low email open rates!

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COMMUNICATION CALENDAR

- Ensure your key programming milestones have strong awareness
- Make your messaging seasonally relevant
  - New years resolutions
  - Beach ready
  - Vacation planning
  - Active for the weather
  - Holiday eating
  - Etc.
- Plan out your efforts
- Refresh your messaging

Let's Rock Acme Communication Calendar - Acme Co *Channel*	Nov	Dec	Jan	Feb
Email				
Prog Announce	Open Enrollment launch touch #3: 11/12 (HRA focus) - Cascaded	Open Enrollment launch touch 4: 12/8 (Deadline alert)	Announce "Resolution 2 Reality" onsite event: 1/3	
Newsletter			Q1 - Resolutions 2 Reality Drive: 1/8	
Email Interest Lists	Nutrition Interest: Holiday Feasting; 11/15			Nutrition Interest: Winter blue diet; 2/5
Text			"R2R" event support texts: 1/3, 1/15	
Posters	OE Oriented Let's Rock Program poster 2: 11/1	"R2R" Poster: 12/15		

Seasonal relevance is a freebie for employee engagement, and can jump-start your creativity

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IDEAS TO GET YOUR JUICES FLOWING

Humor:

- Use caption "cat pictures" for your posters

Coupons/Offers:

- The first three who sign up get coffee with the CEO/VP
- Team w/ highest participation gets a massage

Authenticity:

- Get an exec to tweet about their weight loss process, linking to your program

Fun/entertainment:

- Play a funny YouTube video after a sign-up, If the video is good, it will generate buzz

Tap "class clowns," marketing people and others to get greater creativity – it isn't all up to you!

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COMMUNICATION CALENDAR: FREQUENCY

- Number of times an employee sees your message = frequency
- Awareness requires each employee/spouse to see your messages many times
- Rule to live by: key messages need 10+ exposures
- Consider the rule of 3 x 3: three message exposures in 3 channels
- Physical posters good element for frequency (bathroom door?)
- When possible use good creative and sound copy

Poster

Email Insert

HR Portal Ad

Combat the noise of so many competing messages by increasing frequency to drive program awareness

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SUMMARY OF KEY POINTS

Wellness advocates need to realize they are marketers.

Don't make the most common marketing mistake of all: assuming the "customer" is like you!

Your biggest challenge in all areas: getting their attention.

Borrow from the best when creating your program identity and branding.

All communication vehicles vary in their effectiveness and efficiency and trade-offs are unavoidable.

A communication calendar helps you manage your efforts and highlight key dates and seasons.

Each key message has to get repeated to generate awareness within a large percentage of your target population.

Avoid boring messaging with creative approaches to communications.

Get help keeping your messaging and ideas fresh – don't just recycle last year's communications.

Communications and marketing are of vital importance to the success of your program.


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LEVEL 1
CWPC
SKILL #7
HOW TO DESIGN EFFECTIVE WELLNESS COMMUNICATIONS
PERSONAL ATTRIBUTES?


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LEVEL 1
CWPC
NEXT TOPIC
SKILL #8
HOW TO DESIGN YOUR HEALTH MANAGEMENT PROCESS

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SIX STEPS TO DESIGNING YOUR **WELLNESS PROGRAM**

- Step 1: Set Wellness Strategy
- Step 2: Plan Infrastructure
  Organizational Infrastructure & Technology Infrastructure
- Step 3: Plan Communications
- Step 4: Plan Health Management Process
- Step 5: Plan Group Activities
- Step 6: Plan Supportive Environment

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WHY IS THE HEALTH MANAGEMENT PROCESS SO IMPORTANT?

"It didn't make sense until I got my own numbers."

HMP is the systematic placement of measurement opportunities into wellness programs to help participants manage their own health and behavior.

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CRITERIA FOR HMP ACTIVITIES

- Cost
- Case finding value
- Behavioral management
- Validity and reliability
- Administrative ease
- Degree of integratability
- Role of incentives
- Invasiveness
- Level of trust
- Intervention possibilities

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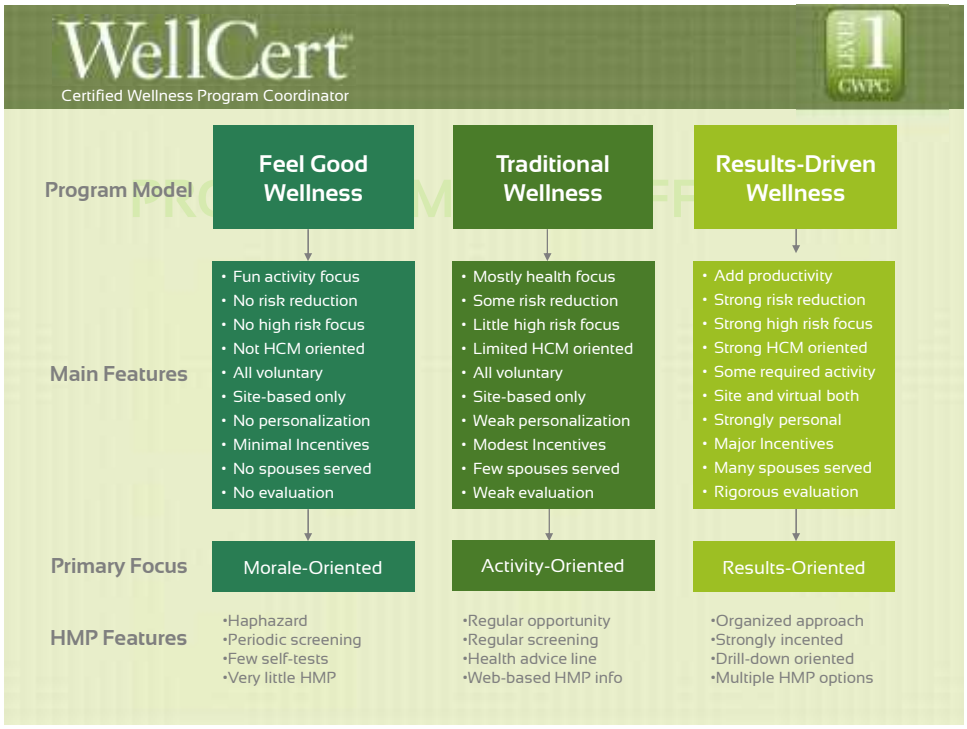
MAKING HMP EFFECTIVE

- easy to access
- incented
- "normative"
- connected to a retest
- based on good science
- linked to personal role in tracking
- part of habit formation
- compatible with PCP activities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Program Model
Feel Good Wellness
Traditional Wellness
Results-Driven Wellness
Main Features
• Fun activity focus
• No risk reduction
• No high risk focus
• Not HCM oriented
• All voluntary
• Site-based only
• No personalization
• Minimal Incentives
• No spouses served
• No evaluation
• Mostly health focus
• Some risk reduction
• Little high risk focus
• Limited HCM oriented
• All voluntary
• Site-based only
• Weak personalization
• Modest Incentives
• Few spouses served
• Weak evaluation
• Add productivity
• Strong risk reduction
• Strong high risk focus
• Strong HCM oriented
• Some required activity
• Site and virtual both
• Strongly personal
• Major Incentives
• Many spouses served
• Rigorous evaluation
Primary Focus
Morale-Oriented
Activity-Oriented
Results-Oriented
HMP Features
•Haphazard
•Periodic screening
•Few self-tests
•Very little HMP
•Regular opportunity
•Regular screening
•Health advice line
•Web-based HMP info
•Organized approach
•Strongly incented
•Drill-down oriented
•Multiple HMP options


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TYPICAL HMP PROGRAM COMPONENTS
✓ Well being assessment
✓ Worksite screening tests
✓ Health coach
✓ Personal trainer
✓ Wellness mentor
✓ Blood pressure "sweep"
✓ Cholesterol testing
✓ Personal wellness report
✓ Health advice lines
✓ Physician sign-off
✓ Weight scales in worksite
✓ Self-assessment protocols
✓ Remote tracking
✓ Wellness assessment
BMI
41" Waist
15" Neck
Waist & Neck Circumference
Heart Disease
Demographics
47 years old Average age
85% Female
Sponsors

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KEY WELLNESS ASSESSMENT MEASURES

- Overall wellness score
- Relative risk indices
  - Heart disease
  - Cancer
  - Depression
- Cholesterol
  - Total
  - LDL
  - HDL
  - Triglycerides
- Blood pressure
- Pre-hypertension
- Blood sugar
- Pre-diabetes
- Percent body fat
- Body mass index (BMI)
- C-Reactive Protein (CRP)
- VO2 Uptake
- Pedometer readings

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WHERE IS HMP?

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POTENTIAL REFERRAL LINKAGES

EAP
Mental health providers
PCP
OHS providers
Fitness club

Personal trainers
Health coaches
Screening resources
Weight loss programs
Safety resources

Ergonomic resources
Community providers
Wellness mentors
Financial counsellors
Eldercare specialists

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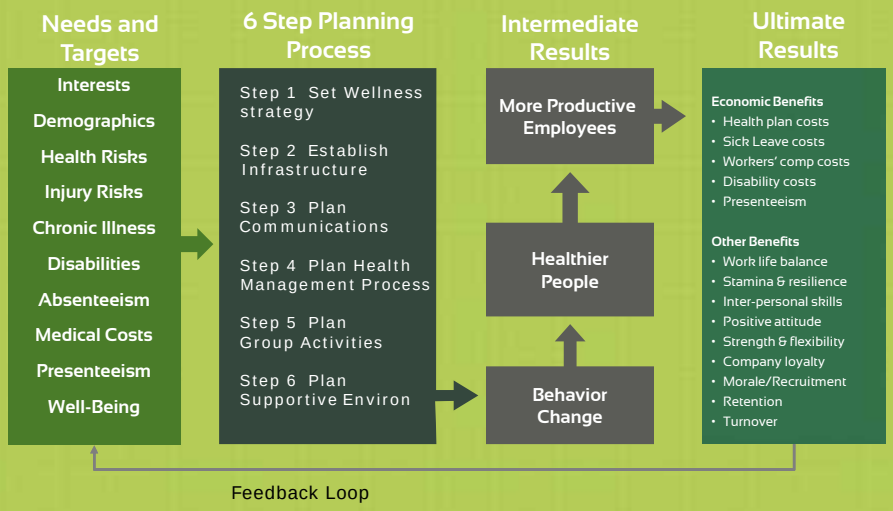
RESULTS-DRIVEN WELLNESS FRAMEWORK



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SUMMARY OF KEY POINTS

Our own numbers are uniquely powerful.

HMP is intended to help overcome key excuses for not managing personal health.

There are four common elements that lead to an effective wellness program.

Effective HMPs share key characteristics.

HMP needs to be designed in from the beginning.

HMP needs to be a consistently maximized program component.

Your program model will have a significant effect on your HMP.

You can do too much HMP.

The future will bring even more sophisticated testing and measurement options.

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SKILL #8

HOW TO DESIGN YOUR HEALTH MANAGEMENT PROCESS

PERSONAL ATTRIBUTES?


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NEXT TOPIC
SKILL #9
HOW TO DESIGN
GROUP ACTIVITIES


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CWPC
SIX STEPS TO
DESIGNING YOUR
WELLNESS
PROGRAM
Step 1: Set Wellness Strategy
Step 2: Plan Infrastructure
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WHY USE GROUP ACTIVITIES?

- Shows that we value the program
- Great forum for skill building and motivation
- Adds peer support & networking
- Helps change cultural values and norms
- Helps individuals see themselves as part of the wellness culture
- Gives "weight" to the program

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TYPES OF GROUP ACTIVITIES

- Single educational session
- Single inspirational event
- Single entertainment event
- Single experiential learning event
- Ongoing support group
- Multiple behavior change sessions
- Biometric testing event
- Sports activities
- Online chat room

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EXAMPLES OF GROUP ACTIVITIES

Name	Brief Description of Major Activities
Smoking Cessation Program	Use one of the many models of smoking cessation programs available from public and private groups.
Stress Management	Usually a multi-hour or multi-day workshop designed to help participants adopt behaviors and habits that will help them manage excess stress more appropriately.
Walking Club	A group which organizes and conducts walking events as a form of exercise.
Support Groups	Professionally or volunteer run groups which meet periodically to provide encouragement, problem-solving help, and support for coping with specific behavior or life problems.
Informal Sports Leagues	An organized effort to encourage employees to be active and play sports activities together. Many different activities can be the focus of the league.
Resiliency Education	An educational session or sessions that help the participants to be more resilient to work demands and the need for productivity.
Women's Health Issues	Usually includes: breast cancer prevention and detection, menopause, osteoporosis, hormone replacement therapy (HRT), sexual performance, and urinary incontinence.
Men's Health Issues	Usually includes prostate health, sexual performance, hypertension, cardiovascular disease and stress.
Weight Loss Group	Usually a small group that meets weekly to monitor their weight, deal with their eating patterns and habits, and encourage each other.
Fitness Center Membership	A specific location where exercise classes and exercise and weight training equipment is made available to employees on a regular basis.
Medical Self-Care and Consumerism Training	Training or education that is designed to help the individual handle minor self-limiting conditions more appropriately and to become a more active and confident health care consumer.

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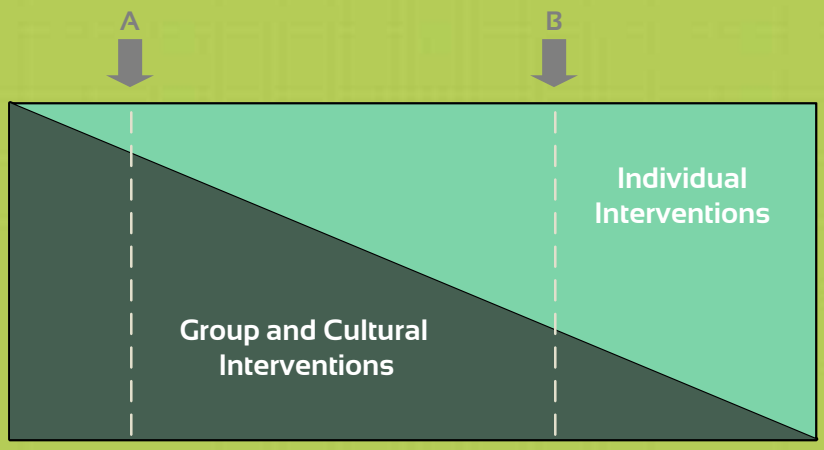
BALANCE OF PROGRAMMING



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PLANNING ISSUES

- Focus or topic?
- Date and time?
- Location & space needs?
- Signage details?
- Marketing & promotion activities?
- Incentive features?
- Leaders or instructors?
- Part of series or theme?
- Budget details?
- Any potential liability?
- Next event linkage?
- Equipment & supplies needed?
- Food and beverages?
- AMSO?
- Evaluation activities?
- Use of evaluation data?

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MOST POPULAR GROUP ACTIVITY OPTIONS

- Walking events
- Women's Health Issues
- Men's Health Issues
- Resilience strategies
- Health care consumerism
- Increasing physical activity
- Weight management strategies
- New health & wellness developments
- Surviving the "sandwich" generation
- Slowing the aging process
- "Hot" topics
- Program "roll-out" workshop

GO TO TOOL 1-9

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EXAMPLE OF PROGRAM "ROLL-OUT" WORKSHOP

- Video welcome from CEO
- Overview of health benefit costs
- What determines how much health care you need?
- What you can do to make a difference
  - Understanding your benefits
  - Minor illness (Use medical self-care book in training sessions)
  - Major illness (Emphasize DM & CM programs)
  - Avoiding injuries (Home safety checklist)
- Health consumer tips
- Using the web for your health
- Why wellness?
- What's coming from the wellness program?
- Summary of how you can make a difference with your health
- Adjournment

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PARTICIPATION ENHANCERS FOR GROUP ACTIVITIES

- On work time
- Early dismissal
- Good promotion
- Nice location
- Door prizes (At end)
- Provide food
- Combine with something of entertainment value
- Connect to wellness criteria and significant reward

Example of Wellness Criteria:

"Participation in a minimum of five (5) Wellness Program events since January 1."

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SUMMARY OF KEY POINTS

Group activities are important but getting more difficult to use.

The most important function of group activities is to provide information and support for behavior change.

There are several formats for group activities.

Areas of focus need to be carefully selected.

There are a variety of issues that need to be addressed in the planning of group activities.

What defines a "good" group activity will largely be determined by the relevance of the topic addressed

Incentives for participation in group activities are important

A "roll-out" session is one of the most important group activities

The balance of group vs. individual programming needs to be carefully thought out

Need to use participation enhancers.

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SMALL GROUP EXERCISE #3
CREATING A WELLNESS-ORIENTED WORK CULTURE


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NEXT TOPIC
SKILL #10
HOW TO CREATE A SUPPORTIVE ENVIRONMENT FOR WELLNESS


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SIX STEPS TO DESIGNING YOUR WELLNESS PROGRAM
Step 1: Set Wellness Strategy
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QUESTION
HOW DOES AN EMPLOYEE KNOW THAT WELLNESS IS IMPORTANT TO THEIR EMPLOYER?

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WHERE DOES SUPPORTIVE ENVIRONMENT FIT?

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WELLNESS PHYSICAL ISSUES

Onsite fitness facility	Smoke-free	Training facilities
Shower facilities	Computer access to E-Health resources	Notices and messaging
Bike racks	Health unit access	Cultural norms
Walking trails	Quiet space	Recognition
Healthy food options		Managers participating

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WELLNESS POLICY ISSUES

Wellness as formal organizational value
Wellness addressed in employee orientation
Release/flex time for exercise
Incentive rewards for wellness
Wellness reimbursement
Recognition for wellness achievements
Medical benefit coverage for prevention
Use of CDHPs
Performance appraisals
Financial wellness orientation
Other HR and benefit policies (25+)
Employee handbook

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What Does it Take to Create a "CULTURE OF WELLNESS"?

Explicit intention
Management commitment
Periodic pronouncements
Employee Involvement
Complementary and supportive benefits
Use of financial Incentives
Relevant targeting of program
Environmental modifications
Consistent communication reminders
Formal wellness policies
Active supervisor and manager support
High use engagement platform
Integrated view on Wellness & Well-being
Persevering approach

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SUMMARY OF KEY POINTS

Supportive environment is the last of a six step program planning process

There are a variety of tangible ways that an employer can communicate how much they value Wellness

Supportive environment can significantly enhance the effects of the technology infrastructure

Supportive environment can significantly enhance the effects of site-based Wellness interventions

There are a large number of ways to create a supportive environment for Wellness

Tangible forms of supportive environment for Wellness include physical and policy expressions

Supportive environment should be built in phases over time

Supportive environment should also include efforts to change cultural norms around wellness and well-being

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SKILL #10

HOW TO CREATE A SUPPORTIVE ENVIRONMENT FOR WELLNESS

PERSONAL ATTRIBUTES?


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NEXT TOPIC
SKILL #11
HOW TO DESIGN ONSITE PROGRAMMING


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VIRTUAL PROGRAMMING
VS.
ONSITE-BASED

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DEVELOPING ONSITE ACTIVITIES FOR AEI

Your Options

- ❑ Aerobic exercise program
- ❑ Lunch and learn activity
- ❑ Blood pressure sweep
- ❑ Flu shot
- ❑ Chair massage activity
- ❑ Walking program
- ❑ Group stretching activity
- ❑ Weight management activity

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AEROBIC EXERCISE PROGRAM FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
- ✓ Budget details?
- ✓ Any potential liability?
- ✓ Next event linkage?
- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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LUNCH AND LEARN FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
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- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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BLOOD PRESSURE SWEEP FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
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- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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FLU SHOT FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
- ✓ Budget details?
- ✓ Any potential liability?
- ✓ Next event linkage?
- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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CHAIR MASSAGE EVENT FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
- ✓ Budget details?
- ✓ Any potential liability?
- ✓ Next event linkage?
- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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WALKING PROGRAM FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
- ✓ Budget details?
- ✓ Any potential liability?
- ✓ Next event linkage?
- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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GROUP STRETCHING ACTIVITY FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
- ✓ Budget details?
- ✓ Any potential liability?
- ✓ Next event linkage?
- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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WEIGHT MANAGEMENT PROGRAM FOR AEI

- ✓ Focus or topic?
- ✓ Date and time?
- ✓ Location & space needs?
- ✓ Signage details?
- ✓ Marketing & promotion activities?
- ✓ Incentive features?
- ✓ Leaders or instructors?
- ✓ Part of series or theme?
- ✓ Budget details?
- ✓ Any potential liability?
- ✓ Next event linkage?
- ✓ Equipment & supplies needed?
- ✓ Food and beverages?
- ✓ AMSO?
- ✓ Evaluation activities?
- ✓ Use of evaluation data?

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KEY ELEMENTS OF PLANNING FOR ONSITE PROGRAMMING

- Focus
- Promotion
- Location
- Space needs
- Leadership
- Linkages
- AMSO
- Evaluation

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ENHANCING PARTICIPATION IN ONSITE ACTIVITIES

On work time

Early dismissal

Good promotion

Nice location

Door prizes (At end)

Provide food

Combine with something of entertainment value

Connect to wellness criteria and significant reward

Example of Wellness Criteria:
"Participation in a minimum of five (5) Wellness Program events since January 1."

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SUMMARY OF KEY POINTS

Most onsite wellness offerings are put together in a largely "tactical" manner.

Onsite wellness interventions need to be designed and conducted in a more "strategic" manner.

There are a number of planning issues for onsite activities that if addressed, will help onsite wellness interventions produce more long term behavior change.

Onsite wellness interventions are not difficult to plan but need to be carefully thought out to be effective.

It is probably better to do fewer onsite wellness interventions but to do them in a way that produces more long term behavior change.

Campaign style programming is more effective than single episodic-style events.

Linkages, continuity and AMSO are important for long term behavior change.

Participation enhancers are important in creating well attended and effective onsite offerings.

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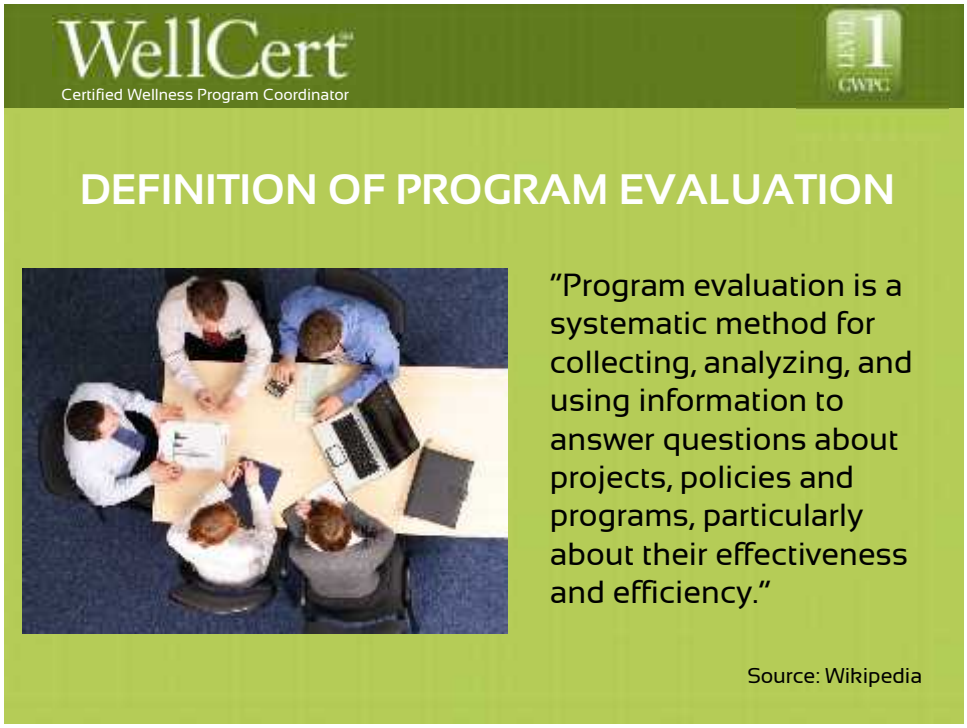
NEXT TOPIC
SKILL #12
HOW TO PERFORM A SIMPLE EVALUATION OF YOUR PROGRAM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DEFINITION OF PROGRAM EVALUATION
"Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency."
Source: Wikipedia

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BEGIN WITH YOUR PROGRAM MODEL

Program Model	Feel Good Wellness	Traditional Wellness	Results-Driven Wellness
Main Features	• Fun activity focus • No risk reduction • No high risk focus • Not HCM oriented • All voluntary • Site-based only • No personalization • Minimal Incentives • No spouses served • No evaluation	• Mostly health focus • Some risk reduction • Little high risk focus • Limited HCM oriented • All voluntary • Site-based only • Weak personalization • Modest Incentives • Few spouses served • Weak evaluation	• Add productivity • Strong risk reduction • Strong high risk focus • Strong HCM oriented • Some required activity • Site and virtual both • Strongly personal • Major Incentives • Many spouses served • Rigorous evaluation
Primary Focus	Morale-Oriented	Activity-Oriented	Results-Oriented

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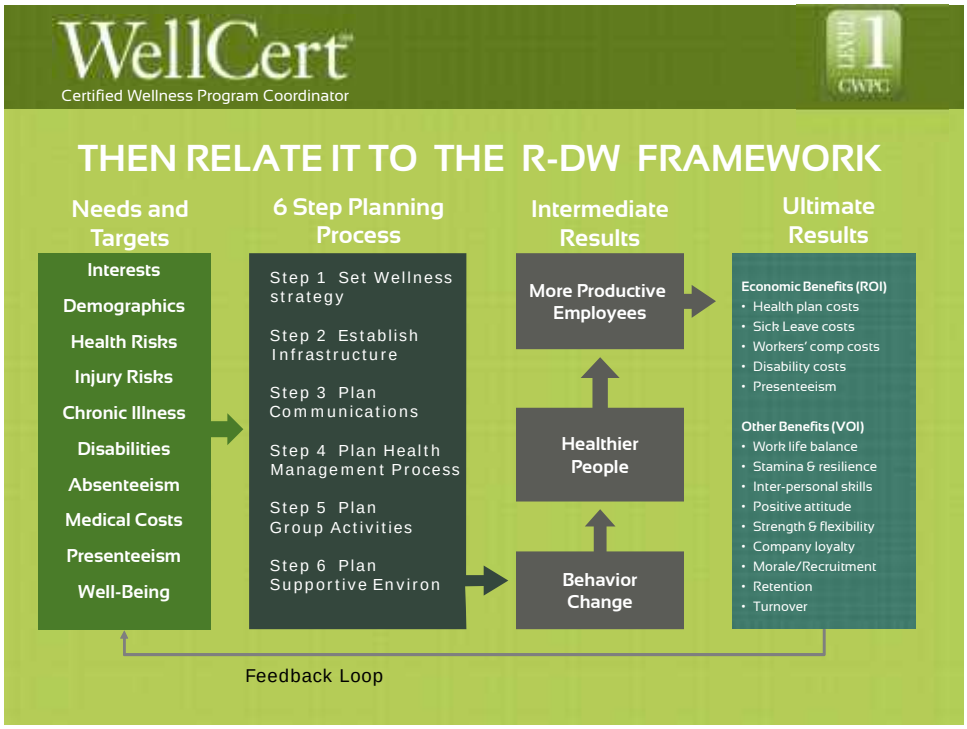
THEN DETERMINE WHICH EVALUATION QUESTIONS YOU NEED TO ADDRESS

	Program Model		
Evaluation Questions	**FGW**	**TW**	**R-DW**
How many people participated in the program?	X	X	X
How much did the program cost?	X	X	X
Did the program meet its objectives?		X	X
How did the users like the program?		X	X
What improvements in individual health or risk factors occurred?		X	X
What positive effects did the program have on our organization?			X
What was the net economic effect (cost/benefit or ROI) of the program?			X
How should the program be changed for this next year?			X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THEN RELATE IT TO THE R-DW FRAMEWORK
Needs and Targets
Interests
Demographics
Health Risks
Injury Risks
Chronic Illness
Disabilities
Absenteeism
Medical Costs
Presenteeism
Well-Being
6 Step Planning Process
Step 1 Set Wellness strategy
Step 2 Establish Infrastructure
Step 3 Plan Communications
Step 4 Plan Health Management Process
Step 5 Plan Group Activities
Step 6 Plan Supportive Environ
Intermediate Results
More Productive Employees
Healthier People
Behavior Change
Ultimate Results
Economic Benefits (ROI)
• Health plan costs
• Sick Leave costs
• Workers' comp costs
• Disability costs
• Presenteeism
Other Benefits (VOI)
• Work life balance
• Stamina & resilience
• Inter-personal skills
• Positive attitude
• Strength & flexibility
• Company loyalty
• Morale/Recruitment
• Retention
• Turnover
Feedback Loop


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LEVEL 1 CWPC
THEN SELECT THE METRICS YOU WANT TO USE
Your choice will be based on:
✓ Expectations of senior management
✓ Your desire to "grow" the program
✓ Your evaluation expertise
✓ Your ability to communicate the details
✓ The time you have available and/or the support you have from others

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Feel Good Wellness

SIMPLE EVALUATION DASHBOARD

Key Metrics

- ✓ **Number of participants in each wellness activity**
- ✓ **Direct cost of the program**

GO TO TOOL 1-11

GO TO TOOL 1-12

GO TO TOOL 1-13

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Traditional Wellness

SIMPLE EVALUATION DASHBOARD

Key Metrics

- ✓ Number of participants in each wellness activity
- ✓ Direct cost of the program
- ✓ **Status of program objectives**
- ✓ **Percent of eligibles participating in each wellness activity**
- ✓ **Average participant satisfaction score**
- ✓ **Average percent health improvement in selected items from the HRA**

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Results-Driven Wellness

SIMPLE EVALUATION DASHBOARD

Key Metrics

- ✓ Number of participants in each wellness activity
- ✓ Direct cost of the program
- ✓ Status of program objectives
- ✓ Percent of eligibles participating in each wellness activity
- ✓ Average participant satisfaction score
- ✓ Average percent health improvement in selected items from the HRA
- ✓ **Average percent health improvement in selected items from screening**
- ✓ **Percent of eligibles meeting incentive requirements**
- ✓ **Total program cost savings**
- ✓ **Program's C/B ratio or ROI**

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PROGRAM'S COST / BENEFIT RATIO OR ROI

Total Program Cost Savings

Health Plan + Sick Leave + Workers Comp + Disability Ins + Presenteeism

=

Total Economic Return

Program's Total Direct Cost

=

ROI or C/B ratio

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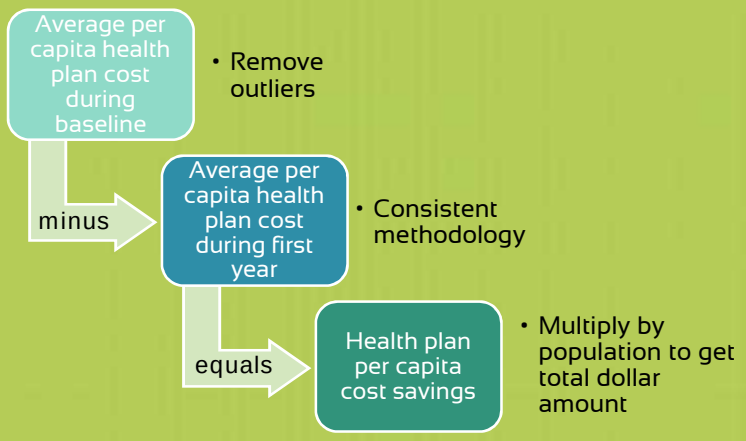
SIMPLE APPROACH TO CALCULATING HEALTH PLAN COST SAVINGS

Wellness Program Participants Only



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SUMMARY OF KEY POINTS

All wellness programs need to perform some level of program evaluation ("Its not optional!").

Program evaluation is a systematic approach to analyzing the effectiveness and efficiency of your wellness program.

There are many ways to evaluate your wellness program.

Your wellness program model will significantly effect the program evaluation activity you should complete.

Metrics presented as part of a "dashboard" is usually the most simple way to conduct program evaluation.

You can take each metric and follow simple but clear rules.

Program evaluation is not "research" but uses research methods where possible.

Key program evaluation questions can help you organize your evaluation efforts.

Program evaluation should be both comparative and formative in nature.

You want to make sure that your evaluation process is sustainable over time.

Need to use a "Balanced Scorecard" approach with ROI and VOI.


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LEVEL 1
CWPC
SKILL #12
HOW TO PERFORM A SIMPLE EVALUATION OF YOUR PROGRAM
PERSONAL ATTRIBUTES?


SMALL GROUP EXERCISE #4
PROGRAMMING AND EVALUATION DYNAMICS


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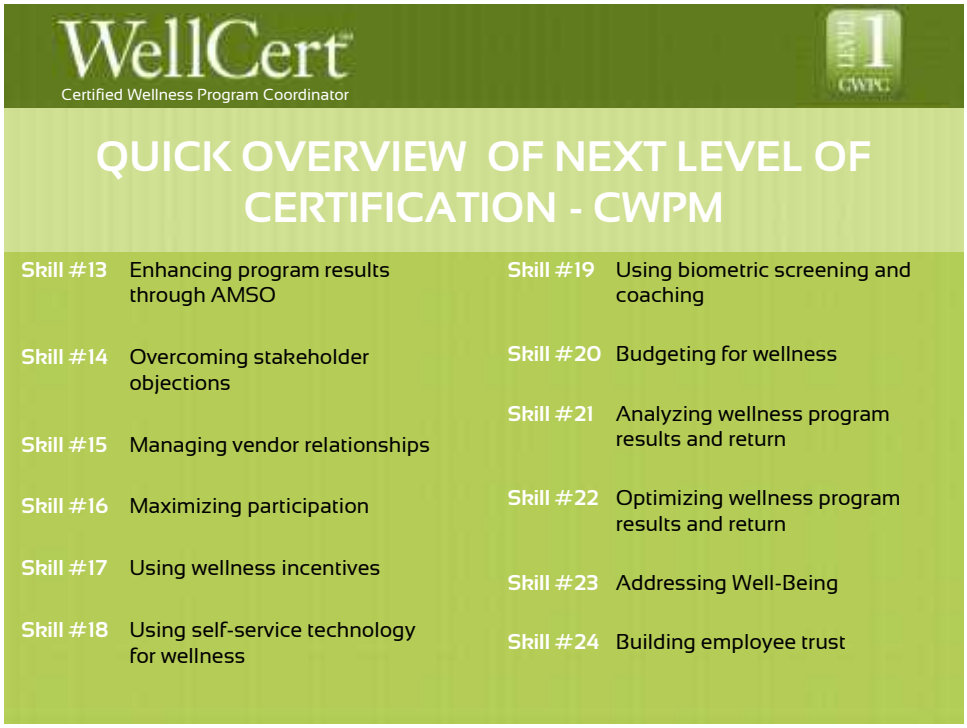
LEVEL 1 CWPC
SKILLS WE COVERED IN CWPC
Skill #1 How to build strong senior management support
Skill #2 How to assess your employees' wellness needs
Skill #3 How to use a Health Risk Assessment (HRA)
Skill #4 How to set your wellness strategy
Skill #5 How to design your organizational infrastructure
Skill #6 How to design your technology infrastructure
Skill #7 How to design effective wellness communications
Skill #8 How to design your health management process
Skill #9 How to design group activities
Skill #10 How to create a supportive environment for wellness
Skill #11 How to design onsite programming
Skill #12 How to perform a simple evaluation of your program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LEVEL 1 CWPC
QUICK OVERVIEW OF NEXT LEVEL OF CERTIFICATION - CWPM
Skill #13 Enhancing program results through AMSO
Skill #14 Overcoming stakeholder objections
Skill #15 Managing vendor relationships
Skill #16 Maximizing participation
Skill #17 Using wellness incentives
Skill #18 Using self-service technology for wellness
Skill #19 Using biometric screening and coaching
Skill #20 Budgeting for wellness
Skill #21 Analyzing wellness program results and return
Skill #22 Optimizing wellness program results and return
Skill #23 Addressing Well-Being
Skill #24 Building employee trust


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CONGRATULATIONS!
NEXT STEPS!
✓ Complete Final Exam (3 parts)
✓ eCertificate will be sent to you afterward with links
✓ WellCert Membership (1 year free)
✓ Complete a minimum of 2 modules per year
✓ If you have any questions call (206) 953-2388 or email me at LChapman@chapmaninstitute.net.
Best of Luck with Your Worksite Wellness Efforts!

Section 4. Case Exercises

Your Case Study Organization for this Level: Advance Engineering, Inc. (AEI)

Advance Engineering Inc. (AEI) is a medium-sized, civil engineering and consulting company in Chicago, Il which specializes in providing civil engineering consulting services for bridge, highway and water treatment facility projects, primarily in the western states. The company has been in business since 1984 and is owned by four managing partners. The lead managing partner (Bob) has recently suffered a heart attack and is involved in a local hospital-based cardiac rehabilitation program at the present time. The work pace at AEI is project-oriented with frequent extreme deadlines punctuated by periodic open times with minimal work demands. AEI employs 274 full time staff at its only facility in Van Nuys with another 218 employees assigned to various job sites around the mid-west on a project period basis.

The entire work force is divided into approximately 19% managerial, 10% administrative and support and the rest are technical and consulting engineers. The average age of the work force is 38.5 years with 84% males and the average length of employment at the company is 8.9 years.

The Human Resource staff includes a personnel manager, and two general HR assistants. There is a small committee that organizes a couple of social events each year. The company's orientation to employees has been favorable, but not overly generous, but there is a general sense that something more needs to be done to reward longevity with the company. A monthly email employee newsletter is used to communicate with all staff.

Financially, the company is doing well with forecasted revenues for the next three years increasing at an average annual rate of 12%. AEI now provides one health plan option to all its employees that is a PPO option with 100% in network and 90% out-of-network with a $25 office co-pay and a $500 deductible. The health plan is fully insured and experience rated. Employee satisfaction with the plan is fairly low due to poor claims and customer service history.

There is a very limited preventive medical benefit coverage provision in the PPO plan which several employees have been concerned about. Annual rates of increase for the plan for the last three years have been unacceptably high to the managing partners. Their insurance company has provided very little information about their claims and the reasons for their high rate of premium cost growth. The managing partners know that they need to make some significant changes, but have been reticent to possibly alienate employees with plan changes. The health plan coverage is currently 100% employer paid with no waiver opportunity.

Sick leave absenteeism patterns reflect the younger employees using all of their sick leave and the older employees not using their sick leave days with a highly bi-modal pattern for end of the year carry-over. Maximum accrual carry-over amount per year is 30 days. There is no disability insurance (STD or LTD) program in place.

The employee turnover rate for the whole company last year was 7%. Some increase in back injury and pain workers' comp claims and several personal complaints regarding ergonomic problems have come up recently. Ergonomically, the managing partners recognize that the office is a "disaster."

Professional sports is a major preoccupation for many of the employees and there is a large amount of discussion and informal betting on the outcome of professional and college sports games.

Several employees have also approached the Human Resources Manager and asked about some preventive screening opportunity that could be offered at work.

All AEI staff utilize an online vendor for health plan enrollment and benefit choices under a Section 125 flexible benefit program.

Improved productivity is also becoming more important as the company continues to grow.

Workforce Demographics:

Item	**Total Work Force**
Percent female:	16.0%
Percent in Age Groups:	
Under 21	1.7 %
21 - 30	23.9 %
31 - 40	30.1 %
41 - 50	29.3 %
51 - 60	12.8 %
60+	1.9 %

Benefit Claims Data:

Health Benefit Plan:
The premium increases for the last three plan years have been 19%, 23% and 27% respectively. Last year, the company spent an average of $17,124 per full time employee for health benefit expense. The health plan vendor has mentioned that the group has a very high level of emergency room use.

Drug costs are reimbursed through a companion prescription card program with a $15 generic and $20 brand name co-pay. Drug costs have been rising at an average of 16% per year for the last three years. The top three type of medications used are all related to mental health issues including anxiety, depression and medication for sleep disorders.

Workers' Compensation:
Worker compensation costs are insured through the state pool, however employers with more than 400 employees can self-insure their workers' comp exposure. An increase in the "modifier" rates for their category has taken place twice in the past four years indicating an unusually high rate of claims costs. The most typical types of injuries are musculoskeletal sprains and strains and low back injuries.

Sick Leave:
The average number of days of sick leave per employee per year was 8.1 last year and 6.6 the previous year.

Inventory of Prior Wellness-Related Activities:

There has been an annual company picnic each summer and a Christmas Party. The local hospital hosted a health fair last year. A few employees have formed a group that walks at lunch time. Several employees have asked the Human Resources (HR) Manager about the possibility of having the company pay their fitness club dues.

Problem Statement:

A planning group composed of you (one of the HR Assistants), and several employees has been formed. Your small planning group has been asked to develop a proposal for a new Wellness program for AEI. The senior managing partner, Bob, (who had the recent heart attack) has asked you to address benefit changes, policy issues and anything else that would help make the company … **"a world class wellness-oriented engineering firm."** You can spend about 50% of your time as the HR Assistant on the wellness program project. The senior Managing Partner has identified a funding level for the effort of up to $300 per employee per year, but the program …"has to produce a significant level of economic return if it is to last." He has also asked you to plan out the program for the first year and …"be sure and include the field staff."

Notes:

Exercise #1

Building a Strong Foundation

Instructions:

Take five minutes and read the Case Study. Underline or highlight the details of the Case Study that you believe should impact the design and development of the new wellness program for AEI. Compare with others in the group those things you marked or highlighted and discuss why for another 5 minutes.

Then with your small group please answer the following three (3) questions. Please select a "Reporter" for the "Report Back" session.

Questions	Your Answers
#1 How would you go about building strong senior management support for an employee Wellness program at AEI?	
#2 How would you assess the employees' Wellness needs at AEI?	
#3 How would you use an HRA or health questionnaire within the AEI Wellness Program?	

Exercise #2

Structure Follows Function

Instructions: In your small group please answer the following three (3) questions. Select a new "Reporter."

Questions	Your Answers
#1 What is your recommended wellness strategy for AEI and why?	
#2 What are the organizational infrastructure components that you recommend for the AEI wellness program?	
#3 What are the technology infrastructure components that you recommend for the AEI wellness program?	

Exercise #3

Creating a Wellness-Oriented Work Culture

Instructions: In your small group please answer the following three (3) questions. Select a new "Reporter."

Questions	Your Answers
#1 What communications activities would you recommend for the AEI wellness program?	
#2 What health management process activities would you recommend for the AEI wellness program?	
#3 What group activities would you recommend for the AEI wellness program?	

Exercise #4

Programming and Evaluation Dynamics

Instructions: In your small group please answer the following three (3) questions. Select a new "Reporter."

Question	Your Answers
#1 What supportive environment changes would you recommend for the AEI wellness program?	
#2 What onsite wellness activities would you recommend for the AEI wellness program?	
#3 What evaluation activities are you recommending for the AEI Wellness program?	

Section 5 Required Reading

The following 7 articles can be found in this section.

Article #1 Securing Senior Management Support for Wellness Programming

Article #2 Q & A on the ROI of Worksite Wellness

Article #3 Using Health Risk Assessments (HRAs)

Article #4 Planning Your Wellness Program

Article #5 Building Your Wellness Program's Organizational Infrastructure

Article #6 Establishing Your Wellness Program's Technology Infrastructure

Article #7 Evaluating Your Wellness Program

CERTIFIED WELLNESS PROGRAM COORDINATOR

READING PACKET- LEVEL 1
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CHAPMAN INSTITUTE

ARTICLE #1: SECURING SENIOR MANAGEMENT SUPPORT FOR WELLNESS PROGRAMMING

SETTING THE STAGE

Wellness programs, even in the post-Affordable Care Act era, need strong support from senior managers to be effective and to produce results. How do we secure strong senior management support to sustain wellness year after year?

Programs that drive results aren't free. Effective programming requires resources for staff, vendors, supplies, facilities, and other inputs. Management support also provides the organizational will to make the changes that create a culture of wellness. This includes congruent policies, program promotion, executive involvement, and consistent integration across the organization.

The task of securing the right resources and support is challenging for two reasons:

Challenge 1: Quantifying impact
Regardless of the setting—government worksites, private companies, schools, public health agencies, or health plan organizations—wellness programming always competes for limited resources and support. Making the case for wellness usually requires proving its impact. Quantifying the impact of all preventive activities is difficult because it requires that we infer what would have happened without the prevention investment. Difficulty determining "what might have been" makes it hard to build the quantitative case that could satisfy wellness skeptics.

Challenge 2: Tailoring your pitch
Good salespeople always adjust their sales pitch to the unique needs of each of their target companies and individuals. Wellness staff who set out to influence their leaders should be no different. Given the diversity of the needs and context across organizations and individual leaders, you can't use a one-size-fits-all approach to convincing management. There are a range of rationales for wellness, and a diverse set of approaches to programming that will deliver on these different benefits. Wellness professionals must be astute enough to determine what values and benefits are important to the various management decision makers in their own organization. They also need to determine the right way to phase their organizations' movement toward Results-Driven Wellness.

Management decision makers are a diverse group. They can be business owners, chief executives, heads of government agencies, non-profit administrators, board members, elected officials, or any other individual that makes policy decisions that affect populations. There is no magic to this: if key people believe that wellness provides more benefit than it costs it will receive the right support. Getting resources and support from these people is arguably our most pressing challenge. One of your primary jobs is to effectively lobby for the resources and support for a wellness initiative for your population.

INTRODUCING THE FIVE STEP INFLUENCE PROCESS, PITFALLS AND GUIDANCE

Borrowing from sales best-practices, and our work with over 1,000 organizations, we have created the following guide to securing management support. This recommended approach follows these deceptively simple steps:

Five steps for gaining management support for wellness investment

1. Familiarize yourself with the full range of proven benefits from wellness programming.
2. Determine which potential benefits are most important to the management decision makers you are working to influence.

3. Gather credible evidence from external and internal sources that wellness can deliver the specific benefits most important to your executive decision makers.
4. Present a business case for wellness tailored to the wellness benefits valued by your executive team, with answers to all likely objections, and preliminary programming frameworks.
5. Evaluate the results of your approach in terms of the level of resources and support your senior managers eventually provide for wellness programming, and use that feedback to improve your case in the future.

We will come back to these steps, but we want to set the stage with pitfalls and guidance on effective influence.

Pitfalls in securing support

We created the five-step process to help you avoid common pitfalls in gaining the right management support. As you think about how to follow that process in your environment, consider how to avoid these pitfalls when influencing your leadership:

- Overwhelming leaders with too many complicated arguments for wellness, eroding their trust in the most important ones.
- Providing too little credible evidence for key outcomes—making leaders feel they have to accept your arguments on faith.
- Overpromising benefits that seem impossible to realize.
- Under-selling the very real benefits of wellness by being too conservative with promised benefits.
- Not preparing for likely objections, causing missteps in critical moments of influence.
- Not resolving wellness double-speak from leaders—when leaders give lip-service to the importance of wellness, but stop short of investing enough.

Remember, your credibility to execute wellness is also on trial throughout the influence process. In most cases, part of the job of securing management support is building stakeholder trust in the individuals who will end up executing the program—that may be you. Good leaders are not only looking at the promise of wellness generally. They are also assessing the risks that may hinder the ability for wellness to drive desired results. Managers know that how you execute an initiative is often the most critical factor in whether the initiative is successful. If you can help them believe that you and your team are the right people to lead the charge on wellness, you will remove a major obstacle to receiving their support.

Attunement

In his book “To Sell is Human”, Daniel Pink identifies one of the most important differentiators of effective sales people and influencers is their ability to be attuned to the individuals they are trying to influence. Attunement is the ability to mirror the values, language, and orientation of your prospect, and effectively translate your proposals into the way they see the world. If you have operated in organizations for any length of time, you see how important this skill is to influencing others. While most of us intuitively recognize the need for attunement when trying to get stakeholders to invest more in wellness, don’t over-estimate your own ability to naturally attune to stakeholders. Attunement often requires significant investment in trying to get into the heads of the people you want to influence. Some thought starters for that process:

- Leaders rarely have much knowledge of how health behavior change works.
- Leaders often have a completely different educational background from wellness people.
- Leaders receive rewards throughout their careers for completely different outcomes and deliverables than most wellness people.
- Leaders with different functional backgrounds (finance vs. sales vs. operations, vs. HR) often come to the wellness subject with very diverse biases.

One attunement issue common in wellness circles comes from the biases many of us come to wellness with. Many wellness professionals have a very strong sense of the moral imperative to help people get healthier. To help achieve our goals of greater investment in wellness, we may need to moderate how we communicate this imperative to stakeholders who haven’t come to the same conclusion we have about the role of the organization in improving employee health.

GOING DEEPER ON THE FIVE STEP INFLUENCE PROCESS

Step #1: Know the full range of potential benefits associated with wellness
Wellness can achieve a wide range of benefits for participants and organizations. Don't assume that the most commonly cited benefits are the only arguments you should talk about in your influence process. **Exhibit 1** at the end of this article contains a comprehensive list of benefits with credible support in scientific literature, and ideas on where to get supporting evidence. This step in the influence process simply requires that you make sure you know the wide range of benefits that wellness can drive so you can include the right arguments and include the right evidence to support them in your presentations to leaders.

Step #2: Determine which potential benefits are most important to the management decision makers you are working to influence
Understanding what keeps your leaders up at night is at the heart of step #2. Tying the credible benefits of wellness to the most important issues facing your organization is the best way to secure ongoing support. Here are the ways we recommend you try to identify these issues:

- Conduct an informal survey of the most influential decision makers to get some sense of their own as well as their perception of the value priorities of the other decision makers involved.
- Closely read any statements from your senior executive internally or externally about the organization as a whole.
- Review recent meeting minutes, decisions, or comments that are relevant to the value placed on benefits costs, productivity, competitive dynamics, or health and prevention topics.
- Find out from individuals in a position to know the reason for past decisions related to budget or employee benefits and the managers involved.
- If you work for a public company, listen to a recording of the most recent quarterly investor relations conference call available on your company's website to identify the most pressing issues facing the business.
- Review past formal reports or evaluations of health programs or benefits.
- Conduct a formal survey of all or a portion of the key decision makers involved to determine what is most important to them.
- Gather a list of questions raised in recent reviews of benefits, safety, retention, compensation, or other related plans.

Summarizing findings from a few of the above discovery processes should help you identify the benefits of wellness that are most attuned to the needs of your organization and values of key leaders. Without some sense of which benefits are important to key management decision makers, it will difficult to obtain resources and support.

Step #3: Gather credible evidence from external and internal sources that wellness can deliver the specific benefits most important to your executive decision makers.
The quality of evidence for the values and benefits of wellness vary widely, from largely baseless marketing claims to rigorously challenged academic consensus. Be aware of the strength and quality of the evidence you use to justify resources and support for wellness. **Exhibit 1** gives you some direction on where to find this evidence, and more detailed general resources are contained in the bibliography at the end of this article.

Step #4: Present a business case for wellness tailored to the wellness benefits valued by your executive team, with answers to all likely objections, and preliminary programming frameworks.
The lion's share of the work of influence is in this step. First, you have to build momentum informally using techniques we outline, then you build a compelling core presentation, and finally you do the work of dealing with likely objections. We give you strategies for each of these below.

Build momentum ahead of formal meetings

The following ideas will help you build momentum ahead of formal meetings with key stakeholders.

- **Circulate studies and program evaluation results**: Select some of the best studies on the evaluation of worksite and community wellness programs, underlining key points in bright colors, and route them to your management decision makers. Space these circulating articles out over time and continue to circulate newer studies. Look for studies that are from comparable industries, settings, or organizations. Use yellow or brightly colored marking pens to underline the major "bottom-line" findings from the studies. Some of the resources highlighted in the Reference Sidebar are good examples of this kind of publication for general use in educating decision-makers.

- **Use a survey to catalyze interest**: A one or two page interest survey or Health Risk Appraisal (HRA) can he used to cultivate interest and provide quantitative and qualitative information to management decision makers on the level of employee/member or citizen interest. These surveys can he structured to collect health risk prevalence (i.e., smoking, exercise activity, overweight status, etc.) and program preference information (i.e., programs of interest, attendance potential, informational interests, etc.). Care should be taken in designing the survey instrument to make sure questions are asked in a way that is scientifically sound and goal oriented.

- **Circulate program materials about other programs**: Acquire sample materials describing wellness programs offered by peer organizations or agencies and circulate them to key decision makers. Descriptive brochures or employee education materials that are well done and emphasize the full extent of programming conducted by other organizations are particularly effective in presenting tangible proof of what can be done in the employee wellness area. By doing this, you highlight the differences between your organization and others and are more likely to help prepare decision makers for formal approval of wellness efforts.

- **Get stakeholders involved in local wellness or wellness groups**: Work to get key decision makers involved in talking about wellness activities of local businesses and health coalitions or in a local Wellness Council. Once they become visible in the community related to wellness issues, they have a much stronger incentive to make the program exemplary and successful. A speech you arrange for a senior management decision maker before a prestigious local or state group on the topic of wellness can also act as a catalyst for their interest in wellness and in providing funding and support for the program.

Core Arguments

Formal presentations are a key part of the influence process. As noted in steps 1-3, this presentation is the place to make a case that wellness will drive a few key results stakeholders care about. We have provided some guidance on how to build several of the common core arguments for wellness programming.

- **Health care costs**: More and more organizations and communities are adopting formal plans and strategies for managing their health costs under ACA, particularly as health cost increases begin to go back up again after the hiatus of the last few years. Tie cost management to the idea that utilization of health services drives the cost of health services and health benefits will help point out that efforts must be made to better manage the morbidity (illness and injury) that leads to the demand for health care and the need to put an appropriate downward pressure on health care utilization. Strengthen this argument by explicitly focusing on the short term cost savings driven by medical self-care, smoking cessation, injury prevention, consumer health education, appropriate use of health benefits, seat belt programs, and low back pain prevention, as well as other demand management activities. This will allow management decision makers to more easily justify the expenditures associated with a wellness program, because the economic benefits to the company or community are not perceived as so far into the future. This approach will also help secure a long term favorable position for wellness program in all settings and locales.

- **Productivity and engagement**: Increasingly competitive market conditions can be an opportunity to initiate or expand wellness activities designed to help employees cope with the changes and to improve morale. By emphasizing the need for an organized effort to deal with slumping employee morale from things such as stress due to merger or acquisition, uncertainties about their job future, or economic disruptions in the firm's market, you can strengthen the rationale for initiating a new program or expanding an existing one. Improved morale has a demonstrable impact on worker productivity.
- **Balanced approach: ROI and productivity**: In cultivating and presenting a strong justification for programming, you can use a balanced approach where the economic arguments are balanced with more strategic or intangible arguments, such as enhanced employee morale and productivity. This approach is often called the "Value-of-Investment"(VOI) approach rather than the Return-on-investment (ROI) approach. Cultivating a balanced perspective will help you appeal to a broader proportion of decision makers, but be careful not to underemphasize the case for both sides of the equation.

While it is tempting to use as many arguments as possible to bring 'shock and awe' to bear on your audience, you are likely to have better results homing in on the 2-3 arguments that are highly-attuned to the context of your organization, and supported significantly in the literature.

Overcoming common objections
Anticipating likely objections and formulating 'talk tracks' to address them is critical to winning management support. Here are several strategies for responding to tough questions.

- **Strong pushback: Shift to asking for a "pilot program"**: If there is a great deal of initial resistance to wellness and health promotion among top management decision-makers, then suggest a pilot program to test how wellness would affect the overall organization or community group. Conduct the pilot in an area where data on productivity and/or health costs is potentially measurable. Use a balanced and consistent approach to overcome resistance among those decision-makers who are doubtful, mixed liberally with the best quantitative and qualitative data you can produce from formal studies.

- **Concerns about measurability: Develop a sound evaluation plan for the wellness or well-being initiative**: Spend time upfront designing and planning a periodic and ongoing evaluation plan for any proposed wellness initiative or program. Include a plan to evaluate each of the following categories: participant involvement, participant feedback and satisfaction, changes in knowledge and attitudes, changes in population behavior, changes in health status measures, and specific organizational gains. Implement the evaluation plan after management decision makers have had an opportunity to comment on and/or modify the basic evaluation approach.

- **Fears of employee push-back: Trade service or benefit changes for wellness programs**: Due to the periodic need for employers and communities to make service and benefit modifications and/or reductions for the purpose of reducing taxation or health benefit costs, and to respond to changing policies of the ACA, some real opportunities exist to trade such things as increased taxes, payroll contributions, or patient cost sharing (i.e., increased payroll contribution, larger deductibles, higher coinsurance, new copayments, higher out of pocket annual limits, CDHPs, etc.) for new or expanded wellness programs. The addition of a wellness program can help balance the unspoken axiom of "quid pro quo" for making potentially negative service or benefit design changes.

- **Cost concerns: Propose wellness be funded from benefit or service savings**: At the time of health plan redesign and benefit changes, get agreement from management that a portion of the funds 'saved' through the plan design change or allocated to cover the cost of health benefits be retained to finance employee wellness activity. An employee premium contribution can also be used to provide a strong incentive effect and to fund the wellness program if absolutely needed. If 2 to 6% of an organization's or community's health costs are earmarked for wellness, a substantial level of programming can be provided. This can be done in either self-insured, fully insured, or public exchange health plan

environments. The addition of such items as higher deductibles and co-payments will frequently lower health plan costs, thus potentially releasing funds that can be used for wellness programming if premium savings are not fully "rolled-back" into reduced premium costs and/or "chargebacks."

- **Difficult labor relations: Suggest that in work organizations, management use a "total compensation" approach to human resources**: When calculating the cost of labor for labor negotiations in unionized settings or for employee education in non-unionized settings, support the use of a "total compensation" approach that uses a total compensation "pie" with wages and salaries, retirement, taxes, life, health, disability, accidental death and dismemberment insurance, workers' compensation, sick leave absenteeism, and dental insurance, all as part of the "pie." Then break out the health-related costs and focus management attention on the magnitude of health costs in terms of the current and future profitability or expenditures of the organization. This approach highlights the importance of health concerns for your organization or population. Also emphasize that the collection of all health-related costs of operating are usually much more than just the cost of the group medical plan.

- **General concerns: Know the wellness stats within your own industry or peer set to demonstrate that 'everyone's doing it'**: Use trade or industry sector information that shows the number of organizations conducting wellness programs, percent of members involved in various types of programming, and the extent and identity of those organizations (frequently, the leaders) that are involved. These stats will help to convince management decision makers that many peer or competitive organizations invest in wellness. If you don't have specific data on your industry, information from sources such as the Department of Health and Human Services, WELCOA, journal articles, benefit surveys, and state legislative research reports can help you demonstrate how widespread wellness has become.

Other arguments and tactics

Careful use of secondary arguments can be very effective if it fits with the vision leaders have about the identity and values of the organization.

- **Use leaders' desire to be better than peers**: Cultivate management's natural desire to excel by focusing on being an innovator and leader in this area. This approach will have a greater effect if the organization has a culture that values innovation and leadership or has provided successful community leadership in other areas.

- **Link wellness to preventive maintenance strategy**: If preventive maintenance is a strong part of the operational philosophy of the organization or agency as it relates to plant machinery, fleet vehicles, equipment, buildings, real estate, etc., then use this example as an analogy to strengthen the rationale for wellness. Provide examples of major areas where the preventive maintenance strategy is used and then make the comparison to the organization's most valuable resource - its people. This approach will usually help strengthen the argument for wellness programming. Emphasizing the relative financial relationship of the example of health plan, sick leave, workers compensation, disability insurance and presenteeism costs to the total cost of services or compensation for the population is also effective in gaining support.

- **Emphasize the organization's social and community responsibility**: Emphasizing the social responsibility of your organization as a leader, innovator, and major force in the community can enhance and rationalize an increased level of commitment to wellness programming. Because more organizations are taking on mission statements that place a value on world class performance or a commitment to creating a "culture of wellness or well-being", it should be easier to gain support for wellness efforts. Contrasting how many employer or agency peers in your geographic area have already initiated wellness programs is also of value.

- **Highlight relationship of wellness to company mission and/or culture**: If the organization has a written credo or mission statement that emphasizes the importance of employees in the success of the organization, make the link between a wellness program and the credo's priorities. The culture of the organization may also reflect a clear informal norm that recognizes the value of employees to the company's future, which can also be emphasized as part of the rationale for wellness.

These are just a few practical ways to help make your business case for wellness and to secure needed resources and support for wellness.

Step #5 Evaluate the results of your approach in terms of the level of resources and support your senior managers eventually provide for wellness programming, and use that feedback to improve your case in the future

Now let's look at Step #5 on how to evaluate your efforts in getting senior management to support a wellness initiative. Four major questions constitute the "acid test" of your effort to gain support for wellness programming:

1. How much staffing and resources for wellness were authorized?
2. How many more individuals will benefit (or have benefited) from access to wellness programming as a result of your efforts?
3. How much support from key decision makers has been committed?
4. What elements of your approach to influencing wellness investments were or were not effectives?

For the purposes of fine-tuning your approach for the next decision or budget cycle, it is also important to assess what you could have done more effectively. Activities such as communication strategy, quality of evidence presented, relevance of written materials, position of key allies, and budget and funding strategies are just a few of the things you may want to change as you work on enhancing your wellness efforts for the next decision/resource cycle.

CONCLUSION

The balance of arguments and strength of evidence used in your process of influencing senior management team an art as well as science. Readers are encouraged to periodically review their current lobbying activities in helping to secure the resources and support for wellness programming from senior management staff. It is an essential part of building a strong Results-Driven Wellness program.

Exhibit 1 Benefits of Wellness and Where to Find Supporting Evidence

Focus	Value or Benefit Statement	Supporting Data and/or Documentation
Worksite	Increased worker morale	Studies using survey instruments that measure employee morale, industry or trade association data, human resource annual surveys with carefully selected questions
	Potentially greater employer loyalty	Survey results and patterns over time, use of loyalty proxy questions and survey or focus group findings
	Improved employee resiliency and decision-making quality	Studies from the psychological (American Psychological Association APA - Healthy Company Program) and exercise physiology literature
	Positive public and community relations	Recognition awards for local or peer employers, coalition or community consortium activities, industry and trade showcase or write-ups
	Increased worker productivity	Business and industrial management studies, selected studies form the worksite health promotion literature, Journal of Occupational and Environmental Medicine (JOEM), local or trade data using collective productivity indicators
	Presenteeism loss reduction	PubMed search results on presenteeism, JOEM evaluation and review articles, health and productivity management evaluation literature
	Informed, health care cost-conscious workforce	Studies and anecdotal articles about consumer activism, scores from consumer health knowledge surveys, health literacy improvement and survey results on self-efficacy and consumerism
	Recruitment tool	Social psychology literature and business survey literature, selected labor market survey data, HR literature
	Retention tool	Social psychology literature and business survey literature, selected labor market survey data, HR literature
	Opportunity for cost savings via: Reduced sick leave absenteeism	Large number of worksite health promotion studies which address sick leave absenteeism effects, survey data from National Institutes of Occupational Health & Safety (NIOSH) and from trade and industry associations, PubMed search findings
	Opportunity for cost savings via: Reduced short and long term disability claims	Few articles on worksite health promotion programs and their impact on disability days, benefits and business surveys, and JOEM and risk management literature, PubMed search findings
	Opportunity for cost savings via: Decreased health care utilization	Large number of articles on the evaluation of worksite health promotion programs and their impact on health care costs, the medical care research literature and the managed care research literature which also contain a variety of references, another major set of references are the actuarial studies that have been done on the relationship of health risks to health costs, PubMed search findings

	Opportunity for cost savings via: Reduced premature retirement	Studies of early medical or disability retirement from the benefits, disability management and actuarial literature, PubMed search findings
	Opportunity for cost savings via: Decreased overall health benefit costs	Worksite health promotion evaluation literature, business and benefits management literature, trade or competitor information, top tier benefits consulting firm employer surveys, Medicare and Senior Risk Reduction Program data, PubMed search findings
	Opportunity for cost savings via: Fewer on-the-job accidents	Worksite health promotion evaluation literature, risk management literature, safety literature, NIOSH publications, publications of the Bureau of Labor Statistics and PubMed search results
	Opportunity for cost savings via: Lower casualty insurance costs	Casualty underwriters publications and risk management literature, PubMed search findings
	Opportunity for cost savings via: Smaller total work force	Business literature plus projections at various sick leave and disability reduction levels, review of personal replacement cases that have occurred in the last 2-5 years, risk conversion using HERO study findings, PubMed search findings
	Opportunity for cost savings via: Reduced medical leave time	Occupational health literature and payroll system coding data, FMLA case data, PubMed search findings
	Opportunity for cost savings via: Reduced occupational medical costs	Occupational health literature and occupational health unit data, PubMed search findings
Community	Provides a model for other local organizations and areas	Community health promotion literature and community organization literature plus Robert Wood Johnson Community Snapshots Project, Community Prevention Services Task Force (CPSTF) findings, PubMed search findings
	Contributes to establishing good health as a norm	Community health promotion literature and cultural change literature plus Centers for Disease Control and Prevention publications, PubMed search findings
	Complements and reinforces national and local public health initiatives	Office of Disease Prevention and Health Promotion publications and Objectives for the Nation: 2000 plus local public health reports and plans, PubMed search findings
	Improves quality of life of citizenry	Community Health Care Forum materials and National League of Cities publications, PubMed search findings
	Helps control (and possibly reduce) the economic and social burden on all taxpayers from premature mortality and morbidity	Compression of morbidity literature and community health promotion literature plus Health Care Financing and Agency for Health Services Research publications and studies, PubMed search findings
	Helps improve the general economic well-being of communities through the improvement in general health status and productivity	Community health promotion literature and national econometric studies and analyses, PubMed search findings
Individual	Increased morale via employer's, provider's or communities interest in their health and well-being	Social psychological and psychological literature, PubMed search findings

	Increased knowledge about the relationship between lifestyle and health	Attitude and correlated research within the health promotion and health education literature, PubMed search findings
	Improved health status	U.S. Preventive Health Services Task Force (USPHSTF) findings, American Journal of Health Promotion and American Journal of Preventive Medicine articles, PubMed search results.
	Increased opportunity to take control of their health and medical treatment	Consumer satisfaction surveys and national market research studies plus self-efficacy literature, PubMed search findings
	Improved health and quality of life through reduction of risk factors	Literature surrounding the use of SF12 and SF36 and self-reported perception of health status, PubMed search findings
	Increased opportunity for support from co-workers and environment	Social psychological literature, health education research literature and cultural change literature, PubMed search findings
	Reduced work absences	Attitude and correlated research within the health promotion and health education literature, PubMed search findings
	Reduced iatrogenic risk	Leapfrog Initiative and patient safety literature, PubMed search findings
	Reduced out of pocket and premium cost for medical care	Attitude and correlated research within the health promotion and health education literature plus Bureau of Commerce and Census publications, PubMed search findings
	Reduced pain and suffering from illness and accidents	Attitude and correlated research within the health promotion and health education literature, PubMed search findings
Health Plans	Greater member satisfaction	Perceived value of health benefit literature, Health Plan Employer Data Information Set (HEDIS) literature, PubMed search findings
	Increased market share through differentiation	Health plan and managed care marketing literature and strategic planning literature for the managed care industry, PubMed search findings
	Improved member retention	Health plan performance literature, Medicare Advantage literature, PubMed search findings
	More appropriate utilization by consumers and patients	Medical self-care literature, case and disease management literature, medical care literature and demand management literature, PubMed search findings
	Reduced utilization and cost through improvements in morbidity	Compression of morbidity literature, epidemiology literature, managed care and demand management literature, PubMed search findings
	Improved price competitiveness	Health plan and managed care literature, financial analysis of health care industry literature and benefit survey literature, PubMed search findings
	Improved HEDIS performance	National Committee on Quality Assurance publications and particularly HEDIS findings, PubMed search findings

These represent some of the major values or benefits that have been documented about wellness programs. Now let's look at some methods for how you might find out what your senior managers think about wellness. Remember**! Each of your managers hold different opinions about wellness!** You will have to determine what combination of values and benefits should be used with your management group in order to help assure that the wellness initiative is adequately funded and supported in a way that will insure the results that are expected.

ANNOTATED BIBLIOGRAPHY

The following are the most authoritative sources currently available in the research literature regarding the economic benefits of worksite wellness programming. The primary finding is highlighted in yellow.

2009

Goetzel RZ, Ozminkowski RJ., The health and cost benefits of work site health-promotion programs, **Annu Rev Public Health**. 2008;29:303-23.

"We review the state of the art in work site health promotion (WHP), focusing on factors that influence the health and productivity of workers. We begin by defining WHP, then review the literature that addresses the business rationale for it, as well as the objections and barriers that may prevent sufficient investment in WHP. Despite methodological limitations in many available studies, the results in the literature suggest that, when properly designed, WHP can increase employees' health and productivity. We describe the characteristics of effective programs including their ability to assess the need for services, attract participants, use behavioral theory as a foundation, incorporate multiple ways to reach people, and make efforts to measure program impact. Promising practices are noted including senior management support for and participation in these programs. A very important challenge is widespread dissemination of information regarding success factors because only approximately 7% of employers use all the program components required for successful interventions. The need for more and better science when evaluating program outcomes is highlighted. Federal initiatives that support cost-benefit or cost-effectiveness analyses are stressed, as is the need to invest in healthy work environments, to complement individual based interventions."

2010

Baicker, K., Cutler, D., and Song, Z., Workplace Wellness Programs Can Generate Savings. **HEALTH AFFAIRS,** February, 2010, 29(2): 1 -8.

"Amid soaring health spending, there is growing interest in workplace disease prevention and wellness programs to improve health and lower costs. In a critical meta-analysis of the literature on costs and savings associated with such programs, we found that medical costs fall by about $3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about $2.73 for every dollar spent. Although further exploration of the mechanisms at work and broader applicability of the findings is needed, this return on investment suggests that the wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes."

2012

Osilla,K., Van Busum, K., Schnyer, C., Wozar Larkin,J., Eibner, C., and Mattke,S., Systematic Review of the Impact of Worksite Wellness Programs, **Am J Manag Care**. 2012;18(2):e68-e81.

"Objectives: To analyze the impact of worksite wellness programs on health and financial outcomes, and the effect of incentives on participation. Methods: Sources were PubMed, CINAHL & EconLit, Embase, Web of Science, and Cochrane for 2000-2011. We examined articles with comparison groups that assessed health-related behaviors,

physiologic markers, healthcare cost, and absenteeism. Data on intervention, outcome, size, industry, research design, and incentive use were extracted. Results: A total of 33 studies evaluated 63 outcomes. Positive effects were found for three fourths of observational designs compared with half of outcomes in randomized controlled trials. A total of 8 of 13 studies found improvements in physical activity, 6 of 12 in diet, 6 of 12 in body mass index/weight, and 3 of 4 in mental health. A total of 6 of 7 studies on tobacco and 2 of 3 on alcohol use found significant reductions. All 4 studies on absenteeism and 7 of 8 on healthcare costs estimated significant decreases. Only 2 of 23 studies evaluated the impact of incentives and found positive health outcomes and decreased costs. Conclusions: The studies yielded mixed results regarding impact of wellness programs on health related behaviors, substance use, physiologic markers, and cost, while the evidence for effects on absenteeism and mental health is insufficient. The validity of those findings is reduced by the lack of rigorous evaluation designs. Further, the body of publications is in stark contrast to the widespread use of such programs, and research on the effect of incentives is lacking."

2013

Learner, D., Rodday, A., Cohen, J., and Rogers, W., A systematic review of the evidence concerning the economic impact of employee-focused health promotion and wellness programs, **JOEM**, February, 2013, 55(2): 209 – 222..

Objective: To assess the evidence regarding the economic impact of worker health promotion programs. Methods: Peer-reviewed research articles were identified from a database search. Included articles were published between January 2000 and May 2010, described a study conducted in the United States that used an experimental or quasi-experimental study design and analyzed medical, pharmacy (direct), and/or work productivity (indirect) costs. A multidisciplinary review team, following specific criteria, assessed research quality. Results: Of 2030 retrieved articles, 44 met study inclusion criteria. Of these, 10 were of sufficient quality to be considered evidentiary. Only three analyzed direct and indirect costs. Conclusions: Evidence regarding economic impact is limited and inconsistent. Higher-quality research is needed to demonstrate the value of specific programs.

2014

Goetzel, R., Mosher-Henke, R., Tabrizi, M., Pelletier, K., Loeppke, R., Ballard, D., Grossmeier, J., Anderson, D. ,Yach, D., Kelly, R., McCalister, T., Serxner,S., Selecky, C., Shallenberger, L. Fries, J., Baase, C., Isaac, F., Crighton, A. , Wald, P., Exum, E., Shurney, D. and Metz, R., Do Workplace Health Promotion (Wellness) Programs Work?, JOEM, 56(9), September 2014: 927 – 934.

Objective: To respond to the question, "Do workplace health promotion programs work?" Methods: A compilation of the evidence on workplace programs' effectiveness coupled with recommendations for critical review of outcome studies. Also, reviewed are recent studies questioning the value of workplace programs. Results: Evidence accumulated over the past three decades shows that well-designed and well-executed programs that are founded on evidence-based principles can achieve positive health and financial outcomes. Conclusions: Employers seeking a program that "works" are urged to consider their goals and whether they have an organizational culture that can facilitate success. Employers who choose to adopt a health promotion program should use best and promising practices to maximize the likelihood of achieving positive results.

ARTICLE #2: Q & A ON THE ROI OF WORKSITE WELLNESS

Q#1: IS THE RETURN-ON-INVESTMENT (ROI) OF WORKSITE WELLNESS PROGRAMS CONTROVERSIAL?

A#1: Yes, there is some controversy around the economic return of worksite wellness. However, the vast majority of researchers, health economists and wellness practitioners that have studied this issue in depth believe that worksite wellness programs save or reduce more health costs than the efforts cost to conduct. In other words wellness programs will usually produce a positive ROI (Greater than 100% annual rate of return for each dollar invested in programming.) Most respected and experienced experts believe that the typical worksite wellness program will produce a 1:3.0 or 300% rate of return per year with the primary savings in medical costs and sick leave absenteeism savings.

Q#2: WHY THE CONTROVERSY?

A#2: There are several reasons why this controversy exists. These include the following:

- ✓ There is no public funding of research on the economic return of worksite wellness programs therefore all resulting research is subject to some level of bias or self-interest.
- ✓ It is very difficult, if not impossible to do randomization of subjects in working populations due to labor, employment and discrimination laws thus one of the most important research tools (randomization) is unavailable.
- ✓ The research and evaluation methodology used in the peer review literature on the economic return of worksite wellness programming is highly variable and lacks any meaningful standardization or true normative comparability.
- ✓ Therefore most of the reported studies on the economic return of worksite wellness programs lack more rigorous research and evaluation designs and consequently consistency of findings.
- ✓ There is also a slight bias in the evaluation literature toward publishing studies that show a positive rather than negative economic return.
- ✓ There are a large number of ways of doing wellness programming in working populations and very limited standardization of basic program interventions.
- ✓ The people who do worksite wellness usually come from other disciplines and have significant biases about how they should do wellness.
- ✓ Work organizations and working populations are very complex and are in a rapid state of change.
- ✓ There are critics and advocates that want to sell books and make their reputations as experts.
- ✓ There are significant secular forces like advertising, communications technology, and the convenience and fast food industries that actively work to counter the healthy practices that are the primary focus of wellness programming.

All of these factors have contributed to the controversy concerning the economic return of worksite wellness programs.

Q#3: WHAT IS YOUR POSITION ON THIS CONTROVERSY?

A#3: Because of the factors just mentioned, we expect this controversy to continue to exist, but after personal involvement with more than 1,000 employer wellness programs and periodic extensive review and analysis of the clinical and scientific literature over the past 35+ years our opinion is that the core of this controversy is unfounded and without merit. Our rationale is also influenced by the following:

- ✓ A very large and persuasive base of studies exist in the peer review literature that documents the significant epidemiological connection between unhealthy lifestyle practices and increased levels of health care utilization, health costs and productivity-related costs.
- ✓ No feasible alternative solutions other than wellness exists to help ameliorate these significant costs and losses for all the developed nations of the world.

- ✓ The scientific literature is characterized by studies that usually examined only 1 of 5 possible economic variables in determining the economic return, therefore the literature has a very significant conservative methodological bias toward the economic return and ROI of worksite wellness programs.
- ✓ Worksite wellness has more peer review studies of its economic impact than any other conventional business or human resources strategy or activity that exists.
- ✓ There are ways of doing wellness that can have a much more powerful effect on attitudes, behaviors, health risks, health status, health risk severity and prevalence, self-efficacy, productivity and health costs.
- ✓ For every peer review article that found little to no economic return there are approximately 13 articles that found a positive economic return. Yet the critics blindly hold to the 8% of the articles that found little or no economic return even though they offer no better quality of research methodology or technique.
- ✓ The increasing prevalence of online technology and learning management systems (LMSs) and the potential for behavioral economic provisions in working populations around health plan coverage provide an increasingly beneficial environments for wellness adaptations.
- ✓ The growing unfunded liability associated with Medicare, Medicaid, DoD, Veteran's and union health care entitlement provisions will require greater reliance and use of wellness interventions.

Q#4: HAVE SOME RESEARCHERS FOUND A DELAY IN THE APPEARANCE OF LOWER HEALTH COSTS OR SICK LEAVE COSTS?

A#4: Yes, there have been a few studies reported in the literature that documented a one to two year delay in the economic return associated with a worksite wellness program. However, in looking more closely at these studies we believe that one or more of the following factors may explain the observed delay.

- ✓ The program(s) experienced a slow incremental roll-out so that the intensity of the program interventions was minimized and spread throughout the first year or two.
- ✓ The choice of prevention targets addressed by the wellness program was skewed toward those associated with chronic disease risk factors that tend to have a longer lead time before they affect health care utilization or productivity.
- ✓ The implementation approach used by the program's sponsor was significantly flawed.
- ✓ There may have been an un-reported or under-reported negative externality operating, such as a threat of a strike or merger.
- ✓ The wellness program did not utilize companion interventions such as injury prevention, medical self-care, consumer health education, health plan design, wellness incentive provisions or health measurement processes to maximum advantage.
- ✓ The wellness program did not take steps to help align the organizational culture adequately enough to produce desired results.
- ✓ The program was using a lower order program model, such as the "Feel Good" wellness program model approach or the "Traditional" wellness approach rather than the "Results-Driven Wellness" approach to the program's wellness strategy or model.

Q#5: CAN OUR WORKSITE WELLNESS PROGRAM SHOW A "FIRST YEAR" POSITIVE ROI? IF SO, HOW?

A#5: The answer, we believe, is a resounding, but carefully qualified, "yes!" Based on the voluminous clinical and research literature on the economic return of worksite wellness programs and our own experience, we believe that it is very reasonable to expect that a worksite wellness program that is both well-designed and effectively implemented will produce a positive ROI first year and each year thereafter for virtually any sized U.S. employer. This also assumes no significant "externality" is present, like the company going through a hostile take-over, a major labor strike, federal prosecution of senior managers, etc.

How did we arrive at this position? By designing and implementing more than a 1,000 worksite wellness programs and by conducting extensive literature reviews and formal analyses at periodic intervals over the past 35+ years. More than 100 peer review articles on the economic return of worksite wellness programs are identified in **Exhibit**

A. While **Exhibit B** contains the summarized findings from more than 30 of these articles that went so far as to report on their program's ROI. (Economic return divided by the program's cost.)

But how can you really make sure that your employee wellness program will produce a first year and beyond positive ROI? There are a few key strategies that will help assure that your wellness program produces positive ROI year one and every year thereafter. Here are the five key strategies:

#1 Measure ROI using all 5 major health economic variables.
#2 Use a sound baseline for comparison.
#3 Use a "Results-Driven Wellness" program model.
#4 Program for the "Big 8" prevention targets from Day One.
#5 Provide a "Roll-out" orientation session for all eligible participants.

Now, let's take a deeper look at each of the 5 strategies.

#1 Measure ROI using all 5 major health economic variables. Regardless of the size of the employer's work force it's important to consider using each of the 5 major health economic variables. The more the number of employees the more likely that the employer can financially benefit from the improved health of their work force. As the organization grows in size continue looking at ways to experience savings from healthier employees in real ways. The five major health economic variables are:

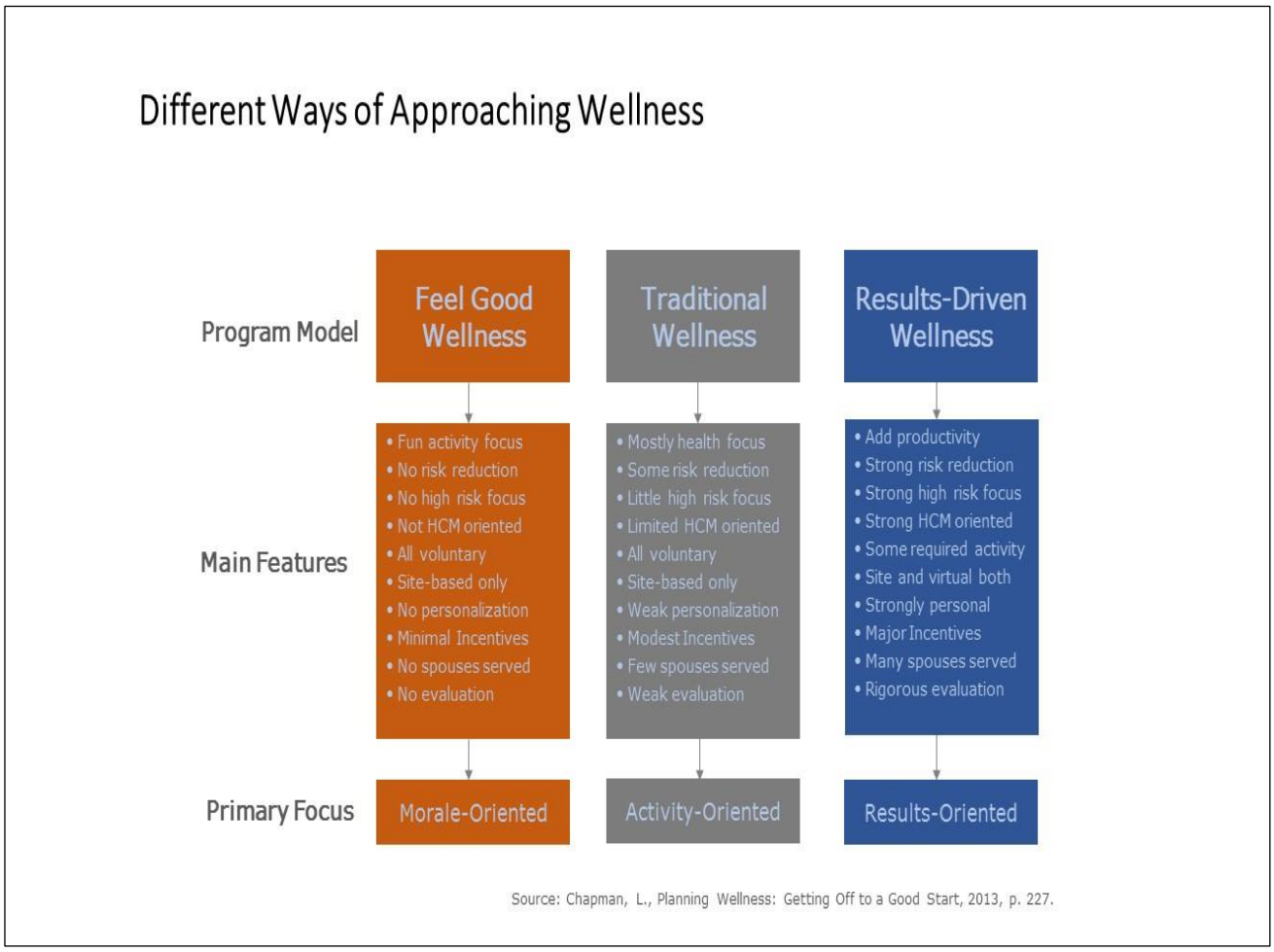
- ✓ *Health plan costs*: Medical, dental, vision and drug costs. (Lots of options here as well as the reality that healthy employees usually mean slower future increases in health plan premium costs.) (Consult our learning modules for how to calculate wellness savings from health plan costs.)
- ✓ *Sick leave absenteeism costs*: Dedicated sick leave vs. combined leave vs. unscheduled leave. (Lots of possible metrics and methods for measuring and monetizing these savings. (Consult our learning modules for how to calculate sick leave savings from your wellness program.)
- ✓ *Workers' Compensation (WC) costs*: Salary replacement vs. medical reimbursement vs. modification factors. (Lots of option here as well.) (Consult our learning modules for how to calculate WC savings from your wellness program.)
- ✓ *Disability Insurance Costs*: Short Term Disability (STD) vs. Long Term Disability (LTD) vs. return-to-work. (Lots of option here too – again see our learning modules.)
- ✓ *Presenteeism costs*: Measurement methods, monetizing strategies, and targeted interventions. (A growing issue for employers – see our learning modules for the details.)

Include all five at first and then focus more fully on the ones that are most relevant to your senior management, but don't start with just one of these costs – that's really a mistake!

#2 Use a sound baseline for comparison. Good baselines are really critical to any type of evaluation. You have lots of options about the baselines you use to document your wellness program's economic return and ROI. For each of the five economic variables you want to define what groups, what costs and what periods of time are going to constitute your "baseline" measurements. You then are going to compare your actual experience with each with your baseline or your expected costs for each to determine if there has been a change that is associated with your wellness program. (See our learning modules for the details on how to set up your baselines and/or comparison groups and how to calculate savings from your wellness program.)

#3 Use a "Results-Driven Wellness" program model. This model of wellness programming is the most powerful program model in terms of producing results; information changes, attitude changes, behavior changes, health improvements, health risk reduction and economic return. This model is compared and contrasted with the two other major models in **Figure 1** below.

Figure 1 Different Ways of Approaching Wellness



The "Results-Driven Wellness" Model includes: productivity emphasis, use of comprehensive organizational and technology infrastructures, use of a risk stratification process, large wellness monetary incentive in the

form of a health plan premium discount, significant culture of wellness and strong evaluation and metrics. In addition the wellness program should address injury prevention (work, home, vehicular and recreational), consumer health education and financial wellness.

#4 Program for the "Big 8" prevention targets from Day One. Your wellness program needs to address the "Big 8" prevention targets from Day One which includes: tobacco use, physical activity, heart health, nutrition, weight management, stress, medical self-care and back pain. The programming for these 8 issues will need to be delivered for the full twelve month period of the first year of the program. This helps to assure that the program will create sufficient behavior change to produce the desired first year economic return. One of the characteristics often associated with the lack of first year economic return is a gradual or slow introduction of these major program interventions or leaving out the medical self-care and back pain prevention focus thereby removing some interventions that can produce first year or early occurring economic return.

#5 Provide a "Roll-out" orientation session for all eligible participants. At the time of the initial launch of the wellness program or its re-invention, it's crucial that all eligible participants receive a basic briefing or

orientation on the wellness program's purpose and scope. The recommended topics for these orientation sessions are identified in **Figure 2** below.

Figure 2 Suggested Contents of Orientation or "Roll-Out" Session

- ✓ Video welcome from CEO & CHRO
- ✓ Overview of health care cost problem
- ✓ Potential consequences for employers and associates
- ✓ What determines how much health care you need?
- ✓ What you can do to make a difference
  - Minor illness (Use medical self-care website)
  - Major illness (Emphasize Dis Mang & Case Mang programs)
  - Avoiding injuries (Home and vehicular safety checklist)
- ✓ Tips for health consumers
- ✓ Using the web for your health
- ✓ Putting more "Well" into your "Being" (Well-Being)
- ✓ Tips for staying young
- ✓ What's coming in Wellness?
- ✓ Ways your wellness program can support you
- ✓ Summary of how you can make a difference with your health
- ✓ Adjournment

This material can be delivered through in-person workshops in smaller work organizations or as a Learning Management System (LMS) module or modules in larger organizations. A passing score on a required quiz after viewing the LMS module(s) can also be used to help make sure employees and spouses learn from the LMS session.

This kind of orientation session is used to help assure engagement and participation in the wellness program and to "jump start" the cultural change that needs to accompany the introduction of the wellness program.

These 5 strategies are vital in achieving first year economic return and in maximizing the ROI of the wellness over the lifetime of the program.

Q#6: ARE THERE OTHER ECONOMIC VARIABLES THAT WELLNESS PROGRAMS CAN AFFECT? IF SO, WHAT ARE THEY?

A#6: Yes. To make the ROI situation with worksite wellness even more ridiculous, in addition to the 5 major economic variables that worksite wellness can usually affect (health plan cost, sick leave absenteeism costs, workers' compensation costs, disability insurance costs and presenteeism costs) there are a large number of other economic variables that can be affected by specialized wellness programming interventions, but we never include them in our discussion of the economic return of wellness programs. These include:

- ✓ Dental health plan costs
- ✓ Vision care premiums
- ✓ Retiree supplemental health plan subsidies
- ✓ Employee health plan contribution amounts
- ✓ Employee out-of-pocket medical costs
- ✓ State premium tax amounts

- ✓ Health care flexible spending account administrative costs
- ✓ Out-of-pocket maximum health plan cost sharing amounts
- ✓ "Dread-disease" supplemental insurance (Primarily in the Southeast)
- ✓ Eldercare support costs
- ✓ Early medical retirement
- ✓ COBRA payments
- ✓ Medicare surcharge
- ✓ State derived health plan taxation amounts
- ✓ FASB 106 (Future retiree medical cost) write-off
- ✓ FASB 110 (Future disability cost) write-up
- ✓ Life insurance premium cost
- ✓ Family Medical Leave Act (FMLA) costs
- ✓ Accidental Death and Dismemberment (AD&D) coverage
- ✓ Occupational health unit costs
- ✓ Safety program costs
- ✓ Ergonomics-related costs
- ✓ Employee Assistance Program costs
- ✓ "Cadillac" tax amounts under the ACA

As you can probably realize there is a lot of possible sources of economic return that we don't even consider when we talk about the economic return of worksite wellness programs. At the same time we usually add up all the direct costs of our wellness program and divide it into only one of almost 30 different sources of economic savings to the organization. Clearly a dumb thing to do by anyone's standards!

That's why, at a minimum, we recommend that all wellness programs track their economic return across the 5 core economic variables: medical plan cost, sick leave absenteeism cost, workers' compensation cost, disability insurance cost (Short Term Disability and/or Long Term Disability) and presenteeism cost.

Q#7: WHAT DO I SAY TO CRITICS OF WELLNESS WHEN THEY START SAYING THAT WELLNESS PROGRAMS DON'T SAVE ANY MONEY?

A#7: Here's what we recommend saying to your critics:

- First, ask if they have reviewed the scientific literature and if so about how many articles have they actually read and analyzed. (Usually none!)
- Second, agree that it is difficult to determine causality in the work place, but it's not impossible –business executives do it every day.
- Third, point out that there are more than 100 studies on the economic return of worksite wellness programs in the scientific literature and about 95% of them show a positive ROI.
- Fourth, communicate that the average employee moves from low risk to high risk as they age, so if we do nothing in wellness we further assure higher future health care costs since high risk means high cost.
- Fifth, point out that there are different ways of doing wellness and each has implications for the program's results. (I would draw out the three program models and explain each of them)
- Sixth, emphasize that if you want wellness to be effective then you have to design and implement it for results. (By using the "Results-Driven Wellness" program model.)
- Seventh, ask if they want to consider a brief proposal for a new wellness program or an upgrade of their existing program.
- And finally suggest they go through the WellCert Program so they can learn how to do "Results-Driven Wellness".

Tell them that a worksite wellness program can produce a lot of health improvement and economic return if the following major conditions are met:

1. **The program's design is appropriate.** The design of a worksite wellness program has to reflect the needs and interests of employees and the purposes that management wants to fulfill. It also has to have a sound technical basis, which means that the programs offered to employees need to reflect sound technical knowledge in health risk detection, management, and reduction. Behavioral interventions need to maximize long-term behavioral change. The balance of information, motivation, behavior change, and cultural change aspects of the program needs to be reasonable and appropriate to the objectives of the wellness program. It also has to utilize an appropriate program model for accomplishing the characteristics and objectives of the program.

2. **The program well-implemented.** A well-designed wellness program must be implemented by competent staff; thereby avoiding a sub-standard outcome. On the other hand, a poorly designed program can frequently achieve significant results if placed in the hands of a particularly capable individual or group of individuals. In summary, the way the program is implemented will largely determine to what degree the program achieves a high level of success.

3. **Strong incentives for healthy behavior are used.** Another important variable in a wellness program's economic return is the presence of clear and powerful incentives for healthy lifestyle choices. The incentives must be large enough to lead to long term behavioral adherence to healthy lifestyle practices.

4. **No major externalities occur.** A well-designed program, implemented by competent staff, with employees empowered by strong incentives for wellness will fail if significant externalities intervene. Such things as labor strikes, large loss of market share, failed tax initiatives, change of corporate leadership, geographic re-location, an over-zealous manager, bankruptcy, merger, acquisitions, divestiture, or business disruption, can all impede the realization of a program's economic return. These externalities are often beyond the control of program sponsors or staff, and therefore need to be acknowledged for their potential to disrupt the expected economic outcome of the program.

These four major issues largely determine the actual economic return of an employer's worksite wellness program. In summary, if reasonable steps are taken to arrive at a sound program design, competent people are tasked to implement it, strong behavioral incentives are in place and no significant unforeseen externalities intervene, then virtually any employer can implement a worksite wellness program and expect it to produce at least a cost-benefit yield of 1:2.0 or higher. If the 5 strategies for first year economic return are used then expect these results in the first year of the program.

CONCLUSION

Not all wellness programs drive ROI, but if your program is well-designed, well-implemented, employs strong incentives and doesn't have any other significant externalities or wild cards, you should be able to achieve first year and annual positive economic return thereafter from your worksite wellness initiative.

Exhibit A Bibliography of Economic Return Studies for Worksite Wellness Programs from the Peer Review Literature

This bibliography contains 106 citations of articles that have evaluated the economic return produced by worksite wellness programs that have been published in the peer reviewed scientific literature. Those 8 citations in bold failed to find any economic return from the worksite wellness program they analyzed. All the other 98 citations found a positive economic return and/or a positive ROI.

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#4. Anderzén I, and Arnetz B., The impact of a prospective survey-based workplace intervention program on employee health, biologic stress markers, and organizational productivity, Journal of Occupational and Environmental Medicine (JOEM), 2005 July, 47(7): 671-682.

#5. Baker K., Goetzel R., Pei X., Weiss A., Bowen J., Tabrizi M., Nelson C., Metz R., Pelletier K., and Thompson E., Using a return-on-investment estimation model to evaluate outcomes from an obesity management worksite health promotion program. JOEM, 2008 Sep;50(9):981-90.

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Exhibit B Table of Peer Review Studies of the ROI of Worksite Wellness Programs

This table contains the 30 peer reviewed studies of the 106 studies listed in **Exhibit A** that examined Return-on Investment (ROI) of worksite wellness programs. C/B is the Cost/Benefit ratio and ROI is the percent annual financial return. The specific economic variables used in each study were: "MC" = medical costs, "SLA = sick leave absenteeism costs, "WC" = Workers' Compensation costs, "DI" = disability insurance costs and "P" = presenteeism costs. Those studies highlighted have been published within the past 10 years

#	C/B	ROI	MC	SLA	WC	DI	P	Citation
1	1:3.6	360%	X					Aldana, S., Jacobson, B., Harris, C., Kelley, P., and Stone, W., Influence of a mobile worksite health promotion program on health care costs, American Journal of Preventive Medicine, 1993 November/December, 9(6): 378-383.
2	1:15.6	1,560%		X				Aldana, S., Merrill, R., Price, K., Hardy, A., and Hager, R., Financial impact of a comprehensive multisite workplace health promotion program, Preventive Medicine, 2005 February, 40(2): 131-137.
3	1:1.17	117%	X				X	Baker K., Goetzel R., Pei X., Weiss A., Bowen J., Tabrizi M., Nelson C., Metz R., Pelletier K., and Thompson E., Using a return-on-investment estimation model to evaluate outcomes from an obesity management worksite health promotion program. JOEM, 2008 Sep;50(9):981-90.
4	1:2.05	205%		X				Bertera, R., The effects of workplace health promotion on absenteeism and employment costs in a large industrial population, American Journal of Public Health, 1990 September; 80(9): 1101-1105.
5	1:2.90	290%	X			X		Bowne, D., Russell, M., Morgan, J., Optenberg, S., and Clarke, A., Reduced disability and health care costs in an industrial fitness program, Journal of Occupational Medicine, 1984 November; 26(11): 809-816.
6	1:7.0	700%	X			X		Dalton, B. and Harris, J., A comprehensive approach to corporate health management, Journal of Occupational Medicine, 1991 March, 33(3):338-348.
7	1:2.43	243%	X	X				Davis, L., Loyo, K., Glowka, A., Schwertfeger, R., Danielson, L., Brea, C., Easton, A., and Griffin-Blake, S., A comprehensive worksite wellness program in Austin, Texas: Partnership between Steps to a Healthier Austin and Capital Metropolitan Transportation Authority, Prev Chronic Dis, 2009 Apr, 6(2):1-4.
8	1:5.96	596%						Fries, J., Bloch, D., Harrington, H., Richardson, N., and Beck, R., Two-year results of a randomized controlled trial of a health promotion program in a retiree population: the Bank of America study, American Journal of Medicine, 1993 May, 94(5): 455-462.
9	1:2.51	251%						Gibbs, J., Mulvaney, D., Henes, C., and Reed, R., Work-site health promotion; five year trend in employee health care costs, Journal Of Occupational Medicine, 1985 November; 27(11): 826-830.

10	1:3.4	340%		X				Golaszewski, T., Snow, D., Lynch, W., Yen, L., and Solomita, D., A benefit-to-cost analysis of a work-site health promotion program, JOEM, 1992 December, 34(12): 1164-1172.
11	1:2.03	203%	X				X	Goetzel, R., Tabrizi, M., Henke, R., Benevent, R., Brockbank, C., Stinson, K., Trotter, M., and Newman, L., Estimating the return on investment from a health risk management program offered to small Colorado based employers, JOEM, May, 2014, 56(5): 554 – 560.
12	1:8.0	800%		X				Hall-Barrow, J., Hodges, L., and Brown, P. A collaborative model for employee health and nursing education: successful program, AAOHN Journal, 2001 September, (49(9): 429-436.
13	1:19.4	1,940%	X					Harvey, M., Whitmer, R., Hilyer, J., and Brown, K., The impact of a comprehensive medical benefits cost management program for the City of Birmingham: Results at five years, American Journal of Health Promotion, 1993 March/April, 7(4): 296-303.
14	1:2.90	290%	X					Henke, R., Goetzel, R., McHugh, J., Isaac, F., Recent experience in health promotion at Johnson & Johnson: Lower health spending, strong return on investment, Health Aff (Millwood). 2011 Mar, 30(3):490-499.
15	1:10.1	1010%				X		Henritze, J., and Brammell, H., Phase II cardiac wellness at the Adolph Coors Company, American Journal of Health Promotion, 1989 September/October, 4(1): 25-31.
16	1:4.73	473%	X	X				Leigh, J., Richardson, N., Beck, R., Kerr, C., Harrington, H., Parcell, C., and Fries, J., Randomized controlled study of a retiree health promotion program: The Bank of America study, Archives of Internal Medicine, 1992 June, 152: 1201-1206.
17	1:4.33	433%	X					Light E, Kline A, Drosky M, and Chapman L., Economic Analysis of the Return-on-Investment of a Worksite Wellness Program for a Large Multistate Retail Grocery Organization. JOEM. 2015 Aug;57(8):882-92.
18	1:2.87	287%	X					Long, A. and Sheehan, P., A case study of population health improvement at a Midwest regional hospital employer, Popul Health Manag. 2010 Jun, 13(3):163-173.
19	1:1.6	160%	X					Maeng DD, Pitcavage JM, Tomcavage J, Steinhubl SR.,Can health insurance improve employee health outcome and reduce cost? An evaluation of Geisinger's employee health and wellness program. J Occup Environ Med. 2013 Nov;55(11):1271-5.
20	1:2.51	251%			X			Maniscalco,P., Lane, R., Welke, M., Mitchell, J. and Husting, L,, Decreased rate of back injuries through a wellness program for offshore petroleum employees, JOEM, 1999 September, 41(9): 813-820.
21	1:2.48	248%	X			X		Musich S, McCalister T, Wang S, Hawkins K., An evaluation of the Well at Dell health management program: health risk change and financial return on

								investment. Am J Health Promot. 2015 Jan-Feb;29(3):147-57.
22	1:1.65	165%	X					Naydeck, B., Pearson, J., Ozminkowski, R., Day, B., and Goetzel, R., The Impact of the Highmark employee wellness program on 4-year healthcare costs, JOEM, 2008 February, 50(2): 146-156.
23	1:4.64	464%	X					Ozminkowski, R., Dunn, R., Goetzel, R., Cantor, R., Murnane, J., and Harrison, M., A return on investment evaluation of the Citibank, N.A., Health Management Program, American Journal of Health Promotion, 1999 September/October, 14(1):31-43.
24	1:2.3	230%				X		Schultz, A., Lu, C., Barnett, T., Yen, L., McDonald, T., Hirschland, D., and Edington, D., Influence of participation in a worksite health promotion program on disability days, JOEM, 2002 January; 44(6): 776-780.
25	1:2.02	202%	X					Schwartz, S., Mason, S., Wang, C., Pomana, L., Hyde-Nolan, M., and Carter, E., Sustained economic value of a wellness and disease prevention program: An 8 – year longitudinal evaluation, Pop Health Manag, 2013, epub October 13, 2013.
26	1:2.45	245%	X					Serxner, S., Alberti, A., and Weinberger, S., Medical cost savings for participants and nonparticipants in health risk assessments, lifestyle management, disease management, depression management, and nurseline in a large financial services corporation, Am J Health Promot. 2012 Mar-Apr;26(4):245-52.
27	1:4.85	485%	X					Shephard, R., Corey, P., Renzland, P., and Cox, M., The influence of an employee fitness and lifestyle modification program upon medical care costs, Canadian Journal of Public Health, 1982 July/August; 73: 259-263.
28	1:1.43	143%	X					Shi, L., Health promotion, medical care use, and costs in a sample of worksite employees, Evaluation Review, 1993 October; 17(5): 475-487.
29	1:6.13	613%	X			X		Stave, G., Muchmore, L., and Gardner, H. Quantifiable impact of the Contract for Health and Wellness: Health behaviors, health care costs, disability, and workers' compensation, Journal of Occupational and Environmental Medicine, 2003 February; 45(2): 109-117.
30	1:3.50	350%		X				Wood, E., Olmstead, G., and Craig, J., An evaluation of lifestyle risk factors and absenteeism after two years in a worksite health promotion program, American Journal of Health Promotion, November/ December,1989; 4(2): 128-133.
	1:4.51	451%	20	7	1	6	2	Averages and Totals

ARTICLE #3: USING HEALTH RISK ASSESSMENTS (HRAS)

SETTING THE STAGE

Health Risk Assessments (HRAs) are critical to wellness programming in any setting. Asking people about their behavior, risks, knowledge, attitudes, preferences, test results, medical history, and desires regarding their health is essential to any process of health improvement. This insights covered in our training and this supplemental reading will catalyze a new perspective and allow you to harness the full capabilities of this important health improvement tool.

Health Risk Assessments come in many forms and are called by many different names. Risk Factor Prevalence Surveys (RFSs), Health Status/Quality of Life Assessments (HAS), Disease Condition Status Assessments, Behavioral/Psychological Assessments, and Wellbeing Measures all fit within our discussion of the Health Risk Assessment. **Figure 1** lists the benefits these online surveys provide your program.

Figure 1 Major Functions of HRAs

Individual Uses:

- ✓ To help the individual view his/her prospects for future good health.
- ✓ To provide a catalyst for health behavior change.
- ✓ To enable the individual to objectively monitor their health over time.
- ✓ To determine readiness for targeted interventions.
- ✓ To evaluate change in personal health attitudes, status and behaviors

Population Uses:

- ✓ To assess a range of health needs for planning purposes.
- ✓ To target individuals within a population for specific interventions.
- ✓ To evaluate the changes in health behavior, health risks, attitudes, readiness, self-efficacy and perceptions in a population over time.
- ✓ To help predict such things as morbidity, mortality and health care utilization.

BRIEF HISTORY OF HRAS

HRAs, in all their various forms, have evolved primarily from the early application of the Framingham Heart Study findings by two physicians, Lewis Robbins, M.D. and Jack Hall, M.D., respectively affiliated with the U.S. Public Health Service and Methodist Hospital in Indianapolis, Indiana, to clinical practice settings. These two physicians pioneered the development and application of a compelling health education tool in the 1960's that we have come to know as the HRA. Their first book on HRAs, How to Practice Prospective Medicine, (Robbins & Hall, 1970) helped catalyze the formation of the Society of Prospective Medicine. This reference formalized the process for using health surveys to provide a snapshot of the probability of mortality and/or selected morbidity events and to assess individual health.

Further pioneering efforts by the Centers for Disease Control resulted in the development and use of the health risk appraisal which later became known as the Carter Center's Healthier People instrument and whose algorithms have become a common health risk engine for subsequent generations of health risk assessment instruments. These early efforts proceeded somewhat slowly due to the absence of reimbursement for preventive services and the lack of general interest in the physician community for applied prevention. For a much more detailed history of the development and application of health risk appraisals and health status assessment instruments see the SPM's Handbook of Health Assessment Tools.

These early instruments were predominantly mortality-based, emphasizing the probability of premature mortality based on a statistical extrapolation of an individual's excess relative risk due to modifiable and non-modifiable factors. These efforts used epidemiological study data and modified life insurance and U.S. Mortality Table data to perform their analyses. The primary usefulness of these early HRAs was "attention-getting": where the probabilities of early or premature death due to unhealthy lifestyle practices were used as a motivational tool for health behavior change.

However, the mortality-based nature of these instruments probably weakened their utility when use was repeated over time simply because we don't want to be reminded too often about our own immortality. Also the early HRAs did not capture and feedback previous survey results leaving the user with a "snapshot" instead of a more potentially motivating "video" of their health. Another drawback of early instruments was their inherent limitation as a predictive tool for future individual health. These instruments predict the odds of premature death based on comparison population trends and patterns, but do not actually predict the individual's future health. Disagreements and different views on the technical use of epidemiological information also clouded their status as scientifically-based prediction tools for future health.

In spite of such shortcomings, these early tools have been widely utilized as adjuncts to preventive and wellness programs for several decades. Up until the mid 1990's data systems that were used to analyze survey responses and produce personal and group reports were cumbersome, unwieldy and frequently incompatible with other forms of health information. Not yet a commodity good, formats, output documents, quality and costs varied widely. As information processing technology has progressed, new applications of technology to the HRA process have become feasible. Digital imaging of survey instruments, relational data base technology, structured query language applications, advanced character recognition and technical convergence in scanners, processors, printers and fulfillment technology have now brought HRAs fully into the information age.

WHAT WE KNOW AND DON'T KNOW ABOUT HRAS

As we consider HRAs, it is important that we review what we think we know and don't know about HRA technology from a pragmatic point of view. **Figure 2** contains a summary of some of these main points.

Figure 2 What We Know and Don't Know About HRAs

What we know:	What we don't know:
When used alone the impact is minimal	What report formats are most effective
Used in combination with other interventions impact can be significant	How to tailor feedback for greatest effectiveness
Financial incentives for completion can have significant effect on completion rates	What incentives for completion are the most effective
Well-designed HRAs and personal reports can make a positive impression	How to determine personal priorities for behavior change based on HRA data
Poorly designed HRAs and personal reports can make a negative impression	How to make HRAs more interactive and motivational
Mortality and morbidity prediction techniques are still at a very rudimentary stage of development	What types of use settings create the most behavioral effect
HRAs are both a health intervention and a data collection process	What specific questions provide the greatest mortality and morbidity predictive ability
It is possible to reduce self-report error	How to fully minimize self-report error
It is possible to integrate Transtheoretical Model™ and self-efficacy elements into HRAs	What "sentinel features" are most effective in producing the most accurate HRA responses
Interpretation and personal counseling increase the effectiveness of HRAs	How to most effectively link the HRA to later follow-up interventions
The greater the personalization of the HRA personal report the greater the behavioral effectiveness	What dimensions of personalization are associated with maximum behavioral effectiveness of HRAs
HRAs, to be effective, must be appropriate to the characteristics of the population involved	What characteristics of the population involved are the most important to address
That survey length is inversely associated with completion rates under voluntary completion conditions	What response dynamics are associated with mandatory completion requirements
Reading level is an important variable in matching HRAs to specific populations	How to most effectively balance the risk reduction message with the optimal health message in HRAs
Personal mortality risk comparisons are not very positive insights to share repeatedly with individuals	Which personal health improvement choices are likely to be accepted and adopted by an individual

It is clear from **Figure 2** that we know quite a bit about certain dimensions of HRAs, while at the same time we lack knowledge about the details of how to maximize their utility and value in improving personal health and well-being with selected populations. In spite of these significant knowledge deficits, it's clear that we will need to exploit all the potential value we can from this important part of a sound health improvement process.

FUTURE OF HRAS

To meet the growing health needs of virtually all populations, we must build on the knowledge we have gained over the past four decades concerning the use of HRAs at the same time that we overcome today's challenges and constraints regarding their use. Most of us would agree that HRAs have considerable potential when used as a component of a comprehensive well-designed process of change. Perhaps as a part of our future vision and goals for wellness we should work to bring an annual HRA opportunity to every citizen of every community.

Here is our pragmatic prescription for getting more out of an HRA:

Increasing the level of personalization: We need to push for greater personalization generated from completed HRAs. Our ability to provide personalized information through HRAs is only limited by the personal details and insights the individual chooses to reveal during the process. Astronomical levels of advancement in processing speed and data retrieval/storage capability at minimal incremental cost have removed most of the traditional constraints to personalization of information. The more advanced HRAs are using 25 –50

personal characteristics in the customization of "text block" responses to information provided by the individual in their HRA. As we increase personalization it likely that we will be using hundreds of personal reference points to tailor the information provided through this process. We need to make every aspect of our programs more personalized and tailored to more effectively meet the needs of participants.

Expanding the scope and extent of follow-up interventions: Another major strategic direction for the development of more effective future HRAs includes the use of more varied and sequenced follow-up interventions. Specific responses on the HRA should trigger specific follow-up interventions. Some of these can be automated and some must be initiated by program staff. Follow-up interventions can include a broad range of options including: tailored e-mail messages, targeted stage-sensitive printed materials, audio, video, apps, self-directed change materials, telephone contacts from an interventionist, development of personal objectives, special focus follow-up health surveys, personal invitations to programming, provision of website addresses, support group options, targeted event promotional pieces and incentive propositions. We need to make follow-up more comprehensive, more personalized and more effective.

Lowering the unit costs: The average unit cost of the survey instruments, processing activities, reporting options, and follow-up interventions must be significantly reduced. Technology is one of the major avenues for bringing these costs down significantly. If we are to make an annual HRA a goal for everyone in every community, then these unit costs must be lower than current levels. As larger populations use the instruments and as we use technology infused processes to minimize fixed and variable costs, we can achieve much greater economies of scale and significantly lower unit and marginal costs. As costs come down, this type of programming will become more attractive to larger segments of society.

Improving privacy and trust: If individuals are concerned about the privacy and confidentiality of the information they provide through an HRA process, they will not continue to provide the information or utilize the advice that the process offers. If they are worried about whether their information will be used to: thwart a promotion at work, increase their risk of being laid off, eliminate a job opportunity, lead to any type of embarrassment or any other negative consequence, then they are not likely to complete an HRA or provide correct information. We have to guarantee the privacy and confidentiality of all information collected and developed through an HRA process.

Building population health management (PHM) infrastructures: HRAs data should inform program plans, create targeted personal interventions, and evaluate risk changes over time. In order to accomplish these desirable ends, PHM infrastructures will need to be established. This includes: HRAs that are designed for use in homogeneous groups, relational databases that can be used to perform all the major analytic activities, risk and/or issue selection processes, processes for assuring an appropriate mix of follow-up interventions, and the design and deployment of credible evaluation systems. HRAs are clearly the most indispensable component of a PHM system.

Figure 3 contains a limited description of what changes would strengthen the role of the HRA.

Figure 3 Comparison of Past and Future Health Risk Assessments

Past HRAs	Future HRAs
Always voluntary	Required for everyone
Sporadic completion	Consistent annual completion
Mortality-based	Morbidity-based
Clinical risk oriented	Broad medical and Quality of Life (QoL) oriented
Snapshot of health status	Includes feedback from past surveys
Small group database	Integrated into large population databases
Used alone	Used in combination with other interventions

Limited personal health history	Extensive personal health history
Limited family health history	Extensive family health history
Limited social and environmental risk focus	Extensive social and environmental risk history
No memory of previous data in processing	Considerable memory of previous data
No sequencing of messages for repeat users	Messages sequenced for repeat users
No follow-up actions	Many follow-up actions over time
Limited flexibility	Substantial flexibility
Narrow target population applicability	Broad target population applicability
Limited emphasis on optimal well-being	Significant emphasis on optimal well-being
No linkage to Primary Care Providers (PCPs)	Strong linkage to PCPs
Limited personalization	Extensive personalization

HOW TO CHOOSE AN HRA

Selecting the right HRA is a critical decision for every wellness program. Only organizations with approximately a million or more members that will be using the HRA can justify all the development costs associated with creating their own HRA. Therefore in selecting a commercial HRA there are many issues to consider. Here's what we recommend:

1. **Carefully clarify your program goals**: First, determine if your program is primarily intended to improve the quality of life of your target population or to produce economic savings or gains. As you clarify these goals it will help you select an HRA that is an appropriate fit for your needs.

2. **Decide what you want the HRA to do for you:** Prepare a list of objectives and their corresponding actions that you want the HRA to accomplish. Be as specific as you can so that these technical specifications will be relevant to your program goals and objectives associated with the HRA process.

3. **Determine if you want to process your own HRA:** Examine the programmatic and staffing implications of having your own processing capability versus having the processing done by an outside vendor. Look at issues of hardware, software, privacy concerns, time interval implications, updating, data management capability, ease of transporting, utility in the counseling process, etc.

4. **Do a preliminary review and select the best potential vendors:** Do a web search for HRA vendors and ask around for recommendations from peers. Then select the vendors that most closely fit your general needs and request samples of their HRAs, personal and group reports and marketing materials.

5. **Determine the technical specifications that are important to you:** Based on your responses to the steps identified above, determine what technical specifications you want to apply to all the HRAs you are considering. Figure 5 below contains a listing of possible technical specifications in the form of questions for the vendors.

6. **Apply them to each vendor candidate**: Apply your technical specifications to each of the vendors you are considering. Use of a grid or table is often helpful in organizing the information. Checking references and reviewing report options is usually performed during this step. Select the vendor of choice for a "best and final" quote.

7. **Develop a long-term partnership**: After you select the HRA vendor, plan on developing a long term working partnership. There are no vendors in the marketplace that do not make periodic mistakes with something as complicated as the development and delivery of HRAs over time. Plan on working long term to improve the relationship and quality of the HRA services delivered to your population.

8. **Follow-through appropriately**: For the areas where you need to follow-through, do so on time and with agreed-upon information or actions. Delivering a high quality and effective HRA to any population requires rigorous attention to detail and conscientious follow-through from both the sponsor and the vendor.

Here are some of the technical specifications recommended for HRAs.

Figure 4 Suggested Technical Specifications for HRAs

Technical Specification	Why it's Important
Do you provide a toll-free line for respondent questions?	It is particularly important to have a toll-free hotline for questions for individuals who are completing HRAs at home. If spouses receive an HRA, it is important that they have a number to call for questions. This is also important to reduce the number of surveys that require follow-up with respondents prior to processing because of incomplete responses or misunderstandings.
Can you process the HRA with or without biometrics or laboratory data?	As the advisability of mass screening for symptom-free or healthy adults continues to come under question, it is important that HRA sponsors have the option of not including biometric data on their population. This is even more critical with small, remote worksites where biometric screening is not feasible. It is also important to have the ability to triage for screening or identify which respondents need to have biometric testing performed, and then to use their personal report to urge them to have testing done on their own or through your program.
Does your HRA use stage of change assessment? If so, for what behaviors?	The Transtheoretical Model (TTM), developed by Prochaska et.al., often called the "stages of readiness to change model", is an extremely useful model for behavior change as part of a health management program. It allows a much more effective tailored intervention process and produces much more successful programs. (Prochaska, 1994)
Does your HRA connect processing and responses to earlier completed surveys?	Serial feedback is important because it gives the individual comparison points from previous surveys and it provides a sentinel effect leading to higher response accuracy.
Health behaviors?	These items are critical to the measurement of health risks and the identification of at-risk individuals as a prelude to proactive intervention.
Chronic conditions?	Same as above (Chronic disease risks)
Medications?	Same as above (Chronic disease risks)
Health status perceptions?	Same as above (Utilization prediction)
Social support?	Same as above (Special condition risks)
Safety?	Same as above (Special condition risks)
Preventive screening?	Same as above (Special condition risks)
Likelihood of health care use?	Same as above (Utilization prediction)
Days of sick leave?	Same as above (Economic savings projection)
Physician visits?	Same as above (Economic savings projection)
Hospital days?	Same as above (Economic savings projection)
Desired informational method?	Same as above (Intervention method)
Primary care physician's name?	Same as above (Transfer of survey results)
Family medical history?	Same as above (Chronic disease and screening risks)

Height and weight?	Same as above (Health risk identification)
Interest in additional information?	Same as above (Intervention method)
Interest in self-directed change materials?	Same as above (Intervention method)
Can you report on departmental sub-groups?	Same as above (Sub-group reporting)
Do you have the ability to use previous HRA data from other vendors?	Same as above (Continuity of data)
Does your HRA contain sentinel features to ensure honest and accurate self-report answers?	Sentinel features are essential for the reduction of self-report errors or bias. There are many possible sentient features that can be utilized.
Do you provide large print reports for seniors?	Large print is very helpful to seniors and is important in increasing compliance with recommendations.
Is a version of the information sent to the individual's primary care physician? Case manager?	It is also critical to establish a follow-up information link to the individual's primary care physician so that there can be a greater opportunity for support and cooperation with the physician involved in the individual's care.
Is written information sent automatically where appropriate?	When individuals indicate an interest in information about a particular behavior, written materials appropriate to the stage of readiness should be sent to the individual involved. With the inclusion of a release statement and the agreement of the individual, lists of individuals interested in smoking cessation, weight management, stress reduction, and additional selected areas should be available to internal wellness staff for program marketing and recruitment purposes.
Are other language versions available?	It is important that a variety of language versions be available including appropriate cultural sensitivities to selected health issues for various major language sub-groups.
A useful group report?	It is crucial to have an aggregate or group report from HRA data that serves a useful set of functions. These should include: average values for all questions, graphic display of information for planning purposes, prospective recommendations on program priorities, changes from previous survey cycles for cohort groups, likely prevention issues, and comparisons with national or normative data.
Does your HRA have an error report capability?	It is important to monitor the kind of data errors or incomplete items over time. This is a critical process to assure accuracy and refine the design of survey instruments.
A high degree of personalization?	It is extremely important that personal reports be as individualized as possible. The degree of individualization and custom text blocks will determine much of the persuasiveness of the instrument in motivating or reinforcing desired health behaviors. The way in which customization potential can be measured is to examine the percent of responses contained in an HRA that produce changes in the personal report generated by the HRA.
Many potential at-risk categories?	It is critical that the HRA used can provide both a present and future basis for identification of individuals whose responses indicate that they are "at-risk" for some health issue and would potentially benefit from intervention.
Can your HRA be completed offline?	The ability to administer the HRA in other methods than the online form is important in some employee populations. The HRA should be available via telephone, paper and online for large and diverse employee populations.

Is the HRA data able to be accessed or used by interventionists?	If the HRA data is to have full usefulness, it needs to be part of a system that provides on-line access by interventionists that may be working with the individual. HRA data has limited usefulness unless it is used in follow-up interventions.
Can the HRA be customized into an enrollment form?	It is important to link the collection of information about health management from each individual to an organized population health management approach. The use of HRAs as part of annual enrollment or re-enrollment processes for health plans is an important strategy for reaching as high a percentage of the population involved as possible.
Does your HRA integrate data from serial surveys?	It is also important that each HRA processed be linked to "short form" surveys that can be used to capture more selected data from the individual. This allows integration with disease and case management programs.
Does your HRA integrate with incentive programs?	Due to the importance of incentives in assuring high levels of participation, it is important that HRAs link with incentive programs.
What are the various costs of your HRA?	The cost components usually include: survey document charge, processing charge, special report charges, charges for lack of eligibility file, color variations on reports, postage, special charges, etc.

NEWER DEVELOPMENTS

We see the following trends in the HRA space:

Increased interactivity: HRAs often provide alternative scenarios of risk assessment as a response to specific potential behavior changes and may be a useful adjunct to today's instruments. It is not clear how valuable this attribute is in behavior change programming.

Tailored metaphors and examples: This development involves using response information to select among several different types of metaphors that can be used in personal reports. For example, the use of sports metaphors, leadership metaphors, feeling metaphors or automotive metaphors can be based on the respondent's personal characteristics and interests. These metaphors would likely have a greater level of effectiveness if accurately selected and carefully used.

Sequenced follow-up interventions: This development involves the automation of follow-up mailings, e-mails, text messages and telephonic coaching contacts that are triggered by responses in the HRA. These are personalized and would occur over a fixed period of time such as a year.

Link to personal goals and incentives: Another development is the ability to use HRA information to provide a direct link to the development of personal goals and as a second order action, to link the achievement of these personal goals to identified incentives using online commitment devices.

Smart survey technology using Artificial Intelligence (AI): This development involves the modification of each subsequent HRA based on the individual's responses on the previous HRA. For example, if an individual indicates a personal history of diabetes as a chronic condition on the first HRA, the second HRA would contain a series of questions on how well they are managing their diabetic condition and follow-up questions would change on each successive HRA. AI is used to help determine and lead to the appropriate downstream question and text block response patterns.

Integrated data management: The integration of HRA data with medical claims, injury data and occupational risk is another newer development. HRA data, integrated with a variety of other types of data and the applications and system requirements can then be mined using techniques developed in "Big Data" applications. The implementation of the requirement for a unique health identifier for every U.S. citizen under the federal ACA may greatly expedite this development.

IT'S ALL ABOUT THE DATA

Information concerning personal health has tremendous importance at the individual level, the organizational level, the community level and the national and international levels. What if you had a core data set of health-related information provided through the use of an HRA for 100% of the individuals in a work force, insurance pool or community – every year? Think how that data could help public health, health planning, epidemiology, health behavioral research, intervention planning and delivery, program targeting, priority-setting, health product marketing, pharmaceutical research, program evaluation, health management, health cost management, preventive medicine research and public education. **Figure 5** below provides some examples of the specific benefits associated with this kind of information.

Figure 5 Potential Benefits of 100% Sample HRA Data

- ✓ Monitor health of the population involved
- ✓ Set funding priorities for prevention programs
- ✓ Track changing disease and condition incidence and prevalence
- ✓ Assess prevention program effectiveness
- ✓ Project health care utilization and costs
- ✓ Target preventive interventions
- ✓ Guide health resource allocation decisions
- ✓ Create cultural change
- ✓ Move individuals through the stages of change
- ✓ Educate about prevention
- ✓ Provide opportunity to enhance HRA technology
- ✓ Improve morbidity and mortality patterns
- ✓ Target pharmaceutical marketing efforts
- ✓ Increase the prevention content of medical practice
- ✓ Legitimize prevention as a social value
- ✓ Help reduce the future problem of rising health costs

In addition to the value of the data, simply administering an HRA and providing a personal report constitutes a health improvement intervention in its own right, particularly when repeated at regular intervals. Given that the costs of HRAs decrease when usage scales to your full population, the value of their potential health, productivity and cost effects greatly outweigh their cost. If we can build momentum for population-scale HRAs, while experimenting with programs that reach entire populations, we are likely to achieve unmatched levels of health improvement and health cost reduction. The data such an approach would produce, could truly be a key to the long term sustainability of wellness itself.

CONCLUSION

HRAs are clearly important to wellness. How can you help improve individual health without the kind of information you find in today's HRA? Where else can you find this kind of information? The answer is: nowhere.

You just can't effectively focus scarce wellness and prevention resources if you don't have this type of information on everyone in a given population. Prevention cannot be taken seriously until we are able to efficiently target our resources on those who are ready to change and whose change will bring health status improvement and/or economic benefit. HRAs can be improved significantly and can become even more powerful tools for individual and population health.

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ARTICLE #4: PLANNING YOUR WELLNESS PROGRAM

SETTING THE STAGE

Worksite Wellness programs that drive results are by nature complicated and require thoughtful planning and design. Organizations are undergoing significant changes—outsourcing, international competition, an aging workforce, and ever-evolving technology. At the same time, we see growing pressures on Worksite Wellness programs to increase their effectiveness in reducing the prevalence of health risks, minimize health costs, and increase their ability to enhance employee productivity.

Wellness program planning often doesn't get much focused investment. Executives tend not to have a clear vision of what planning or indeed achieving an effective wellness effort looks like. Existing programs tend not to get the planning investment they need to go to the next level, and new programs often require a greater planning investment than they receive.

We continue to be convinced that effective wellness programming that drives real, measurable results don't just magically happen. They require a planning investment to ensure that all the pieces reinforce each other, presenting employees with compelling reasons to change their behavior.

There are many good ways to plan worksite wellness programs. Each approach has its strengths and weaknesses. Within the WellCert Program we have a basic 6 step planning method which covers the broad strokes and breaks the program planning process down by major programmatic component (eg. infrastructure, communications, testing activity, group activities, supportive environment, etc.). In this article we provide you with another planning approach designed to help take a design team through a detailed process using a more generic functional planning approach (eg. needs, goals, interventions, impact, evaluation measures, etc.). The 6 step method offers an abbreviated framework specifically adapted to wellness programming, while the more general planning process helps larger organizations that usually employ a more generic planning framework. Either planning approach will get you there so use the one that makes the most sense for your situation.

WHY PLAN?

There are several reasons conducting a formal program planning process for every worksite wellness program is necessary each year. These reasons are highlighted below:

1. There is more at stake now for the wellness field and more pressure for effective programming: The ACA has not solved the health cost inflation problem, nor is it likely to do so. In addition, there is also a growing pressure to increase worker productivity. The rising demand for program effectiveness and impact require a more thorough and focused annual program planning process.

2. There is limited general cultural support for wellness, making the role of worksite programs more critical: The trends toward obesity, and sedentary lifestyles continue to undermine the cultural support for wellness activities. This absence of support requires that worksite-based wellness programs be well-designed and effectively implemented. This cultural factor has the effect of making the pursuit of wellness by the average employee and their family members an uphill battle

3. Employees expect more tailored and comprehensive programs than ever: As the racial, ethnic, gender, religious, language, and work patterns of our work force become more heterogeneous, it requires that our program designs address these differences. This increasing diversity requires program designs that provide more personalization and tailoring, and therefore, necessitates a better organized and conducted program planning process.

4. There is increasing pressure for integrated programming that requires better program planning processes. As our understanding of the power of integrated interventions increases, we need to build more integrated linkages that; refer to, coordinate with, and use information more effectively among the wellness interventions (Level I integration), among and between other internal organizational activities (Level II integration), and with external organizations and services (Level III integration). This integrated programming approach needs a more intentional and careful program planning process.

5. The wellness banner covers an ever-increasing range of employee issues: The rise of wellbeing, work-life balance and other issues in addition to the traditional scope of wellness has increased what leaders expect from wellness programs. Achieving an increasing range of goals requires a more methodical planning process to include new elements such as behavioral economics, ergonomics, worklife balance, financial wellness, occupational health, disease management, and wellness coaching.

In addition, to these reasons there is also the general organizational demand for accountability in justifying the use of financial resources for wellness programming that requires a more comprehensive program planning process.

WHO SHOULD PLAN?

Getting the right team involved in planning is critical, and often depends on whether the program is new or not. In general, the larger the number of employees/beneficiaries served by the program, the more people should be involved in the program planning process. As the target population size increases specialization among the various organizational roles grows—requiring more individuals to be involved in the process. In both new and existing program scenarios, the wellness program manager needs to guide and oversee the planning process, and insure the right balance of stakeholders make high-quality contributions to the process.

For a New Program:

A new wellness program for a large organization of 1,000 or more employees requires significant planning overhead. The planning process can be entirely internally driven or can utilize an outside consultant or consulting services.

In general, we recommend including a broad set of stakeholders in the planning process for a new program. While formal involvement from these key stakeholders is needed, it is important to create a planning process that doesn't depend on having all the relevant stakeholders at every planning meeting. You should identify core planning team members, and then include secondary stakeholders at discrete points in the planning process where their input and buy-in will be most valuable.

Table 1 identifies the types of roles that should be included in the planning process for a new worksite wellness program. If a "manager" role is not identified explicitly, a departmental representative can be included in the planning process. Again, these are "ideal" recommendations for planning for the medium-to-large size employer organization.

Table 1 Recommended Participants for Planning New Programs

Health Facilities	Universities	Governmental Agencies	All Others
Chief HR Officer (CHRO)	CHRO	CHRO	CHRO
Benefits Manager	Benefits Manager	Benefits Manager	Benefits Manager
Labor Relations	Labor Relations	Labor Relations	Labor Relations
Employee Relations	Employee Relations	Employee Relations	Employee Relations
EAP Manager	EAP Manager	EAP Manager	EAP Manager
Food Service Manager	Food Service Manager	Food Service Manager	Food Service Manager
Facilities Manager	Facilities Manager	Facilities Manager	Facilities Manager
Staff Development	Staff Development	Staff Development	Staff Development
Communications	Communications	Communications	Communications
Training	Training	Training	Training
Information Services	Information Services	Information Services	Information Services
Financial Management	Financial Management	Financial Management	Financial Management
General Counsel	General Counsel	General Counsel	General Counsel
Workers Comp	Workers Comp	Workers Comp	Workers Comp
Disability Management	Disability Management	Disability Management	Disability Management
WorkLife Programs	WorkLife Programs	WorkLife Programs	WorkLife Programs
Safety & Security	Safety & Security	Safety & Security	Safety & Security
Wellness Staff	Wellness Staff	Wellness Staff	Wellness Staff
Purchasing	Procurement	Procurement	Purchasing
Employee Health	Student Health	Occupational Health	Medical Director
Managed Care Plan	Recreational Sports	Fitness Facility/Vendor	Employee Recreation
Marketing	Administrative Service	Health Unit Head	Organizational Dev
Community Wellness	Faculty/Staff Affairs		
Business Health	Alumni Affairs		
Strategic Planning	Strategic Planning		
Educational Programs	Medical Center		
Integrative Medicine	Integrative Medicine		
Research	Research & Grants		

Included here are both the generic roles that are helpful to the planning process, as well as the more unique roles associated with health care providers, institutions of higher learning and governmental organizations.

For Existing Programs:

For worksite wellness programs that are already in existence, the annual programming process can be much more abbreviated. The recommended individuals that should be involved in the annual program planning process for existing wellness programs in work organizations are identified in **Table 2** as follows:

Table 2 Recommended Planning Process Participants for Existing Programs

Health Facilities	Universities	Governmental Agencies	All Others
CHRO* or HR Rep	CHRO or HR Rep	CHRO or HR Rep	CHRO or HR Rep
Benefits Manager	Benefits Manager	Benefits Manager	Benefits Manager
EAP Manager	EAP Manager	EAP Manager	EAP Manager
Food Service Manager	Food Service Manager	Food Service Manager	Food Service Manager
Facilities Manager	Facilities Manager	Facilities Manager	Facilities Manager
Communications	Communications	Communications	Communications

Health Facilities	Universities	Governmental Agencies	All Others
Safety & Security	Safety & Security	Safety & Security	Safety & Security
Wellness Staff	Wellness Staff	Wellness Staff	Wellness Staff
Employee Health	Student Health	Occupational Health	Medical Director
Managed Care Plan	Recreational Sports	Fitness Facility/Vendor	Employee Recreation
Community Wellness	Faculty/Staff Affairs		
Business Health Staff			

Usually this annual program planning process is conducted in benefits calendar month 8, 9 or 10 of each year. This timing is often required by the internal budget process and the inclusion of internal approvals and sign-offs.

WHAT MODEL FOR PLANNING NEW PROGRAMS MAKES THE MOST SENSE?

Best practices research on wellness programs frequently cites several critical success factors in their findings, often including a formal planning process. While there are many good ways to organize your planning process, **Figure 1** below shows details the Wellness Program Development Cycle—a model that we have used successfully in many organizations.

Figure 1 Wellness Program Development Cycle for New Programs

In this planning model a new program would require the first three steps; obtain mandate for wellness initiative, compose wellness team, and conduct research and discovery. These three steps are usually unique to the new program planning process. Each of these steps will be described in turn, while the rest of the planning model will be described in the next section.

Obtain Mandate for Wellness Initiative

For any wellness program to be successful, it needs to have organizational resources and support. Resources come in the form of not only money and equipment, but visibility within the organization and policies that reinforce the message of health. The extent to which senior management and mid-level managers support the program will probably be the single most important variable in determining whether the program will ultimately succeed.

The suggested steps for obtaining the mandate to plan a new worksite wellness program or wellness initiative are:

1. Find a champion: The first step is to find a champion within the ranks of the organization's senior leadership team. Ideally this would be the Chief Executive Officer (CEO), but frequently it is the Chief Human Resource Officer (CHRO). As the champion for the wellness programs, the executive has three primary roles: to deliver the message to the organization of the importance and value of these programs to the business, to encourage policies and organizational practices that support healthy lifestyles, and to provide access to financial resources. The direct participation of members of senior management validates the importance of the program to all employees.

2. Understand the organization's priorities: The wellness program initiative needs to connect to the strategic priorities of the organization. By making this connection, the program can be shown to link to the organization's desired business outcomes. For example, if the organization's vision is to be an "employer of choice", it takes healthy, productive, and satisfied employees to accomplish this, and the organization considers healthy employees as significantly contributing to this goal.

3. Identify and capitalize on relevant organizational values: The organization's values may be found in the vision and mission statements. But also look at the history, policies, community interactions, and culture. The values will help understand where the wellness program will fit in and the type of messages the organization sends about its values.

4. Identify the benefits the program will provide: Gaining support from senior management will involve enlightening them about the value and benefits of the wellness program. The wellness program needs to be placed in the context of helping the organization meet its objectives. Defining the value and benefits can help make this link. **Table 3** contains a list of the primary value and benefit statements that may be applicable to a wellness program in your organization. From this list, identify those that you believe to be very important to the organization's leaders.

5. Understand the leadership style: Getting to know your senior leadership team will help when preparing a request for a mandate for planning a wellness program, and in seeking and maintaining their sustained support. Understand them as individuals and how their personal lifestyle habits impact their own lives. Understand their leadership style—do they manage by committee and consensus, or by directive. Understand the pressures and stress in their position—how do they manage personal stress? Understand how they like to receive information to make decisions—do they prefer presentations with plenty of detail or summaries with key concepts highlighted.

In the ideal world, your program may get all the resources requested and have the support of senior management, but rarely do we get everything we ask for. When no champion emerges or there is a lack of visibility with senior management, you will need to polish your political skills. "Wellness professionals must be able to carry out their choices by persuasion through the maze of personalities and organizational relationships that exists in their

institutions." You will need to establish and nurture relationships at all levels within the organization. Be persistent in your approach. Provide new information to senior managers on a periodic basis that will reinforce the message of wellness and wellness.

When a program is new and unproven, you may have limited or few resources. You will need to leverage all available resources and be creative. Look for as many free resources as possible, such as those provided from the Center for Disease Control (CDC) or other government agencies. Get free program materials from the American Heart Association or American Cancer Society. Find out what services and programs are available in your community.

Table 3 Major Organizational Values and Benefits Associated with Worksite Wellness Programming

Value or Benefit Statement	Supporting Documentation
Cost savings from decreased health care utilization and health benefit plan cost	A moderate number of articles on the evaluation of worksite wellness programs and their impact on health care costs, the medical care research literature and the managed care research literature, which also contain a variety of references; another major set of references are the actuarial studies that have been done on the relationship of health risks to health costs.
Cost savings from reduced sick leave absenteeism	A large number of worksite wellness studies that address sick leave absenteeism effects, survey data from National Institutes of Occupational Health & Safety (NIOSH) and from trade and industry associations.
Cost savings via: Fewer on-the-job accidents	Worksite wellness evaluation literature, risk management literature, safety literature, NIOSH publications, publications of the Bureau of Labor Statistics.
Cost savings from reduced short- and long-term disability claims	Articles on worksite wellness studies and their impact on disability days, benefits and business surveys, risk management literature.
Increased worker productivity	Business and industrial management studies, selected studies from the worksite wellness literature, local or trade data using collective productivity indicators.
Improvements in worker morale	Studies using survey instruments that measure employee morale, industry or trade association data, human resource annual surveys with carefully selected questions.

Build the Wellness Team

The Wellness Council of America's Seven Benchmarks of Success identify creating a cohesive wellness team as the second key step in building a well workplace. The wellness team will represent the organizational stakeholders and have formal responsibility for promoting, guiding, and supporting the wellness program. This team may evolve from a "design" team to an "advisory" team once the wellness initiative is approved.

1. Team composition is important: The wellness team should represent the various stakeholders in the organization. **Table 1** above contains the various types of generic and unique roles that are useful in a program planning process. The ideal team size will vary depending on the organization's size and complexity, but will generally consist of 10-18 people. Often a smaller core group will meet more frequently to accelerate the planning process, but providing a means of including a larger group of stakeholders will be critical to receiving strong cross-organizational support.

2. Team recruiting needs to be organized and intentional: Approaches to organizing the team are to recruit volunteers, or for the team to be nominated and appointed by senior management. Eager volunteers should not be discouraged and a place should be found for their participation somewhere within the program. A volunteer-led

program may lose focus or may be a 'spare time' activity when organizational priorities change. Appointment of the team members by Senior Management provides reinforcement of the strategic importance of the program and places this as a responsibility for these individuals as part of their role in the organization. Three year terms of office with staggered replacements is often a desirable approach.

3. The quality of team leadership is crucial: Strong leadership for the team will result in an effective and well-functioning team. The team leader, or wellness coordinator, should be in a position of authority and have a clear understanding of both the organization's strategy and the vision for the wellness program. The leader should represent the values of a healthy lifestyle and be a role model for others in the organization. Skills that the leaders should possess include: vision and energy; strong people, communication, and management skills; and he/she should be politically savvy. As the process leader, the team leader should be able to:

- Keep the team on schedule;
- Establish the process and protocols by which the team will function;
- Establish a realistic understanding of the resource requirements and availability; and
- Hold team members accountable for fulfilling the work of the team.

In smaller organizations, establishing a large wellness team may not be practical, from a sheer resource perspective. It is more likely that these responsibilities will be a small portion of one person's job. Getting and maintaining commitment from team members may be a challenge, especially if they are volunteers. The wellness team needs to have a clear agenda and stay focused on their purpose. When starting the program, the goal is to get the program planned and launched. Once the program is operational, the role will focus more on promoting and supporting the program.

Research and Discovery

The research and discovery steps are focused on gathering as much information as possible about the population to be served and what other organizations are doing to address wellness. In determining what type of data to collect, look first at the type of programs you anticipate offering. A new wellness programs may utilize a Feel Good, or Quality of Work Life (QWL) program model that focuses on improving the morale of employees and increasing awareness of healthy lifestyles, but where no economic return is anticipated. For this type of program, general interest surveys may be sufficient to provide information on the type of programming that is of interest to the target population. If your program goal is to offer a Results-Driven program model, which relies heavily on economic justification and returns, you will need a more comprehensive plan for data collection and research.

1. Where you start your discovery process is important: Start your discovery process with human resources staff and gather population demographics (gender, length of service, age, language spoken, etc.), and turnover trends. **Table 4** includes a detailed list of typical data sources for program planning. Work closely with the Benefits team to understand the types of benefit programs offered.

2. Visit other employer wellness programs: Supplement the population data you have collected with general discovery information by visiting other "benchmark" employers to find out what they are doing with their wellness efforts. Ask about issues such as employee reactions to the program, program activities that were successful, communication strategies, program branding and employee involvement strategies.

3. Attend regional or national conferences for focused research and discovery: There are many national, regional and state level worksite wellness conferences offered each year. Contact you state health department or local wellness service providers for more information. These conferences will often showcase what others are doing as well as provide evidence of wellness program results, best practices, and industry trends. Some of these conference and information sources are identified in **Table 5**.

A challenge, with new programs in particular, is that there is often limited data on the population that will be served by the wellness program. Instead, you may need to use general population data such as published research from the Health Enhancement Research Organization (HERO) [www.the-hero.org] or the Center for Disease Control (CDC) [www.cdc.gov] that shows general population health trends, such as the prevalence of major diseases and health risk factors.

Best practices research will often show the types of programming that are effective for general working populations. Utilize sources such as the Health Project Koop Awards or WELCOA's Well Workplace Award Winners to see case studies on populations of various sizes and types.

Table 4 Typical Data Sources for Program Planning

Type of Data	Source
Population demographics	Human Resources
Sick leave/absenteeism	Human Resources/Benefits
Disability claims	Human Resources/Benefits
Worker's compensation claims	Human Resources/Benefits
Employee turnover	Human Resources/Benefits
Health benefit plan costs	Human Resources/Benefits
Family Medical Leave Act (FMLA) data	Human Resources/Benefits
Health Culture Audit	Employee Wellness Program
Interest and needs survey	Employee Wellness Program
Health Risk Assessment (HRA)	Employee Wellness Program
Wellness programming	Employee Wellness Program
Focus group	Employee Wellness Program
Health care claims including trends	Health Insurance Provider
Prescription data	Pharmacy Benefit Manager
Facilities review	Facilities Management

Table 5 Information, Training and Conference Resources for Worksite Wellness

Type of Data/Resources	Source
Data from scientific literature	Medline (www.ncbi.nlm.nih.gov)
Government health data such as National Center for Health Statistics	Center for Disease Control and Prevention http://www.cdc.gov/nchs
State Health Status and Health Coverage Trends	Kaiser Family Foundation State Health Facts www.statehealthfacts.org
Worksite Wellness Best Practices	Partnership for Prevention www.prevent.org WELCOA. www.welcoa.org C.E. Koop awards (Project Health) www.healthproject.stanford.edu
Worksite Wellness Conferences	National Wellness Institute www.nationalwellness.org American Journal of Health Promotion Annual Conference www.healthpromotionjournal.com Local or State Wellness Councils
Worksite Wellness Certification	Chapman Institute www.chapmanInstitute.com

WHAT MODEL FOR PLANNING EXISTING PROGRAMS MAKES THE MOST SENSE?

The Wellness Program Development Cycle minus steps for new programs is shown in **Figure 2** . This activity is usually completed in the second half of the planning year, and is often influenced by internal budget or approval processes.

Figure 2 Wellness Program Development Cycle for Existing Programs

Existing programs have the benefit of data and experience to drive their planning activities. For existing programs, the planning process starts with the Research & Discovery/Evaluation step, as shown in **Figure 2**. Based on the information about the population and the previous programs results, the needs will be confirmed and examined for changes, which in turn, serve as the foundation for confirming or modifying the program's goals. Intervention selection is based on the identified needs and defined goals. Past program results and outcomes will help in the development of an estimate of the anticipated effect and outcome measures. It is very important to capture these measures accurately, as they are the basis for future program evaluation. Once these steps are completed, the next step is to make a revision of the program proposal for the following year. Consider keeping the proposal in a draft format until it is formally approved by all key stakeholders. Upon approval of the draft program plan, the modified interventions will then be implemented. A more detailed description of each of these steps is as follows.

Research and Discovery

As previously discussed, the activity of the research and discovery steps is gathering as much meaningful data about how the target population has been affected by the program and what newer developments in the wellness field may need to be addressed within the program. If the program has previously been through a formal planning process, evaluation criteria have most likely been defined. When collecting data and doing research, it is essential to give thought to what data you will need and for what purpose.

When collecting data, consideration needs to be given to your program goals. For example, if a goal is to increase program participation in the coming year, you will need to understand who participated in what programs in the prior year (employee names, program activity, count of participation in one or more activities) and the number of employees in the workforce for the year.

Evaluation

One of the main purposes of the evaluation step is to "derive valid and reliable conclusions about the cause and effect relationship associated with a series of activities, actions or relationships". The evaluation objectives should be clearly defined in conjunction with gathering data. To respond to the issues most frequently addressed by senior executives, include the following evaluation objectives:

- Level of participation in the program,
- Participants response to each specific wellness program component,
- Behavior patterns of participants at beginning and end of the program, and again one year later,
- Behavior patterns and changes in health risk prevalence of all employees, at periodic intervals,
- Wellness program's effect on key organizational gains, such as health benefit claims costs, at periodic intervals.

The outcome of the evaluation should be an Evaluation Report. The report becomes a key input document for later stages of the planning process and may also be used to provide feedback to employees and senior management. The evaluation report should address the objectives addressed above and the following evaluation questions in **Table 6**.

Table 6 Potential Evaluation Questions

Module	Questions Addressed
Participation	How many people took part in the program? What percent of the eligible population were served by the program? How many people participated in each program activity?
Participant Feedback	How did program users feel about the program? Were participants satisfied with the program? Do participants have suggestions about how to improve the program?
Survey Results	What changes in health risks, behaviors, readiness, self-efficacy, health status measures and other issues have resulted from the program? What changes in HRA cohort data has resulted? What changes in risk status and risk migration has occurred? What additional changes have come from an annual evaluation survey?
Testing and Screening Results	How many participants are at-risk before the program was implemented? How many participants are still at-risk after participating in the program? How much change in health status has occurred from participation in the program?
Program Follow-up	How many people participated in the behavior change programs? How many people completed the behavioral change programs? How many people who participated changed their behavior initially? At six months? At twelve months?
Program Objectives	Did the program accomplish its stated objectives? How much did the program cost? Is the program efficient in producing its effects?
Key Organizational Gains	Has the participating population experienced lower health plan costs, sick leave costs, workers' compensation cost, disability management, or presenteeism loses than expected? What non-monetary, but valuable gains has the program produced? Is there a total amount of economic savings associated with the program?
Program Cost/Benefit Ratios and ROI	What's the program's ROI? What are the net savings generated by the program?

	If the program's cost is divided into the total amount of economic savings from the program, what is the cost/benefit ratio?

While we are discussing evaluation here in the context of the planning process, consider a quarterly or semi-annual evaluation process that monitors programs on an ongoing basis. While performing the evaluation, be thinking about the evaluation objectives for the coming year and how this will be built into your plan. Each intervention will have a defined effect and outcome measure. When performing the evaluation, keep a list of missing data elements, so you can build this into the future plan.

Identify Needs

The results of the Discovery & Research and Evaluation steps will usually provide the information needed to understand the changing needs of your population. The goal of the needs identification step is to identify the major needs the wellness program will be addressing in the year ahead. The needs can be categorized into the following areas: health risk, injury risk, chronic illness, disabilities, absenteeism, direct medical care costs, and presenteeism.

The needs should be expressed in a series of statements describing the main parameters of the need, such as the sample statements shown below.

Sample of Organizational Wellness Needs

- A projected pattern of significant health risk factors is evident in the overall population.
- Population demonstrates a tendency to hold a fairly strong entitlement perspective about health care benefits.
- Population tends to view health as the absence of illness rather than as a positive level of well-being or capability.
- Population demonstrates a lack of understanding of the relationship between health risk and health costs.
- Current limited set of health promotion activities are under-utilized and as a consequence are significantly under-achieving.
- Employees are very entitled when it comes to health plan benefits.
- Spouses are not engaged in wellness programs.
- Increasing health care costs may hinder full accomplishment of the strategic vision of the organization.

Formulate Goals

Now that you have a clearer idea of the needs for the wellness program, the next step is to formulate the goals and objectives for the program. Goals are high-level statements that provide the overall context for what the wellness program is trying to accomplish. Goals need to be "realistic enough to attain and yet demanding enough to bring about a clear improvement in the problem area", objectives are more concrete and measurable statements describing what the program is trying to achieve. The objective should be written at a more detailed level, so that it can be evaluated at the conclusion of a project to see whether it was achieved or not. **Table 7** contains some sample program goals and objectives.

The following criteria should be used when setting program objectives: compatible with the values articulated by the stakeholders, quantifiable, measurable, sufficient time for accomplishment, and realistically achievable.

Table 7 Sample Wellness Program Goals and Objectives

Goal	Objectives
Develop wellness program infrastructure to support a culture of healthy lifestyles	Form a Wellness Committee with clearly defined membership, goals and outcomes by May 2014 Hire a Wellness Director with experience in planning, developing and managing employee wellness programs, by June 2014. Conduct an environmental audit by August 2008.
Reduce health related costs, specifically: sick leave, worker's compensation, short-term disability, long-term disability and presenteeism.	To achieve a 10% reduction in self-reported sick leave by December 2014. To achieve a 5% reduction in worker's compensation claims by December 2014. To achieve a 10% reduction in short-term disability due to injuries by December 2014.
Achieve a ROI for the wellness initiative that balances program costs versus benefits	To complete a formal evaluation of the first year of the program (2007) by March 1, 2014 To issue an evaluation report by April 30, 2014
Make significant progress in integrating employee benefits, policies, programs and services.	To integrate an HRA into the 2014 open enrollment process for health benefit covered associates and spouses and as a requirement for participation in the wellness program for all others by January 1, 2015. To have 100% of health benefit eligible associates and benefit covered spouses complete an HRA by January 1, 2015. To have 50% of associates attend a program roll-out workshop/webinar by September 30, 2014. To have another 25% of associates complete the web-based version of the program roll-out workshop by December 21, 2014.
To create a smoke-free work environment	To reduce the number of employees that use tobacco products from 20% to 12% by July 2014. To achieve a 10% reduction in the amount spent on medical claims related to tobacco use and related diseases by January 1, 2016. Implement a no-smoking policy by July 1, 2014. Offer free smoking cessation program to smokers in May, 2014. Offer free smoking cessation aids such as patches and medications to participants of smoking cessation classes in May, 2014.
To maximize participation in wellness programs.	Implement an annual HRA that is tied to an incentive with the goal of achieving a minimum of a 75% participation rate by January 1, 2015. Integrate HRA into new hire orientation by January 1, 2015. Offer HRA as a pre-requisite to open enrollment registration for employee benefits by November 15, 2015.

Select Interventions

Now that the goals and objectives have been formulated, the next step is to select the individual interventions that will achieve these goals and objectives. While the interventions may seem obvious after defining the goals and objectives, there are a number of factors to consider.

One consideration in selecting interventions is how the programs will balance across the dimensions of types of programs; goals should have multi-dimensional interventions to support them. For example, if the goal is to create a smoke-free work environment, the organization's policies need to support the interventions of smoking

cessation behavior change programs and the availability of smoking cessation aids. **Table 8** shows some selected dimensions for interventions.

Table 8 Selected Types of Interventions

Awareness	Behavior Change	Environmental Support	Biometrics
Nutrition Substance Abuse and Use -Active Living Self-Care Personal Finance Stress Management Health Risk Assessment	Weight Management Fitness Facilities/ Membership Substance Abuse Smoking Cessation Coaching Medical self-care	Smoking policies Workstation ergonomics Job safety and injury prevention Emergency response programs Vending machines, Catering and Cafeteria	Biometric Screening Smoking Cessation Aids Disease Management Immunizations Disability Case Management

The delivery of interventions should consider the variety of ways that people learn – visual, auditory, or kinesthetic. A variety of media forms should be considered for both promotion and delivery of interventions–print (newsletters, posters), computer-based (emails, portals), in-person (events, lunch-and-learns), and telephonic (coaching).

When planning and delivering behavior change interventions that teach new skills, provide opportunities where those skills can be practiced. For example, if an active living program for a sedentary population encourages increasing physical activity by identifying new ways to add activities, the worksite can support this by ensuring that stairwells are accessible and well lit.

As we've discussed, when planning interventions, consideration needs to be given to a variety of factors. Each priority population will have certain characteristics that impact the selection and implementation of interventions. The more that is known about the population, the better their potential needs can be described. Health risk profile and risk segmentation data can be obtained from a variety of data sources such as HRA, health claims, worker's compensation claims, etc. Segmentation information is valuable for both planning and marketing perspectives. **Table 9** identifies specific planning implications for selected population segments.

Table 9 Planning Implications for Selected Population Segments

Segment Characteristics	Planning Implications
Age and Gender distribution	Age and gender distribution will impact planning and need to be considered relative to risks as well as interests. For example, for a primary population of middle age women, interventions such as screenings (pap, mammography, diabetes) as well as educational programs focused on menopause would be appropriate considerations. If retirees are eligible for the program, their age demographics and risk factors may have an impact on program offerings. They may also desire a connection to the workplace. Wellness program may provide the social support connection they are seeking. Attention should be paid to gender-based differences in attitudes and perceptions about health behaviors. For example, a highly choreographed exercise class might have stronger appeal to women, than men. Challenge programs may be more appealing to men who generally like competitive

Segment Characteristics	Planning Implications
	programs, whereas women might prefer programs that offer supportive situations. Considerations should be given to several program tracks throughout the year that address both major age and gender groups.
Marital status	Marital/domestic partner status is a consideration since program participation may increase if spouses/partners are eligible. Spouses/partners can have significant impact on health care claims costs. A key skill of behavior change is seeking and gaining social support . Support from family members may be an important success factor in behavior change programs such as smoking cessation, healthy eating, diabetes management or increasing physical activity.
Family Status	Family status may impact programming offerings and scheduling. In many settings, women are often more likely to assume child care responsibilities, thus impacting scheduling. This may influence time, location, and availability of child care during program offerings.
Number of worksites and size of each	The number of worksites and number of employees at each site will impact considerations such as staffing, types of programs and facilities. Consideration should be paid to subsidiaries, regional centers, remote or small locations, home-based workers, or functional groups. Companies with large populations at many sites might addresses staffing by designating an individual at each location to have wellness coordination responsibilities. This might be part of an existing HR or Benefits position or, depending on the size of the location, a separate position. An organization with many small, geographically distributed locations or a population of home-based workers may have to consider technology-based programs and solutions rather than site-based solutions.
Education level	Education level may influence learning styles, reading levels and receptivity to programs. For example, less educated workers might prefer in-person presentations and videos to written materials. Reading levels should be considered when developing written materials if there are significant populations with lesser amounts of education. When implementing internet-based or computer-based programs, consideration should be given to the level of computer skills and connectivity of the target population.
Income level	Income levels will influence whether individuals hold second jobs, can afford activity co-payments, or can afford walking shoes.
Access to computers	Depending on the type of workforce (knowledge workers versus field or production workers), not all program participants may have access to a computer. If your program offerings include internet-based programs, information or tools, provide consideration or alternatives for this segment of the population. An approach might be to provide access to public computers at worksites.

Determine Anticipated Effect and Outcome Measures

In our previous discussion of evaluation, we identified the importance of evaluation in the overall wellness program development cycle. In the planning process, it is essential to develop an evaluation plan for ongoing assessment and data collection activities. A well thought-out evaluation plan will build credibility for the program when seeking approval for the overall program plan. Best practices for wellness program evaluation are well

documented and should be utilized to ensure that your program evaluation is thorough and produces meaningful results.

The evaluation plan should consist of four components:

- Program Overview – identify the major programmatic components that will be evaluated.
- Evaluation Objectives – statements describing the objectives of the evaluation.
- Evaluation Methods – proposed evaluation methods including data elements and analytic methods to be used.
- Use of Evaluation Results – describe how results will be use to manage program.

A sample summary of the evaluation plan that could be included in the planning proposal is shown in **Table 10**.

Table 10 Summary of Evaluation Questions

No.	Major Evaluation Question	Evaluation Method
1.	Did the program meet its objectives?	Program Goals and Objectives
2.	How much program activity actually reached people? How many people participated in the program? How many people completed the program?	Program Participation
3.	How did the participants like the program? How did it effect them?	Participant Feedback
4.	What improvements in individual health or risk factors occurred?	HRA Cohort Analysis
5.	What effect did the program have on the organization?	Productivity Gains
6.	How did the incentives work?	Incentive Performance
7.	How much did the program cost?	Program Direct Cost
8.	What was the net economic effect (cost/benefit or ROI) of the program?	Program Cost/Benefit or ROI
9.	What chances should be made in the program for the next year?	Program Design Recommendations

Prepare Proposal

New programs typically require a much more detailed proposal. **Figure 4** contains an outline of a proposal for the development of a new employee wellness program. The length and level of detail in the proposal will usually be determined by the managers who have approval authority over the proposed program. Inquire of the individuals or the group of decision-makers as to the desired length of the proposal before it is due.

Figure 4 Proposed Format for Program Proposal

I. Executive Summary
II. Introduction/Background
III. Vision and Strategy
IV. Goals and Objectives
V. Organizational Structure
VI. Program Activities
VII. Timeline
VIII. Proposed Budget
IX. Projected Economic Return
X. Evaluation Plan
XI. Sustainability Plan
XII. References
XIII. Appendices
    A. Sample HRA Report
    B. Group Summary Report
    C. Mid Year Report (previous year)
    D. Detailed Budget Justification

For changes to existing wellness programs the proposal can be much more abbreviated and can simply highlight the recommended changes to the existing program. This frequently takes the form of a memo or brief proposal or a PowerPoint deck depending on organizational conventions.

Obtain Approval

Now that you proposal is written, the next step is usually to get formal approval for the next year's program. Define the approval process based on the level of review and input that the key stakeholders require. For example, if a Wellness Committee has been involved or provided input during the planning process, a detailed review should be scheduled with this group. Various levels of management may be involved in preliminary reviews of drafts before presenting the final plan to the senior executive team. Keep the plan in a draft format until all key stakeholders have reviewed it and their suggestions and input have been incorporated. Again, a new program is usually a much more rigorous and convoluted approval process than the planning for an existing program. Often a new proposed program can be approved for a three year project period with annual evaluation and a summary evaluation at the end of the three year project period.

Implement

Ready, set, go! Now that the proposal is approved, it is time to begin implementation of the wellness programs. Implementation will "convert planning, goals, and objectives into action through administrative structure, management activities, policies, procedures, regulations, and organizational actions of new programs." The proposal should provide a reasonably detailed roadmap for the implementation activities and should be referenced often.

Program implementation phases need to be flexible to respond to organizational needs, but often consists of the phases shown in **Table 11**.

Table 11 Phases of Wellness Program Implementation

Phase	Name	Description
1	Adoption of the Program	Using concepts of social and commercial marketing, promote the program to the target population.
2	Identifying and Prioritizing Tasks to be Completed	Utilizing the detailed program plans, identify the many detailed tasks that are required to execute the programs. Consider using tools such as Gantt or PERT charts to manage the details.
3	Establishing a System of Management	A system should be established to manage the financial, human and technical resources required to deliver the programs.
4	Putting the Plans into Action	Program plans may be executed by doing a pilot, phasing in or initiating a total program launch.
5	Ending or Sustaining a Program	Programs may have a short life (single event such as a wellness fair) or be ongoing (such as a walking club). Sustaining programs will have ongoing considerations for maintaining or continued cultivation of participants, or methods to institutionalize the program.

During the planning process, consider using this as an opportunity to let the employees know that the planning is underway, what to expect and the timeline for the planning effort. If this is not done formally, it will happen informally through 'the grapevine'. Don't underestimate the role the 'grapevine' plays in communications. Planned and purposeful 'grapevine' communications is also a valid and powerful approach. During planning, consideration should be given to the promotion of both the individual interventions, as well as the overall program. A program kickoff event should be included in the plan as a way of introducing the initiative and creating buzz. Creating a 'brand' or program identity and developing standards for the program's image is indispensable in establishing credibility and creating appeal for the program. Marketing and promoting the wellness programs is an ongoing activity that requires a lot of attention.

New programs may launch with a kickoff event that initiates the total program. In some cases piloting or phased-in approaches may be appropriate as a way of doing small scale experiments and getting feedback. It is a good rule of thumb to start off slowly with the program components that are most likely to succeed or by offering a few high visibility programs at the beginning.

As each individual intervention comes to an end, a series of program closure activities should take place. These include compiling feedback and evaluation data, review of outcome measures in the context of goals and objectives, and follow-up on any outstanding items with program participants. Ongoing programs will require continued marketing to keep them visible and well attended.

Finally, the implementation activity should come back around to the Research/Discovery and Evaluation activity, effectively closing the "loop" and leading back into another program development cycle. These can be seen as annual program iterations and can be linked to annual evaluation reports as well as annual budget periods.

Application of the Planning Process

In the sidebar presented below the recommended program planning methods and steps highlighted in this article were applied to a specific organizational case, namely, the Carolinas Health Care System, based in Charlotte, North Carolina. This fast growing, 24,000+ employee multi-hospital, vertically integrated health care system serving North and South Carolina will be our case example.

Case Study: Carolinas HealthCare System, Charlotte, NC

A pilot wellness program for system employees, called LiveWELL Carolinas! was mandated and launched in early 2006. This program provided a variety of traditional wellness program activities primarily to the employees of the headquarters facilities in the Charlotte area. These activities included: health risk assessments, quarterly wellness news letter, informal and formal walking activity, health fairs, Wellness Warriors (weight loss support),biometric screening, general wellness education, wellness and health promotion educational seminars, smoking cessation program flu vaccines, and limited health coaching.

But the Carolinas HealthCare System (CHS) leadership also recognized that the program's current approach would not likely lead to the system-wide health cost management impact they wanted. As a result the LiveWELL Director sought an outside consultant to help CHS plan a more powerful wellness program for all system employees. After several initial interview-oriented phone conference calls with key managers, the consultant was engaged. Along with the consultant, the LiveWELL Director and a few colleagues began to determine who should be involved on the Prevention and Wellness Task Force to design the new employee wellness initiative. Those individuals who have the responsibilities listed in **Table 1** above for Health Facilities were included in the Task Force. Once the group membership was finalized and invitations made and accepted, a day and a half strategic planning meeting was planned. The agenda included a 5:00 pm to 9:00 pm working dinner meeting to cover: patterns and trends in employee health costs, , economic and health effect evidence for prevention, newer prevention technology and "virtual wellness", fundamentals of building a sound program infrastructure, and newer strategies for population health management. The following day was devoted to discussion on the major planning questions identified below:

- What are the wellness needs of the work force?
- What should be the scope of the new wellness initiative?
- What should be the goals of the new employee wellness initiative?*
- What program interventions should be implemented?*
- What metrics should be used to evaluate the initiative?*
- What incentives should be built into the initiative?

For each of the questions with an asterisk, participants were asked to brainstorm on the question and a long list of options were identified and put on flip chart paper. Once 25 to 30 possible items were identified in response to each question, each participant was given six big red sticky "dots" and asked to "vote" on the six items that they felt were the most important. This resulted in a frequency distribution of the items and group consensus on the most important items. This was carried out three times, once each for goals, interventions and evaluation metrics and each time attention was focused on how each should help shape the subsequent planning issues. This process helped the group come to agreement on fairly complicated planning issues and every member had an equal say in the planning process. Several of the CHS senior managers participated in the discussions and "voting."

The resulting wellness program initiative included the following interventions:

#1 Conduct a separate integration and best practices focused review of all internal and contracted Wellness programs and policies to assure complementary and congruent health effects
#2 Transition existing programs and complete program development
#3 Provide staffing for the system-wide program and establish the administrative infrastructure for the program

#4 Plan and deliver a communications and promotion plan for the expanded LiveWELL Carolinas! Program
#5 Provide an initial program Wellness kit to each employee's household
#6 Provide a web-based HRA to all employees at the time of open enrollment
#7 Provide a risk stratification based health management process to all HRA completers
#8 Deliver an annual comprehensive online Wellness learning module for all employees
#9 Develop and implement a LiveWELL Carolinas! wellness incentive program
#10 Conduct quarterly wellness special initiatives
#11 Conduct a biometrics screening program for employees
#12 Conduct a system-wide food and nutrition intervention
#13 Conduct a health plan design review and implement changes

#14 Conduct training and establish a Wellness programming focus in all local facilities
#15 Conduct annual program evaluations

After the day and a half planning retreat a draft proposal that was organized in the same manner as that in **Figure 4** was developed by the consultant and then emailed back to the full group for their review. About a month after the first planning meeting all the Task Force members and the external consultant spent a half day onsite discussing the draft proposal, page by page until all the planning issues were resolved and the proposal was then finalized during the next two weeks by the consultant. During this time several additional planning issues were examined by the Director and her supervisor and some final changes were made in the fifty-four (54) page proposal.

The proposal was then presented by the Director and her Administrator to a key group of senior level executives to gain support and consensus. Some minor changes were considered and some additional staffing resources were added to the proposal. Finally the revised proposal was presented to the Chief Operating Officer and the Chief Executive Officer. The proposal is in the final approval process with expected implementation 1/09.

The planning model highlighted in **Figure 4** above was used as a basis for the CHS wellness planning process.

CONCLUSIONS

As the employer expectations for worksite wellness programs increase, it will become more necessary for annual program planning processes to be thorough and comprehensive. Planning requires time and commitment from program staff. The larger the organization the more formalized the program planning process should be. New programs require a more comprehensive planning process than existing programs. However, regardless of the size of the employee population a team approach to wellness program planning is advisable.

A more intentional and careful wellness program planning process should result in:

- ✓ Significantly higher levels of employee and spousal engagement and participation
- ✓ Interventions that have a high probability of securing long term behavior change
- ✓ Metrics that can document the contribution the programming makes to the individuals involved and to the organization involved
- ✓ Health risk reduction in both prevalence and severity
- ✓ Tangible health status improvements
- ✓ Traceable changes in health care utilization and health costs
- ✓ Credible productivity improvement
- ✓ Increased levels of participant satisfaction and utility

Improvement in the planning of programs seems to be a reasonable starting point for securing these much needed improvements for the worksite wellness field.

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ARTICLE #5: BUILDING YOUR WELLNESS PROGRAM'S ORGANIZATIONAL INFRASTRUCTURE

SETTING THE STAGE

Wellness programs that actually drive behavior change are complex. Any complex and highly-integrated program in an organizational setting require a structure to deliver them, and keep them on track. When wellness professionals fail to create an effective organizational structure, their programs won't be able to garner management support, and will flounder as an interesting side-project rather than a well-oiled machine that produces desirable outcomes.

For our purposes, *Organizational Infrastructure* is the people, policies, resources, and processes that support and sustain the development, implementation, and evaluation of a wellness program. Organizational infrastructure are the bones of your program, giving it a structure that can achieve intended goals.
Organizational infrastructure is like the structural beams, trusses, and supports that hold up a house. These elements aren't very visually appealing, and in many cases are completely hidden, but we all know that without these key structures, a house just wouldn't stay up. We know effective wellness programs raise ongoing awareness about Wellness issues, enhance intrinsic motivation for health behavior change, provide an opportunity to learn new skills for health behaviors, and the opportunity to practice the new skills (AMSO). Without an adequate organizational infrastructure for a Wellness program it is not possible to deliver the program elements that AMSO necessitates.

WHAT MAKES UP ORGANIZATIONAL INFRASTRUCTURE

There are 16 components that make up a complete organizational infrastructure that support Results-Driven Wellness programs. As the size and complexity of the organization or health plan group increases, more of these elements are necessary to achieve program goals.

Figure 1 contains a brief description of each of the key components of an "organizational infrastructure" for a Worksite Wellness program.

Figure 1 Key Components of Organizational Infrastructure

Name of Component		Brief Description of Key Components
#1 Program Identity	✓	The name, logo, tag line and graphics standards used by the Wellness program.
#2 Program Website	✓	The website that contains descriptive information about the program
#3 Wellness Coordinator or Manager	✓	The single individual responsible for developing, implementing and evaluating the Wellness program
#4 Wellness Staff	✓	The other individuals who are responsible for the development, implementation and evaluation of the Wellness program.
#5 Wellness Vendors	✓	The external vendor(s) that provide various Wellness services to the eligible population.
#6 Program Proposal	✓	The written purpose, mission and proposed activities for the program including budget documents economic justification and proposed timetable.
#7 Wellness Program Design Team	✓	The relatively small group used to help refine the design of the program and the proposal for its funding. This usually includes several key decision-makers.

#8 Wellness Advisory Group	✓	A group of employees and interested managers that act as a sounding board and volunteer pool for selected wellness activities.
#9 Wellness Program Work Plan	✓	The annual plan of events and activities that will comprise the wellness program during the year. It usually identifies what will happen, when it will take place, and who will be doing it.
#10 Wellness Program Budget	✓	The document that includes estimated and approved expenses and their expected timing for the Wellness program during the year.
#11 Employee Wellness Network	✓	The network of individuals in all locations and major work units that have an interest in helping implement the wellness program. They also usually function as informal and formal communication channels for the program.
#12 Ad Hoc Action Teams	✓	The short term teams that usually are responsible for putting on specific Wellness program activities.
#13 Wellness Program Goals	✓	The set of formal goals that portray the expected purpose of the Wellness program.
#14 Wellness Program Objectives	✓	The set of formal objectives that function to guide the program's development and implementation.
#15 Email Capability	✓	The system for using online communication to members of the target population for the program.
#16 Wellness Program Evaluation Plan	✓	The formal evaluation plan for the program describing what will be evaluated and how it will be evaluated.

For each of these 16 organizational infrastructure components the primary concerns that lead to effective programming are identified or highlighted below. For several of the components, examples are provided in corresponding figures:

#1 Program Identity: The program name, logo, tag line and art style represent the identity or brand for your Wellness program. Brands are extremely important to the future of your program. You want a strong brand that represents values your population associates with the Wellness program. Values such as: helpful, empowering, medically accurate, caring, and confidential are important to the long term success of your Wellness program.

The Wellness program name needs to be simple, easy to remember and clear. The name can be created by an acrostic or simply by taking the company name and adding "Wellness Program" after it. Program names can be a play on words or can pick up on a major attribute of the organization. For example a power utility named their Wellness program "Lifelines." Additional examples include: Healthy Dynamics, Positive Health, Health Spring, Well Motion, Better Health, Fitness Forefront, Finishing Fit, Health Awareness, Well Aware, and Energize.

The program's logo will be the symbol that automatically represents your Wellness program. The logo should be graphically appealing, consistent with your organizational culture, informative and attractive. Some typical examples include: A rainbow with your organizational logo under it, apple or apples with the organization initials, People running or walking, sun coming up, day dawning, person standing with arms outstretched, and lightning bolt.

The program's "tag line" is a short phrase, usually not more than six words, that captures the major purpose or perspective that you want people to associate with your Wellness program. The tag line should be catchy, clear, upbeat, clever, generally relevant, and memorable. Some examples include: Well For Life!, Hooked on Health, It's for You!, Take Time To Be Well, Your Time to Be Well!, Prospects for Health!, Healthy, Wealthy, and Wise, For the Health of It, and The Time of Your Life.

The consistent use of attractive graphic standards including: colors, images, font styles, layout patterns and document formats are important for establishing easy to recognize brand of your Wellness program. The larger the organization the more important for the Wellness program brand to be compatible with the brand identity of the corporation and the graphic standards used for all internal communications. There should be a compatible and consistent look to program materials so that a quick connection can be made by employees or health plan members with the Wellness program.

#2 Program Website: Characteristics including ease of navigation, useful links, multiple functions, similarity with the corporate website, frequent updates and changes, contact information and consistent "look and feel" are all part of a desirable website.

#3 Wellness Program Coordinator or Manager: The single individual who is tasked with developing, implementing and evaluation the worksite Wellness program is key to the success of the program. This individual should have specialized education, experience, training and/or certification.

#4 Wellness Staff: Additional part-time or full-time internal wellness staff. In larger organizations, one or more full-time staff is usually necessary to effectively conduct the program. A general rule for wellness program staffing is that a full-time trained Wellness coordinator is necessary when there are more than 600 employees. Depending on how much outside Wellness vendor help is used and the role of the internal Wellness staff, there should probably be a full-time wellness program staff member for every 600-1,000 employees.

In smaller organizations, a part time individual who has other duties is usually adequate, if that individual is committed to learning more about the topic and field. There are a number of options for helping this individual maximize their role as program coordinator. For example, there are a growing number of undergraduate and graduate programs that train people in how to manage worksite wellness programs. The number one criteria for assignment of this role to an existing employee should be the interest level of the individual. If this person is interested and is given some time to work on wellness activities, he/she will usually have the initiative to learn the necessary skills. This individual should also be personable, a good communicator, an effective delegator with a fairly high level of people skills and comfort with details.

#5 Wellness Vendor(s): Most employers and health plans need to utilize a Wellness vendor to provide such things as: educational sessions, online training modules, annual health risk assessment, Wellness coaching, biometric screening, Wellness print materials, eHealth portal, and/or program consultation. The Wellness vendors usually are managed by the internal Wellness staff. Wellness vendors now have two national organizations that provide specialty accreditation for Wellness program vendors.

#6 Program Proposal: In order for a new Worksite Wellness program to be approved and funded it usually requires some form of a program proposal. The larger the organization the more comprehensive the program proposal needs to be. Often the program proposal is developed for a three (3) year project period to allow for full implementation and enough time to complete program evaluation activities. The program proposals frequently are organized in the fashion highlighted in **Figure 2** below:

Figure 2 – Outline of a Proposal for a Wellness Program

Outline of a Proposal for a Wellness Program

Executive Summary

A. **Preface**

B. **Overview and Background of Current Wellness Activities**

C. **Proposed Program Mission and Vision**

Introduction

Include a summary of major trends in worksite wellness, cost-benefit ratios, key characteristics of successful programs, local employer activities, labor pool competitor's activities, employer survey results, and basic risk factors.

Findings

Include a summary of key findings, such as health cost patterns, previous Wellness activity, expressions of interest, employee survey results, a summary of information to prove the need for the program, an outlined program model, and significant program design details.

D. **Proposed Program Goals and Objectives**

Include an overall goal statement, five to eight objectives, and a brief discussion of their feasibility. Also, state the expected impact on the organization, along with intangible benefits.

E. **Proposed Program Activities**

Include a proposed organizational infrastructure, staffing, proposed wellness communication activities, health management process activities, group activities, and supportive policies and changes. Also, provide a rough timetable for implementing major activities.

F. **Budget Projections and Justification**

Include a staffing pattern, resources needed, and vendor budget needed, or translate activities into a per employee cost and compare this graphically with how much is spent annually on health benefits.

G. **Proposed Timetable**

H. **Proposed Evaluation Plan**

Include data to be collected, timing of evaluation activity and reports, and issues to be evaluated. Also, include the identity of the audience and routing of reports.

I. **Proposed Next Steps**

J. **Appendices**

In this section, provide important documents that help complete your proposal. This can include such things as a copy of employee wellness interest survey results, a list of employee comments from the survey, a copy of a proposed job description for the wellness coordinator, a sample of the HRA or health survey to be used, etc.

#7 Wellness Program Design Team: Once a mandate has been issued for the planning of an employee Wellness program it usually makes sense to establish a Wellness Program Design Team. This group is usually tasked with planning the Wellness program and preparing a proposal that can be reviewed by senior management. Once this task is done the group usually disbands or morphs into the Wellness Advisory Group. The larger the organization the more important this team is and the more detail usually needs to be included in the program proposal. A recent edition of The Art of Health Promotion contained

a detailed description of this program planning process and the suggested identity of those individuals that should be included on the design team in different types of work organizations.

#8 Wellness Advisory Group: Because an effective employee advisory group is usually composed of interested and well-respected individuals, it is important to establish it carefully. In larger organizations, as mentioned earlier, an initial design team can take on more of a policy advisory role, while in smaller organizations it is more of an implementation and communications link with different organizational components and groups. The main thing to accomplish with the employee advisory group is to create an authentic sense of ownership by employees in the program. Most employee wellness programs perceived as a management initiated program forced on employees do poorly in engaging employee and catalyzing support. This is even more critical in highly blue collar and/or unionized workforce settings. Highly geographically dispersed and/or decentralized worksites will need their own employee advisory groups that operate with some latitude, but maintain and complement the core, corporate-wide program as the base of the program. Members should have limited terms, such as three years, to encourage involving new members with fresh ideas.

#9 Wellness Program Work Plan: The wellness program should have an annual program work plan that lays out the major activities, when they will occur, who has primary responsibility, and their estimated cost. This document helps to focus annual planning activity and can help all of those involved understand the full scope of the program. It becomes the blueprint for program implementation. This document can be developed by the wellness program coordinator or an outside consultant, or by the employee advisory group in a retreat-type setting. The program work plan can also be formatted as a milestone chart and used for planning and for accountability purposes.

#10 Wellness Program Budget: The program budget is what you use to purchase wellness programs and services and to show the complete cost of the program. The size of the vendor portion of the program budget will depend a lot on the internal resources available for use in the program. In larger companies, and in those with health professionals on staff, there are many things internal staff can do to augment the services of outside vendors. However, programs without vendor budgets and with limited internal resources are not going to accomplish much sustained or meaningful behavior change or reduction of health risk factors. The program budget is usually used for financial management purposes, cash management, financial integrity, and management accountability. It is also usually the source of cost information for calculating a program's level of economic return.

#11 Employee Wellness Network: Another critical part of the organizational infrastructure of a Wellness program are program liaisons, or program contacts, for each separate work group or location. These individuals are the informational conduits for the program in relatively small work groups. They also provide feedback to the employee advisory group and the program coordinator. They are the distribution points for program informational materials and site contact points for program vendors. These individuals are usually key players in highly complex or large worksites. These individuals are usually referred to as "Wellness Warriors" or "Wellness Champions."

#12 Ad Hoc Action Teams: Small groups of people who are interested in specific topics, events or campaigns, like implementing the American Cancer Society's Great American Smoke-Out or organizing a walking event or onsite physical activity program, should be able to be mobilized into an action team. These small groups, with one clear leader for each small group, are usually initiated by the wellness program coordinator and function to plan the specifics of the program component. They also help implement the program or campaign. The small groups should report back to the employee wellness coordinator and advisory committee. This pool of volunteers is especially critical if you do not have full time wellness program staff, have very low program funding levels, or your organization is highly decentralized administratively and/or geographically. Representatives from each major group of employees to be targeted by the program usually need to be a part of the action team. Some action

teams may extend beyond the event to take on another activity. Some action team members may actually conduct the program in the role of a stop smoking facilitator, aerobics instructor, or brown bag educational session presenter. It is only the very smallest of work groups that do not have a number of talented people who can conduct some of the activities of the Wellness program.

#13 Wellness Program Goals: The planning process for an employee Wellness program should include the development of three (3) to eight (8) formal program goals that will help provide clarity for staff and volunteers. If these goals can be placed in priority order so much the better. Some examples of typical Wellness program goals are contained in **Figure 3**.

Figure 3 – Examples of Wellness Program Goals

1. To improve the health of employees and their spouses.
2. To enhance the productivity of employees.
3. To reduce the rate of increase in employee health care costs.
4. To reduce the frequency of work injuries and accidents.
5. To enhance retention and recruitment by offering a successful employee Wellness program.
6. To be recognized as a "world class" employee wellness program.
7. To secure a high level of employee engagement in the Wellness program.

#14 Wellness Program Objectives: Annual program objectives are an important part of program planning. For each year a range of five (5) to eight (8) program objectives should be developed. These should be time-limited, measurable, balanced among operational and outcome achievements, linked to program goals and a slight stretch to complete. Some examples of program objectives are contained in **Figure 4**.

Figure 4 – Examples of Wellness Program Objectives

1. Reduce the average number of annual sick leave absenteeism hours for all employees by 10% from the previous year.
2. Establish a wellness advisory group, select and train a wellness coordinator, develop a program plan, budget, and evaluation plan by January 1.
3. Formally launch the employee wellness program with a letter from the CEO by February 1.
4. Provide cholesterol screening to1,350 employees by March 1.
5. Conduct four Resiliency education classes for employees and their family members in the headquarters location by June 1.
6. Train 1,200 employees and family members in medical self-care and health care consumerism by September 30.
7. Conduct a blood pressure "sweep" for all employees by October 1.
8. Organize a financial incentive program linked to program participation and have it ready to implement as of January 1 of next year.
9. Conduct and write up a first year evaluation of the program by March 1 of next year.
10. Implement a full replacement Consumer-Driven Health Plan (CDHP) for all benefit covered employees by September 1

Later in the program year, these objectives have the ability to efficiently structure program evaluation and provide an accountability framework for the program manager. With each succeeding program year the program objectives should be refined with some being eliminated and new ones being added.

#15 Email Capability: Email communication is a key to the success of wellness programming. This can be delivered by stand-alone email solutions, or simply using the email capability used by functions such as HR.

#16 Wellness Program Evaluation Plan: This organizational infrastructure component provides a blueprint for the future evaluation of the worksite wellness program, containing such items as a set of evaluation objectives, a proposed evaluation methodology, measurements to be used, example of the evaluation instruments to be used, the anticipated form of the results and prospective uses of the evaluation findings. The evaluation plan should provide all the detail necessary to plan, organize, and conduct the evaluation activity for the program. If the Evaluation Plan can be captured in matrix form and limited to one or two pages it usually expedites its use.

HOW DOES EMPLOYEE SIZE AFFECT THE ORGANIZATIONAL INFRASTRUCTURE?

Work organizations in the U.S. vary in size from a few employees to over a million employees. It would be patently unwise to assume that population size would not have a significant effect on the nature, configuration and depth of capability of the organizational infrastructure components for an employee wellness program.

Some of the general guidelines that apply to different size employment organizations and/or health plan member populations include the following:

#1: The larger the organization the more complete the organizational infrastructure needs to be in order to assure the effectiveness of the program.

#2: Many Wellness activities can be outsourced, but in order for the Wellness program to be successful over time the organization needs to feel a real sense of "ownership" for the program.

#3: The larger the eligible population the greater the probability that the program will be more comprehensive in scope.

#4: The smaller work force does not usually need as extensive an organizational infrastructure for their Wellness program.

#5: The larger the work force or health plan member population involved the lower the unit cost for providing the Wellness services which can result in significant economies of scale.

#6: The greater the desired uniformity in the Wellness program across the organization the more complete the organizational infrastructure needs to be throughout the organization.

Employer and health plan member population size will have significant effects on the organizational infrastructure of the Wellness program. In **Figure 5** a rough approximation of the components of the organizational infrastructure by employee size is provided. The shaded cells indicate that for that size organization the use of the corresponding organizational infrastructure component is advisable.

Figure 5 – Organizational Infrastructure Components by Target Population Size

Component	< 99 EEs*	100 to 499 EEs	500 to 2,499 EEs	≥2500 EEs
#1 Program Brand				
#2 Program Website				
#3 Wellness Coordinator or Manager				
#4 Wellness Staff				
#5 Wellness Vendors				
#6 Program Proposal				
#7 Wellness program Design Team				
#8 Wellness Advisory Group				
#9 Wellness Program Work Plan				
#10 Wellness Program Budget				
#11 Employee Wellness Network				
#12 Ad Hoc Action Teams				
#13 Wellness Program Goals				
#14 Wellness Program Objectives				
#15 Email Capability				
#16 Wellness Program Evaluation Plan				

= EEs = Employees or primary plan members

WHAT ARE THE DIFFERENCES BETWEEN WELLNESS FOR EMPLOYERS VERSUS HEALTH PLANS?

There are a few significant differences between employer and health plan Wellness programming. If the health plan is taking responsibility for providing a Wellness program to all employees regardless of which health plan they are enrolled in then the Wellness program provided by the health plan will need to resemble an employer Wellness program more closely in order to assure effective programming to the target population. However, if the health plan is providing a Wellness program to its own enrollees only which constitute only a portion of the entire work force, then the health plan provided Wellness programming is not likely to resemble an employer-based program model.

When a health plan is providing Wellness to multiple small employers or to individual rather than group health plan members it is likely that they have to rely more on a virtual set of Wellness interventions similar to those identified in an earlier edition of The Art of Health Promotion. It is also likely that they will not have to establish as extensive an organizational infrastructure in order to assure that the Wellness program is effective. In addition, the focus of the applicable program organizational infrastructure is at the health plan level rather than the individual employer level.

Figure 6 provides a suggested list of the organizational infrastructure components that are advisable for small employer settings and for individual policyholders rather than group health plan enrollees. Again the organizational focus of these organizational infrastructure components is within the health plan rather than the employer's involved. In addition, in order to be effective, these types of Wellness programs will likely need to be driven by very strong incentives, such as a $600 to $1,200 annual reduction in the cost of the health plan coverage for meeting a minimum number of Wellness criteria. Without these types of significant incentives it is not likely that health plan based Wellness efforts will be successful in behavior change, health risk mitigation and economic return. As with employers these incentive amounts can be funded by artificially inflating the member's cost of the health plan premium by the expected incentive amounts in a "play or pay" based approach.

Figure 6 – Suggested Organizational Infrastructure Components for Small Employers and Individual Health Plan Policyholders

#1	Wellness Program Brand
#2	Program Website
#3	Wellness Program Coordinator or Manager
#4	Wellness Staff
#5	Wellness Vendor Staff
#9	Wellness Program Work Plan
#10	Wellness Program Budget
#13	Wellness Program Goals
#14	Wellness Program Objectives
#15	Email Capability

CONCLUSION

Worksite Wellness efforts are entering an era where greater expectations for effectiveness can be expected. Those higher level of expectations will require more realistic programming strategies and the diligent use of organizational components such as those identified here. Use of these organizational components can help assure behavioral effectiveness, health risk modification and economic return of Worksite Wellness programs. Organizational size and population characteristics are clearly variables that will influence the choice and configuration of these organizational components.

For Worksite Wellness to fully meet the performance expectations of its advocates and sponsors for the foreseeable future it will have to include suitably complete organizational infrastructures in all program efforts. Changing long term health behaviors is not easy and will not likely occur without a sustained commitment to programming that utilizes the organizational components identified here.

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ARTICLE #6: ESTABLISHING YOUR WELLNESS PROGRAM'S TECHNOLOGY INFRASTRUCTURE

SETTING THE STAGE

Worksite wellness in the U.S. has been experiencing rapid growth in response to many of the provisions of the Affordable Care Act (ACA). Health insurers, largely in response to employer demand, also appear to be adopting more aggressive wellness efforts for their members at unprecedented rates. This growth accompanies a growing awareness that our traditional site-based approaches to Worksite Wellness needs to be overhauled to make programming a viable and sustainable option for employers of all sizes and eventually, for all individuals covered by health plans regardless of their employment status.

The recent past has seen a proliferation of wellness technology vendors and solutions coming to market. Adopting the latest buzzword-laden technology fads doesn't guarantee program outcomes. Even so, sensible technology infrastructure that delivers virtual services is a central feature of effective programming. As in every area of organizational life, how you integrate and deploy the technology and how users use it will determine whether technology leverages your results. This article aims to give you pragmatic approaches to building an effective technology infrastructure.

HOW DOES TECHNOLOGY DRIVE THE RESULTS-DRIVEN WELLNESS MODEL?

The field of wellness has undergone a significant amount of development over the past few decades. In terms of working populations we began with "use-at-will" programming that was largely limited to worksite settings and frequently evolved from onsite corporate fitness facilities which expanded their programming focus to address the major health risk areas such as: stress management, tobacco cessation, nutrition, weight management, cholesterol and blood pressure management and physical activity. Group educational activities emerged early as a dominant intervention modality and almost all programming occurred in the worksite. This progression is seen clearly in the program models featured in the WellCert program. As discussed throughout this program, these three models include: the Feel Good Wellness (FGW) Model, the Traditional Wellness Model and the newer Results-Driven Wellness (R-DW) Model.

Effective information technology delivers key benefits for any wellness program:

1) Drives the cost of participation and programming down: Electronic programming, information, and intervention has low per-user costs and can be rolled out to employees and spouses at low cost.
2) Enables personalization and targeting: Tracking participant-supplied data allows programming and interventions to be targeted based on the needs of each individual.
3) Provides health management feedback: Technology is what allows us to feed tracked or self-reported data back to individuals to harness the motivational power of seeing progress and where they stand in relation to their peers.
4) Measurement: Technology is required to gather data at a program level to perform evaluation and ongoing optimization.

If our goal is to change behavior at a low per-participant cost, our technology has to do a lot of heavy lifting. All of these areas are central to the Results-Driven wellness approach.

WHAT TECHNOLOGY FEATURES ARE REQUIRED FOR RESULTS-DRIVEN WELLNESS?

There are 11 recommended "virtual" components or interventions associated with a "technology infrastructure" approach. These eleven are defined briefly below. A more detailed set of technical specifications for each will be included in the following section.

#1 **An annual HRA**- A web-based health questionnaire completed annually with a wide range of health-related questions that acts as the primary data collection tool for risk stratification and population health management.

#2 **A personal report**- A highly personalized set of recommendations for health improvement and for health cost management that is derived from the information provided by the individual in their annual HRA.

#3 **Telephone-based coaching** – A follow-up call to discuss the individual's HRA results and personal report. The amount of telephone coaching and follow-up is variable based on the individual's risk strata as determined through the HRA information. Referral for follow-up health services may also occur during the telephone contact.

#4 **Annual program kit** – Each year as part of the new program start date, an attractive kit is sent to each household with explanatory letter, program evaluation feedback, incentive information, printed program description, self-care reference, and self-directed behavior change tools appropriate to the individual.

#5 **Self-directed behavior change tools** – For those individuals that are ready for a specific behavior change paper or computer-based tool are provided with one so that they can manage their own behavior change process.

#6 **Medical self-care book or smart phone app** – Within the annual program kit or provided for download, a medical self-care reference book can be distributed or an updated or more current text can be provided at periodic intervals. A medical self-care book or app provides physician derived recommendations in dealing with identification of common medical conditions and suggests home care for many of the common self-limiting symptoms everyone encounters.

#7 **Periodic mailings and emails** – Based on information provided in the HRA or as part of a personal health record, periodic seasonally sensitive health messages would be sent to each individual in the form of postcards, announcements, or printed messages.

#8 **Wellness newsletter** – A monthly printed or electronic wellness newsletter would be sent to each household containing practical information on improving personal health and well-being. This could include information on key health risks, consumer health tips, mental and emotional health issues and suggestions for improved health and newer health information.

#9 **Primary Care Practitioner (PCP) summary** - This one page summary of the individual's HRA results is organized for a quick review by the individual's primary care clinician and is designed to help establish an information link between the Wellness program and the individual's primary health practitioner.

#10 **Full-function E-Health website** – Approximately 93% of adults in America now have some connection to the Internet. This component of the technology infrastructure involves providing

individuals with the ability to access scientifically sound health information through an easy to use website that provides a full range of health management functions.

#11 **Incentives integration** – This component includes meaningful incentives for use of these services and tools, such as: completion of the annual HRA, ongoing participation in telephonic coaching and use of the other eight interventions. Experience confirms that in order for incentives to be meaningful over time, they need to approximate $600 to $1,200 of value to the individual each year. Achievement of a minimum number of "Wellness Criteria" offers the best avenue for formalizing the exchange of value.

MORE DETAIL ON TECHNOLOGY REQUIREMENTS

As with most things in Wellness, results are often not dependent solely on what you do, but how you do it. For that reason **Table 1** below provides a quick overview of the functional specifications that are generally associated with greater effectiveness for each of the 11 technology infrastructure components.

Table I Recommended Functional Specifications for Technology Infrastructure Components

Number	Name of Component	Recommended Features
#1	Annual HRA features	• Identity and basic demographics • Personal and family medical history • Current symptoms and treatment status • Preventive screening status, PCP relationship • Health consumer skills level and links to medical self-care online resources • Clinical and behavioral risks • Readiness to change, self-efficacy levels, psycho-social indicators • Injury risk issues (Worksite, Home, Vehicular & Recreational) • Health care utilization levels • Wellbeing, productivity and presenteeism status • Option for use of biometric values, • Overall Wellness Score (OWS) 1 -100, • Disease and condition specific indices (Minimum of 5)

#2	Personal Report	• Report available immediately after completing HRA – ideally in-line with the HRA, but also provided in PDF form for download and emailed. Easily printable. • Serial feedback for previous 3 years minimum including past OWS scores (Minimum 3 years) and least 5 other indices (High, Moderate, and Low risk status). Highly personalized content. • Medical self-care content linkages, and tips for conserving deductibles • Clear onramps/links to relevant worksite wellness programming • Opportunity to capture goals based on results of the personal report • Significant report improvements and enhancements (to strengthen novelty and perceived value) • All content written in a positive tone at the 8th-grade reading level, and integrated links to additional resources
#3	Telephone-based Coaching	• Opt out orientation—default is that the program can call the participant, with ability to call at home, work and mobile. • "No reach" protocol • Moderate risk 2-4 calls/yr, high risk 5-12 calls/yr, low-risk 1-2 calls, • Strong use of Stage of Change methodology • Strong use of motivational interviewing techniques • Follow-up materials, referrals provided • Everyone asked to have personal wellness objectives and Incentive for coaching adherence.
#4	Self-Directed Behavior Change Tools	• Online (video and textual) offline formats with links to additional resources and options for learning preferences • Day by day, week by week, 10 week minimum • Goal oriented with linked social support • < 8th grade reading level, user friendly, highly practical • Linked to incentives
#5	Annual Program Kit	• Physical and online (PDF format) • Launch package, linked to formal program kick-off • Integrated into programming • Convey program emphasis, • Covers spouses and employees and introduces wellness program to the whole family
#6	Medical Self-Care (MSC) online, app, or book resources	• Not covered by free resources like WebMD—not focused on self-care • < 8th grade reading level, updated within 3 years, nicely illustrated, complete index, symptom guide, significant counter-indications, symptoms to watch, "Get medical attention if…", links to deeper web resources • Clear home care instructions that aren't overly conservative, with decision advice • Provide specialty options for seniors, new baby, etc. and address consumer health issues

#7	Periodic Mailings and Emails	• Targeted content based on HRA data via email and physical delivery • Flexible periodicity and communication channels with participant defined frequency and communication preferences • Opt in and opt out content options
#8	Wellness Newsletter	• Paper and web-based, sent monthly • Thoughtful design and technically sound content at a <8th grade reading level • Keyed off of seasonally relevant topics, and infused with practical application and fun to garner attention
#9	PCP Summary	• One page summary included in the HRA personal report—easily detachable or printable • Should build alignment between PCP and employer/health plan by conveying context, technical credibility/tone, and emphasizing common objectives • Highlight major risk issues, identifies program resources, advice • Provide ways to connect with program staff via email or phone number for questions • Allows PCP to highlight easy to remember patient education points, Provide sources
#10	Full-Function E-Health Website	• Single Sign On (SSO) access from company website, • Personal health record (PHR) and HRA data linked to PHR • Deep self-care and symptom reference and advice based on detailed search queries • Benefit decision support with tools like a health cost estimator (FSA, HSA, etc.) • Provider decision support, treatment decision support • Ways to get help--two-way communication system • Incentives for use and integration with benefits and services • Analytics for participant usage patterns
#11	Incentives for Wellness	• Use "play or pay" concept, requiring an annual HRA • Use $600 to $1,200 per year of incentive value delivered by premium/contribution design (bundled with employee contribution changes) • Can be delivered via premium discount and/or debit card • Needs to give room to choose which participation methods: 4/5, 6/8 or 8/10 wellness criteria • Change criteria over time to draw greater wellness progress • Add fun: everyone who "plays" gets a prize • Provide a waiver opportunity based on limitations • Use "sentinel" features to manage gaming/fraud • Connect it to open enrollment and consider a "zero base budget" approach • Fund with employee contribution dollars through institution of a $50 or $100 monthly health plan premium contribution that is forgiven for meeting wellness criteria

HOW TO ORGANIZE AND FUND TECHNOLOGY INFRASTRUCTURE

The technology infrastructure proposed here is likely to cost in the range of $100 to $140 per eligible employee per year which does not include the Wellness incentive amounts. This amount may seem large, but it is between .5% and 1% of the average national employee health plan premium for an American worker in 2015. There are several possible approaches to the funding of a Wellness technology infrastructure. These options include the following:

Option #1: Full Employer Funding – With this option the employer provides 100% of the cost of the technology infrastructure. This cost is usually considered separate from the health benefit program funding but may be provided by the health plan sponsor.

Option #2: Employer and Employee Funding – With this option a portion of the cost of the Wellness technology infrastructure is supported by the employer and the remainder by the employee through increases in health plan contributions. This can follow any convention such as 25% - 75%, 50%-50% or 75% - 25%. Often this option involves placing a portion of the cost of the technology infrastructure into the cost of the health benefit premium and having employees contribute a portion of the cost through premium contribution practices.

Option #3: Zero Budget Approach – With this option the entire cost of the Wellness technology infrastructure and the cost of any site-based Wellness activities are added to the health benefit program cost and the proportion or the amount paid by employees is set to fund the entire program. If an annual health plan premium contribution discount of $600 to $1,200 a year is used and the premium level includes the full cost of the Wellness program then the individuals that don't participate or qualify can end up paying for all those who do participate. This is considered a "zero budget approach" using a "play or pay" principle.

Obviously, if an Results-Driven Wellness program is adopted, the cost of the entire program will be higher, but the economic basis for the program can include health plan cost, sick leave cost, workers' compensation cost, disability management cost and presenteeism cost. This number when adjusted to 2015 dollars is approximately $35,000 per employee per year. If we considered the cost of a Wellness technology infrastructure in relation to this larger amount it is less than .1% of the cost.

In our focus on the near-term organizational and financial realities, we can't build technology infrastructure that can't grow and scale with future needs. With time and with the development of a long term vendor partnership we can reach higher productivity and greater enhancement of the organization's human capital.

CONCLUSION

Many in the wellness field have a strong bias toward in-person and onsite programming. While our programs must have a human face, we have to create more intensive and integrated programming possible often with significant resource constraints. The eleven (11) components of a proposed technology infrastructure presented here are intended to reach this much larger population while minimizing the disadvantages historically associated with the Feel Good Wellness (FGW) and Traditional Wellness program models of Worksite Wellness.

There are a variety of important implications for the field of worksite wellness inherent in this technology infrastructure approach. These include:

We must produce results that meet the expectations of our sponsors: If employers or health plans provide the financial resources for Wellness programming they must be convinced that the results justify the expenditure.

We must become more skillful at using technology in programming: We will not serve anywhere close to the entire population if we fail to effectively and efficiently use technology to provide highly personalized programming to all those in need.

We must embrace more of a "distributive mentality" to reach ever-larger populations: Limiting our programming mindset to site-based programming is only one of several challenges to reaching the masses with Wellness. This challenge should continually force us to consider more creative ways to expand our programming reach into populations at-risk.

We must become more effective at making the economic case for adequate funding and for becoming more strategically relevant to societal decision-makers: We believe that economics is one of the most important domains in societal decision-making. If we want to receive the resources and policy support to move the field to a commodity good then we have to address the economic issues and perspective in a more persuasive manner.

We must begin to impart the appropriate skill sets to those who design, develop and manage these programs: If our methods stay back in the "use-at-will" program models (i.e., FGW and the Traditional models) we will not be prepared to take programs to the masses.

Given the rapidly increasing demand for solutions to the problem of rising employee health costs and the growing frustration with worksite wellness efforts that do not seem to make much difference, it is likely that a greater reliance on R-DW style programming and the use of much more serious incentives for healthy behavior will need to occur. Perhaps the technology infrastructure approach can help bridge the gap between employer expectations and the difficult realities of achieving long term health behavior change and risk reduction for American employees and their family members.

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ARTICLE #7: EVALUATING YOUR WELLNESS PROGRAM

SETTING THE STAGE

We all know that we need to evaluate our wellness programs, but why do so few wellness program managers perform a thorough evaluation? We'll examine first the barriers to evaluation. Then we will help you overcome these obstacles by showing you the importance of evaluation, and giving you a playbook for executing key evaluation activities. We will review the basics of research-oriented evaluation and examine the different approaches supported by the science. We'll cover nine modular evaluation techniques, providing a very comprehensive approach to on-going evaluation for any program.

WHAT STANDS IN OUR WAY?

First, and probably the most significant factor is intimidation. Most of us, after our undergraduate and graduate education, have a strong sense of the difficulty of conducting scientifically-sound research or evaluation. Measuring behavior and outcomes in a rigorous way seems like a daunting task. Intimidation is compounded by a lack of knowledge. Even with a graduate level course or two, most of us are not equipped to plan, organize, and execute a program evaluation.

The third major factor is the fear of exposing weaknesses or potentially the low impact of program activity. That is a legitimate fear but hopefully not one that keeps us from seeking out reality.

The fourth factor is the lack of time or formal priority for evaluation. For most wellness professionals it is so much more fun to do programming than labor over evaluation activities. Without very strong mandates for evaluation, we frequently don't do anything, because most of our programs are understaffed in relation to the scope of activities we try to undertake, we usually find evaluation pushed into the background.

A fifth and last factor, is that there are rarely any budget dollars to help obtain consulting help or assistance in actually conducting an evaluation of our programs. Overcoming each of these factors requires creativity and a definite plan of action.

EVALUATION MATTERS

Whether or not we evaluate programs, leaders won't stop asking reasonable questions about our programming. Here are a few of the classics:

- How many employees heard about, participated in, and completed the program?
- What impacts in individual health risk factors did the program make?
- How many employees actually made changes?
- How much did the program cost?
- What effect did the program have on sick leave and injuries?
- What effect did the program have on employee health benefit costs?
- How do we know we have the right program?

Just having answers to these questions is reason enough to commit to evaluation. Some of the other reasons are highlighted in **Figure 1**. Foremost among these is the reality that without ongoing evaluation, it is extremely difficult to know what and how to improve your programming efforts. Even our best intuition won't get us to optimal programming.

Figure 1 Why Program Evaluation is Important

1. To verify what improvements should be made in the program.
2. To document the effects of the program on behavior, risk factors, quality of life and economic variables.
3. To respond to the concerns of critics.
4. To penetrate "blind spots" in programming.
5. To contribute to the knowledge base in our field.
6. To provide help secure future funding.
7. To provide an opportunity for career visibility.

The innate problem that plagues all prevention efforts, namely that we are in the business of preventing things from happening (e.g., heart attacks, cancers, injuries, poor health, excess weight gain, emergency room visits, hospital days, etc.) . It is immeasurably more difficult to document what doesn't happen than what did happen. As a result, we often fail to do any meaningful evaluation of structure, process or outcome variables in programming, leaving ourselves more vulnerable to challenges in an era where resources are increasingly scarce. Evaluate because it's important. Don't wait for the moment of accountability to catch up to you.

BASICS OF EVALUATION RESEARCH

The basic purpose of formal evaluation research is to derive valid and reliable conclusions about the cause and effect relationship between activities and outcomes. In other words, did a specific action or series of actions produce a formally expected result, and if so, to what degree. Methods of research in the social sciences can include both quantitative and qualitative approaches. The quality of evaluation research is based on the extent to which the scientific method is used to provide information about the phenomenon being examined.

The scientific method includes the identification of hypotheses about cause-effect relationships, the planning of observational data collection, the analysis of the resulting data, the testing and application to formal hypotheses, the testing of the ability to predict outcomes, and the development of interpretations, conclusions or findings. Good science also requires independent and objective confirmation of findings and conclusions.

Because of the many ways bias or error can creep into evaluation activities, it usually requires a great deal of expertise and effort to derive clearly unbiased and valid conclusions about hypotheses and therefore is usually considered to be the domain of Ph.D. level researchers. However, traditional evaluation research and program evaluation have some core values in common. These include:

A strong emphasis on the validity of evaluation results

The most important concern of any research or program evaluation effort is the validity of the evaluation results. The validity of evaluation results is usually defined as the extent to which the measurements taken actually measure what they were intended or supposed to measure. Researchers and/or evaluators frequently argue about the validity of evaluation findings based on the occurrence of systematic error in some aspect of the study which is not eliminated or minimized by the research/evaluation design or methods used.

Various generic threats to the "validity" of the evaluation results have been identified and classified in the evaluation research literature. In evaluation research methodology, "validity" is classified as "internal," which is the question of the validity of conclusions drawn from the research data about the actual subjects in the specific study, or "external" validity, which is the accuracy and correctness of applying the conclusions of the specific study to other populations outside the group studied.

Common threats to research and evaluation validity

*Threats to **internal** validity: Are the conclusions of our evaluation valid for the group being evaluated?*

History: It would have happened anyway
Maturation: They would change anyway as they age
Testing: It was the testing process that did it
Instrumentation: It was the instruments that did it
Regression: It was really a movement toward the average or to the change
Selection: It was really a bias introduced by selection of the subjects
Attrition: It was due to the loss of subjects
Interactions: It was due to the interactions not the experimental intervention

*Threats to **external** validity: Are the conclusions of our evaluation valid when applied to another group?*

Interactions: It won't work with others due to interactions
Reactive arrangements: It's due to external influences over time
Multiple variable interference: It's due to too many differences

The high level of sophistication in research methodology is the rightful domain of scientific researchers, but program evaluators need to be familiar with basic concepts and techniques in order to protect them from erroneous results. Proving an assumption in the form of a research hypothesis, such as, "Our smoking cessation program helps employees stop smoking at least as well as other corporate smoking cessation programs," is therefore, no small undertaking.

To begin with, the usual framework for evaluation is to develop a statement about a relationship between an assumed cause and effect relationship, such as: "our wellness program will help lower the number of average days of sick leave absenteeism among full time employee participants by at least 25%." and then to go about testing that statement by collecting baseline data on participants' absenteeism, conducting a wellness program, measuring its impact on sick leave absenteeism and isolating its specific contribution to the observed reduction in sick leave. This last element is the most problematic yet important part of program evaluation.

The challenge then is how to rule out other factors like the a mild flu season or new fear of lay-offs, be ruled out as contributing influences to eventual outcomes? The issue of directly establishing or proving causality is one of establishing valid "attribution" or proof of the causality of the relationship A + B = C, where "A" is the wellness program "B " are your employees and "C" is reduced absenteeism.

Can we attribute desired effects like sick leave absenteeism reduction to the our wellness program? To establish attribution beyond any doubt usually requires the use of sophisticated research designs and sound statistical methods such as multiple regression. These techniques involve randomization of subjects, use of appropriate controls, careful use of instrumentation, reliable and accurate data collection methods, use of appropriate statistical techniques and power, meticulous adherence to protocols, challenge and re-challenge of results and independent confirmation of outcomes. Unfortunately, comprehensive use of these more sophisticated methods of science must often be left to well-funded, technically defensible, evaluation and research efforts.

In wellness, just like many areas of management, marketing, HR, and business generally, we must frequently conduct evaluation that while sound, may not be as definitive as research into a new drug or medical treatment. Instead, we strive to establish technically sound and reasonable efforts at determining evaluation results that are useful and helpful to us in managing our programs and resources. We will need to apply judgement in attempting to sort out the degree of attribution or causality associated with specific wellness interventions and observed changes.

A strong emphasis on the reliability of evaluation results

A second important element of both research evaluation and program evaluation is the reliability of the results. The reliability of evaluation results is usually defined as the extent to which measurements give the same results on repeated observations. The concern here is the elimination or minimization of random rather than systematic error or bias.

Some of the same threats to internal and external validity often pose a problem for the reliability of evaluation measurements and any conclusions derived from the observations. In order to obtain maximum validity and reliability of evaluation results, it is necessary to carefully structure the design and the process of the evaluation. As an example, if a wellness interest survey is administered twice in a brief period of time to the same group, it should have a high degree of similarity of results or in a technical sense, a reliability coefficient that is very close to 1.0.

It is important to realize that reliability is a necessary, but not sufficient, condition for validity. In other words, it is not possible to have a valid measure which is not also reliable. However, it is possible to have a measure that is reliable but not necessarily valid. If a measure is not reliable it is difficult to say anything about its validity. In summary, a valid measure must by definition be reliable, but a reliable measure will not necessarily be a valid measure. These two major concerns help define the foundational values for both evaluation research and program evaluation.

PROGRAM EVALUATION DISTINCTIVES

Program evaluation is generally focused on the structure, process, and/or outcome of organized activities designed to accomplish a particular goal or series of objectives. For example, most wellness programs aim to reduce the frequency and severity of illnesses/injuries in a specific target population or group. Any evaluation effort for these types of programs should include an attempt to measure this issue, as well as a variety of other relevant evaluation parameters or concerns.

The choice of what is measured and what issues or questions are addressed, is usually a product of the interplay of the program's formal mission, stated objectives and the questions which key decision-makers are likely to want to have answered by the evaluation.

Program evaluation usually differs from evaluation research in several major ways:

Greater complexity: Programs usually involve a much larger set of activities and interactions than most objects of evaluation research studies. This complexity provides a very clear challenge to the establishment of elegant designs or clearly established attribution.

Real world settings: Organizations usually lack the degree of control that can be exercised in laboratory-based research. For example we usually can't randomize subjects in working organizations because of laws against discrimination. The real world context for program evaluation makes the whole evaluation process subject to political and organizational dynamics, considerably increasing the difficulty of the evaluation process.

Different research standards: Standards of excellence in program evaluation are usually based on the standards of evaluation research methodology which do not often fit with the complex and multi-faceted nature of worksite programmatic interventions. This often leads to a lopsided expectation for precision in evaluation that is not appropriate to the worksite setting.
Future focus: Program evaluation has to answer questions that deal with what changes or improvements need to be made in the future. Questions like "What should I do differently next year?" are rarely answered by application of traditional research methodologies.

Given these differences, we shouldn't be surprised when program evaluation requires a different approach than traditional social science or medical research. To see how these differences relate to key program evaluation terms, see Exhibit 1.

CHARTING YOUR OWN EVALUATION COURSE

The approach to program evaluation we recommend involves the use of nine standard evaluation methods consistently applied each year to an existing worksite wellness program. Each module will be defined and a description of the types of evaluation issues that should be examined will be identified. The major elements or modules of the evaluation model are contained in **Figure 2**

Figure 2 Suggested Program Evaluation Modules

Module	Name
A	User Profiles
B	Participation Feedback
C	Self-Reported Behavior
D	Testing and Screening Results
E	Program Behavioral Follow-up
F	Program Objectives
G	Program Costs
H	Key Organizational Trends
I	Program Cost/Benefit Ratio

The following is a discussion of each of the suggested program evaluation modules.

USER PROFILES

MODULE	DATA COLLECTION METHODS	KEY ISSUES
A User Profiles	Program Sign-up Sheets	-User characteristics
	Program Participation	-Participation percentages
	Summaries and Logs	-Penetration rates

DISCUSSION:

The User Profile evaluation module addresses the issues of how many employees and family members (and/or retirees) are using how much of the program. In addition, the identity of major sub-groups of program participants, such as by department, by gender, by age, by location, by organizational or wage and salary group, can also be used to look at sub-groups and their level of involvement in the program's activities.

The major data collection methods for this module include the use of program sign-up sheets and summary data on program participation. For each individual wellness program component such as medical self-care classes, high risk coaching intervention or follow-up, aerobic exercise sessions, weight loss programs, cholesterol screens, wellness assessments, wellness incentive program involvement, walking club events, stress management interventions, resilience enhancement workshops or any other organized activity, a listing of participants by name or by employee number is maintained.

A data base program API is extremely useful in tracking program participation. If participants are requested to report a major organizational identifier such as division, location or organizational component, it is possible to reflect participation rates by key organizational components. If key participant variables such as age category, gender, risk factor status, employee or family member is also collected, then even more detailed breakdowns regarding participation can be generated. In risk-focused interventions which address tertiary prevention programs, this data can usually help better assess key target groups and how the programs are reaching target populations and what steps may be necessary for improvement.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used in operationalizing this program evaluation module include the following:

- The number of individual employees who have participated in one or more major wellness program activity
- The percentage of eligible participants who participated in each program activity
- The overall penetration or participation rates for major divisions, subsidiaries exempt versus non-exempt employee groups, salary versus wage or hourly group participation.
- The number of eligible full time and/or part time employees.
- The frequency distribution of participation by the number of individual program components
- The average number of programs that the average employee participated in during the time period
- The average number of programs that employees who were involved in one or more program activities was involved in during the time period
- Participant profiles by age category, gender, employee versus family member status, risk factor characteristics and others.

These key data elements can be graphically presented in pie chart, stacked bar charts and line or trend chart formats.

PARTICIPANT FEEDBACK

MODULE	DATA COLLECTION METHODS	KEY ISSUES
B Participant Feedback	Mid-session & End-of-session Evaluation Instruments	-Satisfaction with program -Possible improvements -Relationship to stage

DISCUSSION:

Participant feedback is important in program evaluation for several major reasons. First, it is an important method for performing a quick overall evaluation of programmatic activity. This can be accomplished through the use of standard satisfaction questions formatted in numerical scales that allow participants to provide evaluation feedback on the overall program by assignment of a numerical score to the program.

Many different forms of numerical scales can be used. Second, participant feedback helps to assure that the program is truly customer-driven and user-driven, both factors represent important desirable dimensions for successful wellness programming. Third, the simple process of eliciting feedback from participants is a pro forma expression of value given to the participants by the program's staff. This expression of value helps to reinforce participant and employee loyalty. A fourth reason is that participant feedback is actually market research and therefore can be useful for planning future programs.

Mid-session and end-of-session evaluation instruments can also be used. If the program is delivered over a number of weeks, then a mid-session evaluation form may be appropriate, particularly if the program is a new offering. Regardless of the length of the session, or the type of activity, it is important to use an evaluation instrument at the conclusion of the program or activity. These instruments tend to capture a quick snapshot of participant reaction to the session or activity.

Also important is the collection of information on the ways in which the session or activity could have been improved and what things were most useful and least useful. Attitudes toward additional or future program content can be researched at the same time. It is also possible to ask participants to evaluate the program or activity with regard to its role and importance in a subsequent behavior change or stage of change shift. Participant evaluation forms can also be self-addressed by participants for later mailing and receipt, in order to elicit follow-up information at selected intervals. All things considered, this evaluation module should be included in all employee wellness program efforts due to its importance and to its corollary attitudinal and behavioral effects.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following:

The aggregate group average score for each wellness program component or activity, such as that resulting from the use of a 1-10 scale with 1 = “poor” and 10 = “excellent” rating for the activity. Any scale can be used but the 1 - 10 scale simplifies the arithmetic calculation and is widely used.

- A comparison of the average score of each similar program activity, creating a frequency distribution for activities that are conducted in large numbers through the use of a histogram.
- A frequency distribution of responses as to how the activity could have been improved.
- A frequency distribution of what was the most useful and/or least useful of the various activities conducted as part of the program.
- A frequency distribution or listing of desired content for inclusion in the program or for future programs.
- A frequency distribution of the qualitative importance of the program to an anticipated behavior change.
- A frequency distribution of the quantitative stage of change differences pre and post session.

These key data elements can be graphically presented in histograms, pie chart, stacked bar charts and line or trend chart formats.

SELF-REPORTED BEHAVIOR

MODULE	DATA COLLECTION METHODS	KEY ISSUES
C	Self-Reported Behavior	Annual Health Risk Appraisal -Reported health risks Program Survey -Expressed interests

Serial Feedback Surveys -Expressed interest in program

DISCUSSION:

Most researchers have concluded that self-reported health data including HRA data is generally valid for the purposes of wellness and population health management. Also there are a number of sentinel features that can be used to reduce self-report error. One of the best evaluation instruments that can be used to collect self-reported data in a consistent and comparable manner, year-after-year, is a computerized annual health risk appraisal (HRA). HRAs are useful but usually do not include program preference information that is essential to the future planning of the program.

An annual employee wellness survey can also be developed that can be optically scanned and can become a useful component of program planning and evaluation. Self-reported data can also be collected from participants in specific program components, such as very detailed data on tobacco use as part of smoking cessation programs or dietary supplementation and food consumption patterns for those undergoing a weight management program. This type of program specific information can also be included in follow-up data collection instruments to monitor selected changes in specific health behaviors.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following:

The prevalence of selected risk factors in the survey population, such as exercise habits, smoking habits, dietary habits, sleep patterns, seat belt use, alcohol consumption patterns, stress reduction practices and use of medical self-care texts for minor medical problems.
Changes in risk factor prevalence over time.

- The comparative distribution of major risk factors among the population.
- The distribution of expressed interest among survey respondents for various wellness topics.
- The distribution of willingness to participate in various proposed wellness program activities.
- The distribution of willingness to change by the stage of change related to specific behaviors.
- The listing of those employees who volunteer to help.
- The degree of interest in having a wellness program implemented at work.

These key data elements can be graphically presented in histograms, pie chart, stacked bar charts and line or trend chart formats.

TESTING AND SCREENING RESULTS

MODULE	DATA COLLECTION METHODS	KEY ISSUES
D. Testing & Screening Results	Test Logs and Summaries of average scores	-Change in average scores -Progress in meeting personal objectives -High risk or at-risk status

DISCUSSION:

The performance of selected testing and screening activities is a standard component of most employee wellness programs. In order to utilize their results for evaluative purposes, the testing methodology needs to be standard over time. If comparable testing procedures are used, then it is possible to compute

average or mean scores among testing cohorts and to then examine standard deviation in order to establish baselines for analyzing future test or screening results, particularly if kept by, individual, gender and/or major age category. If test logs are maintained, and if subject test scores are compared over time, then it is possible to analyze average aggregate changes in the physiologic and functional scores for those items included in the testing or screening.

For example, if the test subjects remain the same through pre and post testing, then it is possible to measure changes in average or median scores and standard deviations over time. Personal progress in meeting objectives related to test scores is another possible evaluation approach. An even more important evaluative approach is assessing the prevalence, and patterns of changes in the prevalence of individual and multiple high risk factors in the population over time.

Some of the common tests that can be included in this evaluation module are:

- Average blood pressure reading (Systolic reading + diastolic reading divided by 2)
- Average systolic blood pressure
- Average diastolic blood pressure
- Average resting heart rate
- Average total cholesterol
- Average HDL cholesterol level
- Average LDL cholesterol level
- Average triglyceride level
- Percent at-risk for elevated triglyceride levels
- Average TC/HDL ratio
- Average pulse rate recovery from submaximal exercise
- Average percent body fat
- Average percentage of lean body mass
- Average body weight in pounds or kilograms

These key data elements can be graphically presented in histograms, pie chart, stacked bar charts and line or trend chart formats.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following:

- Percent change in average test scores among cohort populations
- Frequency distribution for those who are low, medium and high risk for each test item
- Percent of participants who made a minimum of 10% improvement in their test score between pre and post test results
- Average percent improvement in individual test results
- Percent of participants by the number of high risk test scores
- Average score values for all participants pre and post

PROGRAM BEHAVIORAL FOLLOW-UP

MODULE	DATA COLLECTION METHODS		KEY ISSUES
E	Program Behavioral Follow-up	Program Evaluation Mailers Follow-up Contacts	-Adherence to new behaviors -Risk factor prevalence changes

DISCUSSION:

One of the most important issues in program evaluation for worksite wellness programs is the extent to which program activity actually does help individuals change long term health behavior. Few employee wellness programs conduct any formal follow-up procedure or protocol. In order to determine adherence rates at six months and one year intervals after the program activity, it is important to have a method that places minimal evaluation and administrative demands on staff, yet still captures follow-up behavioral status information. One method of doing this is to utilize follow-up mailers or follow-up interviews. Questions concerning health behavior patterns can be structured into a mailer that participants self-address at the time of the program activity and that are then distributed 6 months and/or one year after the end of the formal program activity.

Another strategy is to use "booster" or reunion sessions that are used to help provide positive reinforcement and to help encourage participants to maintain or resume activity for change. This process can also be used to identify those participants that need more intensive help with the desired behavior change. The format of questions in follow-up instruments or personal interviews needs to be compatible and consistent with the form used for establishing pre and post program behavioral measurements. From this information, risk factor prevalence can be established and compared with overall population risk factor prevalence.

Some of the types of behavior changes that can be assessed through follow-up methods include:

- Use of a medical self-care text
- Response to a high risk follow-up process
- Amount, frequency and duration of regular vigorous exercise
- Amount, frequency and type of tobacco products used
- Frequency of seat belt use
- Type and frequency of stress management practices utilized

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following:

- The percent of participants who have maintained the behavior change
- The distribution of participants that have not met or met their personal objectives for health enhancement
- The average change in the selected behavior pre and post program
- The average change in the selected behavior six months after the end of the formal program.
- The average change in the selected behavior one year after the end of the formal program

These key data elements can be graphically presented in histograms, pie chart, stacked bar charts and line or trend chart formats.

PROGRAM OBJECTIVES

MODULE	EVALUATION METHODS	KEY ISSUES
F. Program Objectives	Program Work Plan	-Progress in meeting objectives

DISCUSSION:

The program's objectives are an important part of the evaluation of program performance. The work plan for the program often can contain the formal program objectives. Some examples of the kinds of program objectives that can be used in an evaluation module are as follows:

To implement five major wellness activities during the calendar year.
To train 590 employees and family members in medical self-care using a one hour training workshop format during the year.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module for the two identified program objectives include the following.

1. *To implement five major wellness activities during the calendar year.*

   Data Elements:
   - Number of wellness activities implemented
   - The dates they were implemented

2. *To train 590 employees and family members in medical self-care using a one hour training workshop format during the year.*

   Data Elements:
   - Number of employees attending medical self-care sessions
   - Number of family members attending medical self-care sessions
   - Date of the medical self-care workshops

This data can also be portrayed as part of a table or gird with “fully met”, “partially met”, or “not met” for each objective.

PROGRAM COSTS

MODULE	EVALUATION METHODS	KEY ISSUES
G. Program Cost	Budget Documents	-Direct & indirect cost of the program

DISCUSSION:

The direct and/or indirect costs of the program should be formally measured and recorded. The direct cost of the program is usually determined by taking the amount of the program's budget including expenditures for vendors, equipment, supplies, facility operations, utilities and the salary and benefits costs for program staff. Each individual program activity is likely to have a fixed amount of cost associated with it. The indirect costs of the program usually consist of series of assumptions and computations for the cost of employee time involved in programming during work time, the imputed value of any productivity loss and any secondary indirect costs associated with incentives or rewards provided to employees. The critical reason for maintaining cost data is because it is necessary in order to give senior management some sense of the cost and benefit (C/B) value of the program, it’s net present value (NPV) or it’s return-on-investment (ROI) parameters.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following direct cost data for:

- Fitness facility operation and staffing
- Capital construction for the program
- Vendor contracts for services
- Communication materials
- Amounts for program subsidies
- Cost of incentive rewards
- Staff salaries & benefits
- Educational program costs
- Equipment costs
- Space related costs

This information can be portrayed in pie charts by type of expenditure or in stacked or vertical bar charts.

KEY ORGANIZATIONAL TRENDS

MODULE	EVALUATION METHODS	KEY ISSUES
H. Key Organizational Trends	Secondary Data Systems Summary Charts	Trend patterns for key issues such as health claims costs, sick leave absenteeism, work injury experience, worker's compensation costs, disability costs etc.

DISCUSSION:

The identification and tracking of key organizational indicators and their economic value is essential to the long term growth and survival of employee wellness programs. Unless formal attention is given to these related organizational issues there will likely come a time when the program's future will hang in the balance. The reason this is true is that virtually all private and public organizations in all economic systems experience increased competition for resources particularly for the purposes of enhancing human resources.

These natural cyclic pressures will bring an increasing competitiveness of alternative human resource investment strategies and the need to provide greater cost justification for all human resource activities. Without a coherent long term picture of the major health-related trends affecting the economic well-being of organizations, it will be increasingly difficult to sustain efforts such as worksite wellness programs.

Another reason why this evaluation module is critical is that any resulting economic or monetary improvement in key indicators can potentially be used to help determine the economic benefit fully or partially attributable to the employee wellness program. If a number of health cost management activities were implemented at the same time as the employee wellness program, then the overall savings must be considered as a collective result of all the activities. The estimation of financial benefit attributable to the wellness program using non-parametric statistical techniques is necessary to compare with program costs in order to establish the general cost/benefit value attached to the program.

The general method used in this evaluation module involves the use of multiple or equivalent-time series evaluation design. This simply means that the evaluation is based on the consistent repetition of the measurement period. This evaluation design also lends itself well to the conversion of data into bar chart and trend line forms.

EXAMPLES OF DATA ELEMENTS:

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following:

- Per capita annual health claims costs
- Per capita annual worker's compensation costs
- Per capita annual short term disability costs
- Per capita annual long term disability costs
- Per capita average days of sick leave absenteeism
- Average number of work injuries per 100 FTEs per year
- The percent change in valid quantitative productivity indicators
- Average score on an employee morale instrument

This data can be presented using bar or line charts to reflect changes in periods of time.

PROGRAM ROI OR COST-BENEFIT RATIO

MODULE	EVALUATION METHODS	KEY ISSUES
I. Program ROI (Cost-Benefit Ratio)	Summary Documents	Program's cost savings

DISCUSSION:

The determination of cost/benefit (C/B) ratio or return-on-investment (ROI) is accomplished by taking the direct cost of the program and dividing it into the estimated dollar value associated with the identified savings. The most important part of this process is the derivation of the assumptions around the computation of costs and benefits. If these assumptions are made explicit, the projections can be made more valid over time because underlying assumptions are bound to be challenged, modified and hopefully improved.

Different researchers and evaluators have used a variety of approaches and sets of assumptions to compute cost/benefit ratios. One general suggestion is to use only direct costs and directly imputed benefits in the estimation of cost/benefit ratios. This will tend to strengthen the validity of the effort because of elimination of the greater variability and less objectivity involved in the computation of indirect costs and benefits.

EXAMPLES OF DATA ELEMENTS.

Some of the examples of the types of major data elements that can be used with this program evaluation module include the following:

- Direct cost of wellness programming
- Value of the direct benefit attributable to the program
- Cost/benefit ratio
- Return-on-investment percentage
- Net Present Value

These nine evaluation modules comprise a fairly comprehensive approach to the evaluation of worksite wellness programs. If program managers attempt to collect and monitor activity and outcomes suggested in these nine modules it is likely that most of the key evaluative concerns that the program will confront will be addressed to some extent.

USING YOUR EVALUATION RESULTS

There are a number of possible applications or uses for the results of evaluation efforts. Some of the major ones are identified below.

1. Feedback to Employees:

One way to use evaluation results is to feed the information back to the employee work force as part of a newsletter articles or a presentation describing the average or aggregate scores or quantitative information.

2. Periodic Reports to Senior Management:

Another use of periodic program evaluation results is to summarize the key information and put it into a monthly or quarterly report format or "dashboard" and route it to various senior managers. This periodic report should contain several graphics, illustrating such things as program participation, follow-up on program results, participant satisfaction and trend differences. This periodic report may have a more complete version that can be distributed upon request.

3. Annual Summary Reports:

For this use of evaluation results, a summary of the year's program activity and various evaluation results can be distributed. This annual report can also be used to catalog the variety of activities

4. Publications:

The evaluation results can be used in the form of articles in the professional literature. The methodology used for evaluation and the results can be written up for publication in a variety of different possible business and peer-reviewed publications.

5. Re-design of the Program:

The evaluation results can be used to help redesign the wellness program for the next period of activity. Decisions concerning the choice of types of programming, the information emphasis in newsletters, program model used, hours of program scheduling, or choice of vendors can all benefit from validation by information that is collected through program evaluation.

The important issue is that maximum use of the evaluation results be made while the evaluation data is fresh and perceived as relevant. Old evaluation data is usually not given a great deal of credence or weight by decision-makers. Hopefully these suggestions on program evaluation will help you plot your own course of action.

CONCLUSION

Evaluation is both a public and private good. No public sector entities have been willing to provide the resources to perform rigorous wellness program evaluation. Employers, considering the introduction of a worksite wellness program frequently want guarantees concerning the economic return and health improvement results from the proposed program. If the employer proceeds, they usually don't want to allocate any money to performing evaluation. Notice the paradox? Nobody wants to pay for evaluation, but everyone wants its benefits. Is there a solution lurking out there somewhere? Probably not, however, we as wellness professionals probably need to be more direct in stating the obvious.

If you don't want to pay for evaluation don't expect a lot of great evaluation to be performed. We have come a long way, but we probably would have come a lot further if more entities were willing to step up to the challenge and provide the funding for well-designed and effectively implemented program evaluation. In the absence of such an enlightened perspective, we will probably continue to "muddle through." For the common good, we recommend that you try muddling through in the smartest way possible.

EXHIBIT 1: DEFINITION OF KEY PROGRAM EVALUATION TERMS

Program Mission: Broadest, most comprehensive statement that can be made about central or continuing purpose; the chief function or responsibility of an organization which justifies continuing support of the organization or program and provides initial direction for its management or administration; the purpose of the mission statement is to provide clear focus for the resources of the organization.

Goals: Statement of general direction or intent, series of statements which describe the conditions which will exist on a continuing basis when the organization or program is fulfilling its mission. A goal is broad, timeless, and unconcerned with particular achievement within a specified period.

Objectives: Series of specific statements which describe the results to be achieved when, and by whom in order for a goal to be accomplished: objectives are quantifiable and/or observable achievements which can be measured within a given time and under specified conditions; objectives should be clearly differentiated from the means (strategies) employed to attain them.

Performance Criteria: Measures of effectiveness and efficiency which operationally define intended results described in a goal or objective.

Baseline Data: The level of the defined social, economic, organizational or clinical indicators (to define the problem) prior to institution of the program.

Strategies: Primary means used to achieve an objective.

Actions: Component parts of a strategy.

Assignments: Authoritative allocation of responsibility to staff member(s) or specific individuals for the successful development and/or completion of one or more activities; this responsibility typically becomes part of a job description or overall definition of the responsibilities of an individual's position with the program.

Resource Assignment: The allocation of actual dollars, staff and time to the activity and specific action assignments.

Judgments: (Regarding whether or not the program is working as expected) Is there relationship between what is being done and the intended or observed outcome?

Implications for Change: Based on the judgments made, what changes are implied for program goals, objectives and/or actions?

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Section 6 Tool Kit

The following are the tools mentioned in the Level1 CWPC Course:

Tool 1-1 Glossary of Health and Wellness Terms
Tool 1-2 Summary Table of the Benefits of Worksite Wellness Programs
Tool 1-3 Sample of Wellness Interest Survey
Tool 1-4 Summary Table on Wellness Strategy Characteristics
Tool 1-5 Components of Organizational Infrastructure
Tool 1-6 Components of Technology Infrastructure
Tool 1-7 Sample of Wellness Program Launch Letter
Tool 1-8 Possible HRA and Screening Follow-up Interventions
Tool 1-9 Worksheet for Planning Group/Onsite Activity
Tool 1-10 Sample Wellness Program Planning Checklist
Tool 1-11 Sample of Annual Program Evaluation Survey
Tool 1-12 Assorted Program Examples from the Health Project
Tool 1-13 Sample of Wellness Program Design Worksheet
Tool 1-14 Sample of Health Monitor HRA

Tool 1-1

Glossary of Health and Wellness Terms

The following terms, and their respective definitions, are important in the development, implementation and evaluation of employee wellness programs.

Action	The stage of readiness to change from the Transtheoretical Model of behavior developed primarily by James Prochaska PhD, that involves directly engaging in a particular behavior change, but is usually limited to having performed the behavior under six months of continuous activity. One of five major stages of change in the Transtheoretical Model. Please see Stages of Readiness to Change Theory or Transtheoretical Model.
Adherence	To continue to maintain a consistent position toward a specific behavioral activity. Usually the term is used to define a consistent engagement in a specific behavioral activity, such as continuing the use of stress management practices, or maintaining a nonsmoking status with the passage of time.
Antecedents	Anything that comes before or precedes something else. Usually used to connote the lifestyle behaviors that predispose the individual to specific diseases or injuries.
Asymptomatic	Showing or causing no symptoms. Usually the term is applied to clinical disease conditions that do not evidence any symptoms that are observable by the individual, but may be identified by a health care professional. Asymptomatic disease found in screening activities that can be treated, resulting in an improved patient care outcome, is generally desirable as an objective of secondary prevention.
At-Risk Intervention	The series of activities that are undertaken to help an individual address a specific health risk factors and to reduce the associated risk connected with their risk status. The typical interventions used with those who are "at-risk" are special mailings, outbound telephone contacts, relational programming, incentives and special program offerings.
Behavior Modification	A school of thought in psychology that emphasizes patterns of human behavior and attempts to use a variety of techniques and approaches to influence specific behavioral activities of individuals.
Blood Pressure	The pressure exerted on the walls of arteries and veins through the on-going function of the cardiovascular system. Blood pressure is usually measured in terms of the diastolic and systolic pressures in millimeters of mercury (mm of Hg) at sea level.

Body Mass Index	The most common measurement used to reflect obesity is body mass index (BMI). BMI has been adopted primarily because of its ease of use when compared with the range of methods used for determining percent body fat, but one of its key weaknesses is that it fails to differentiate between lean body mass and body mass consisting of fat. The metric formula is weight in kilograms divided by height in meters squared. The non-metric formula is 703 times weight in pounds divided by height in inches squared.
Cardiovascular	Pertaining to the heart and blood vessels. Often this term also commonly relates to the interaction of the blood within the lungs and is then more accurately described as cardiopulmonary.
Cholesterol	A crystalline fatty alcohol found in animal fats, blood, nerve tissue, and bile that is a major factor in the development of atherosclerosis. The fractionalization of cholesterol provides various blood lipid components such as High Density Lipoproteins (HDL), Low Density Lipoproteins (LDL), and triglycerides. These lipid fractions have various roles in the development and reversal of atherosclerotic heart and vessel disease.
Chronological Age	The actual age of an individual in years and months. The term is usually used in older Health Risk Appraisal (HRA) instruments and is compared with the individual's Health Age based on the risk associated with a specific set of lifestyle choices.
Clinical Disease	A disease condition that can be detected by actual observation of a clinician. This term is used as a counter to an asymptomatic disease, usually not detectable by a clinician in a normal clinical contact with a patient, without the application of a specific screening test. These types of conditions are detectable by a clinician in his/her office setting.
Condition	A health characteristic that is a departure from a state of physical or mental well being. Conditions are usually divided into two categories: acute, having a duration of less than three months; or chronic, having a duration of longer than three months, and including medical attention and restricted activity.
Consumer Health	The activity and actions surrounding the receipt of health care services. The term usually relates to the role of the consumer in the purchasing of health-related goods and services. The development of consumer health skills is the focus of consumer health education. Consumer health training is the activity that is used to help develop consumer health skills of participants.
Consumer Driven Health Plan	A type of health plan that has a high deductible, a personal health care account that is managed by the consumer and the remainder is carried over if not used during the benefit year and 100% coverage for preventive care.

Contemplator The stage of readiness to change from the Transtheoretical Model of behavior that involves thinking about or considering a proposed behavior change but without a conscious choice being made to change. One of five major stages of change. Please see Stage Theory or Transtheoretical Model.

Cost-Benefit Analysis The formal evaluation of the derivable economic costs of an activity when compared with the derivable economic benefits of the activity. The analysis uses an evaluation methodology that attempts to determine the net economic benefit to be derived from an activity or activities. A cost benefit ratio is the numerical integer consisting of the ratio of the direct and/or indirect costs divided by the direct and/or indirect benefits. A cost benefit ratio that is greater than 1.0 means that more benefit is derived than the economic costs of conducting the activity.

Culture The collection of ideas, customs, beliefs, norms and values that guide behavior and thought in a particular group at a particular point in time.

Defined Benefit A strategy in the provision of employee benefits, such as retirement and health insurance, where the financial sponsor commits to a defined or fixed set of benefits or coverage regardless of the cost.

Defined Contribution A strategy in the provision of employee benefits, such as retirement and health insurance, where the financial sponsor allocates a fixed monetary amount and the beneficiary makes up any difference or shortfall.

Demand Management The collection of activities, strategies, and actions that are designed to improve the way people utilize health care services.

Diastolic Pressure That element of blood pressure that represents the pressure on the walls of arteries when the heart is dilated or at rest, rather than in a contracted state. This means that the diastolic pressure will always be lower than the systolic pressure.

Disability Any temporary or long-term limitation of a person's activity to function as a result of an acute or chronic condition. Frequently measured in terms of the number of days that a person's activity has been reduced or impaired.

Disincentive An anticipated negative reward designed to influence the behavior and/or performance of an individual or group.

EAP Employee Assistance Program (EAP) is an organized program or service offered to an employee and/or their family member in order to help them resolve a difficulty. Typical types of problems that are addressed are alcohol and drug abuse, divorce recovery, child discipline problems, vocational conflict, and financial difficulties EAPs are usually information referral or brief intervention oriented programs run by individuals with counseling backgrounds who either interact with people on a face to face basis or by phone.

Epidemiology	The scientific discipline that deals with the incidence, prevalence, and etiologic factors associated with disease and injury.
Etiology	The science of the causes and origins of diseases and injuries. One of the principle concerns of epidemiology.
Fitness	The condition of being fit and able to function. The term is usually used in relation to physical fitness, but its general use has expanded to define other dimensions of human functionality.
HDL	High Density Lipoprotein is the portion of cholesterol that has a relatively high molecular weight. Its role in the body is not fully understood, but it is associated with the removal and transport of other fractions of blood lipids. The ratio of HDL to total cholesterol is referred to as the HDL ratio. An HDL ratio of 4.4 or lower is generally perceived as beneficial in the prevention of atherosclerosis.
Health Age	The estimated age of the individual in years and months, based on an analysis of the individual's specific lifestyle related risks when compared to mortality and morbidity information from large numbers of people. The term is usually used in contrast with chronological age in the processing of older Health Risk Appraisal (HRA) instruments.
Health Cost Management	The process of analyzing and modifying characteristics of the work place and health plan design to manage the broad range of health-related costs associated with an employee work force. These costs include such things as employee health benefit costs, disability costs, worker's compensation costs, occupational health costs, supplemental insurance costs, early medical retirement costs, life insurance costs, sick leave absenteeism, presenteeism and costs associated with health risks and health-related actions of employees.
Health Management	The field of endeavor that deals with the strategies, technology and methods of primary, secondary, and tertiary prevention including the nature and structure of incentives that affect health care use.
Health Plan Design	The characteristics of health insurance coverage that include eligibility, scope of services, cost sharing features, administrative features, provider limitations, and exclusions and limitations. Generally, health plan design has significant effects on the utilization and cost of health insurance coverage.
Health Promotion	Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.

Health Promotion Program	An organized program intended to assist employees and their family members in making voluntary behavior changes that reduce health risks and enhance their individual productivity while contributing to the maximum enhancement of their physical, mental, and spiritual health.
Health Risk Assessment	Health Risk Assessments (HRAs) are a class of paper and pencil instruments, or web-based surveys that are optically scanned and computer processed, that can provide a quantitative reflection of the relative risk of disease, injury, or death associated with a specific set of lifestyle behaviors when combined with other specific information about the individual involved. Most of the traditional computer processed HRAs provide a mortality-based comparison between the individual's chronological age, health age, and achievable health age. The newer HRAs generally provide a view of the morbidity risks associated with the behavior and health conditions of the individual.
Health and Productivity Management	"The integrated management of health risks, chronic illness, and disability to reduce employees' total health-related costs including direct medical expenditures, unnecessary absence from work, and lost performance at work (i.e., presenteeism).”-IHPM
Health Reimbursement Arrangements	The use of a Section 105 medical reimbursement plan under the Internal Revenue Code that can be used as the personal health care account for a type of Consumer Driven Health Plans. These accounts have different characteristics that Health Savings Accounts (HSA) but both can be used in CDHPs.
Health Risk Factors	Those specific behaviors, activities, or conditions that place the individual at increased risk of specific disease conditions or injury when compared to the average individual in the same age and gender cohort in the population.
High Risk Intervention	The series of activities that are undertaken to help an individual address one or more high-risk factors and to reduce the associated risk connected with their risk status. The typical interventions used with high risk are special mailings, outbound telephone contacts, relational programming, incentives and special program offerings.
Health Savings Accounts	The newest form of tax advantaged benefit savings vehicle that allows those individuals and families covered by a qualified High Deductible Health Plan (HDHP) to put aside contributions that can be used for qualified medical expenses under federal minimum provisions. These accounts are used in CDHPs.

High Risk

An individual whose combination of lifestyle and health risks exceeds the average health risk for an individual who is the same sex and age. A single high risk factor or a combination of several high risk factors can create a higher risk of probability of disease, injury, or death. An individual can also be considered as high risk if he or she has a health risk that is extremely high. For example, someone with a total serum cholesterol of 375 mg dl could be considered high risk. In addition someone with an Overall Wellness Score under 60 (on a scale of 1 to 100) may be considered "high risk."

Holistic

The tendency to deal with the whole or integrated systems rather than with their parts. Also considered as a non-medical approach to wellness with a much stronger emphasis on psychosocial factors of health.

Hypertension

The abnormal elevation of blood pressure, particularly with electrocardiographic evidence of cardio-arterial derangement. The National Heart Lung & Blood Institute (NHLBI) indicates in JNC-7 that blood pressure needs to be measured on at least three separate occasions and is defined by the parameters in the table below. Hypertension is a primary risk for atherosclerotic heart and vessel disease.

Blood Pressure Classification	**SBP mmHg**		**DBP mmHg**
Normal	<120	and	<80
Prehypertension	120-139	or	80 - 89
Stage 1 Hypertension	140-159	or	90-99
Stage 2 Hypertension	≥160	or	≥100

Source: **Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)**

Incentive

An anticipated positive reward designed to influence the behavior and/or performance of an individual or group.

Incidence

The number of new cases of disease or injury having their onset during a prescribed period of time (usually a year period). Incidence is a measure of frequency of morbidity or other health related events that occur within a specified period of time.

Integrated Health Management

The way in which an employer brings the wide variety of worksite activities such as safety, disability management, workers compensation, ergonomics, health benefits, fitness, wellness, occupational health services, training, etc., into congruence so that the health of the population is significantly enhanced.

Lifestyle	The consistent, integrated way of life of an individual as typified by his/her manner, attitudes, and behavior. This term is usually applied to a wide range of health related behaviors, often associated with specific health risk factors in the field of wellness.
Life Expectancy	The average number of years of life remaining for a person at a particular age, based on a given set of age-specific death rates for the mortality conditions existing in the period mentioned and the population cohort.
Lipids	One of a group of substances, including the fats and esters, having analogous properties. Blood lipids perform a large number of critical biochemical functions and are important in the etiology and prevention of atherosclerotic heart disease.
Low Risk	An individual whose combination of lifestyle and health risks are below the average for a individual who is the same gender and age. The absence of a combination of health risk factors can create a low risk for selected disease, injury, or death.
Maintenance	The stage of readiness to change from the Transtheoretical Model of behavior that involves having engaged in a particular behavior continuously for more than six months. One of five major stages of change. Please see Stage Theory or Transtheoretical Model for more information.
Medical Self-Care	The process of using selected clinical and medical information to make appropriate decisions concerning the identification of common medical conditions and their preferred home treatment. Also included is the use of medically and technically sound information to determine when to seek medical attention for selected symptoms and conditions.
Moderate Risk Level	An individual whose combination of lifestyle and health risks are about average for a individual who is the same gender and age.
Morbidity	A diseased state, disability, or poor health due to any cause. Also considered to be the illness and injury that an individual experiences in a defined period of time.
Mortality	The state of being mortal, or susceptible to death. Mortality rate is considered a common measure of the number of deaths in a given population during a given time period.
Norm	A standard, model, or pattern of behavior or expectation for a group. In the cultural use of the term, it relates to the expected pattern of behavior condoned or positively supported by a group. In the clinical sense of the word, it represents a standard against which other things are compared.

Percent Body Fat	The percent, by weight, of fat in the human body. It is a general test of obesity and physical fitness. The measurement of percent body fat is frequently used in fitness assessments and can be determined by one of several different methods.
Pre-contemplation	The stage of readiness to change from the Transtheoretical Model of behavior where the individual is neither engaging in the particular behavior or even considering engaging in it. One of five major stages of change. Please see Stage Theory or Transtheoretical Model.
Precursors	An event or condition that goes before or in advance of another. The term is used in examining the clinical or lifestyle behaviors and habits that go before clinical disease or other conditions.
Preparation	The stage of readiness to change from the Transtheoretical Model of behavior that involves actively planning to engage in a new behavior within 30 days. One of five major stages of change. Please see Stage Theory or Transtheoretical Model.
Primary Prevention	That category of preventive health activity that is designed to reduce the occurrence of precursors or risk factors that are associated with disease conditions or injuries. Examples of primary prevention are smoking cessation, weight management programs, exercise programs, and seat belt use.
Presenteeism	The measurable extent to which health symptoms, conditions and diseases adversely affect the work productivity of individuals who choose to remain at work.
Prevalence	The number of new and existing cases of disease or injury having their onset during a prescribed period of time (usually a year period). Prevalence is a measure of frequency of morbidity or other health related events that exist within a specified period of time.
Preventive	To stop or keep something from happening. The term is used in the context of wellness, primarily to signify the nature of some action that prevents an adverse health effect from occurring, or assures the attainment of a higher or more beneficial state of health.
Recidivism	The return to a former condition or behavior after a passage of time. A tendency to relapse, particularly used in the behavioral science literature concerning habitual criminal behavior. The term is most often associated with habitual drug and alcohol use, but is also used with selected wellness behaviors. Also known as relapse.
Relative Risk	The condition of having a differential chance of injury or disease in relation to a standard of comparison. The term is usually used in analysis of health risk conditions among individuals with similar age and sex characteristics. The term is also used frequently in the health risk assessment literature.

Resiliency	The ability to maintain one's psychological and emotional balance in the midst of change and stressful life events; the power of springing back or recovering readily from adversity.
Results-Driven Wellness	A particular approach to worksite wellness that emphasizes the production of a variety of measurable results including behavior change, health risk mitigation, health status improvement, productivity improvement and economic return.
Return-on-investment	An evaluation construct that attempts to establish attribution between a specified activity, such as a worksite wellness program and economic savings compared to the cost of the activity.
Secondary Prevention	That category of preventive health activity that is designed to detect disease conditions so their early treatment will minimize adverse sequellae, or lead to clear improvements in health status. Examples of secondary prevention are blood pressure screening, cholesterol screening, blood sugar screening, and mammography
Screening	Examination of an individual or a large number of individuals to disclose certain characteristics, or the presence of a certain disease, such as elevated cholesterol, elevated blood pressure, or abnormal levels of glucose in the blood. Screening is a major dimension of secondary prevention.
Self-Determination Theory	A macro theory of human motivation and personality, concerning people's inherent growth tendencies and their innate psychological needs. It is concerned with the motivation behind the choices that people make without any external influence and interference.
Serial Feedback	The health management technology that requests information from individuals and then reports back on the health significance of the information to the individual from the most recent and from past information reports. This technology is usually used as part of a health risk assessment (
Sick Leave Absenteeism	Work loss time resulting from health related conditions of the individual involved or of their family members. Each organization or employer defines this occurrence in somewhat unique ways with unique policies.
Smoking Cessation	The ceasing or stopping, either forever or for some period of time, of the smoking of tobacco products. Most often applied to the termination of cigarette smoking. Smoking cessation can also be viewed as tobacco cessation meaning the ending of use of all tobacco products such as smokable forms, "chew," tobacco patches, and snuff.

Social Learning Theory A theoretical area of psychology that proposes a multi-factorial approach to the explanation of human behavior. Behavioral influences are grouped into constraining influences and promoting influences, and change in behavior is related back to shifts in these two groups of factors. Two of the major proponents of this concept are Kurt Lewin and Albert Bandura. This approach is sometimes utilized in the technology of behavior change within the wellness movement, but is being largely replaced by the stages of change theoretical base.

Stage Theory The popular term applied to a set of behavioral change principles technically referred to as the "Transtheoretical Model of Behavior Change", developed primarily through the work of James Prochaska and Louis DiClemente. This promising viewpoint on behavior change involves the "staging" of individuals toward a specific health-related behavior. The assignment of one's status of change to one of five defined stages of readiness or activity include pre-contemplation, contemplation, preparation, action, and maintenance. See the individual terms for additional information.

Stress Management The field of endeavor arising from the disciplines of psychology and physiology that seeks to provide methods for individuals to reduce or minimize their levels of excess personal stress. These techniques or strategies can be focused on the individual through skill transfer at specific training opportunities, or through an organizational focus that requires organizational interventions. Some of the types of individual stress reduction or stress management techniques commonly addressed include progressive relation, change-of-pace, use of quieting response, biofeedback, and exercise.

Stress Mental or physical strain or tension. The term is usually applied to the long-term adverse consequences of high levels of personal excess stress. A prolonged elevated level of stress usually has a number of debilitating effects and is associated with a variety of clinical diseases.

Systolic Pressure That element of blood pressure that represents the pressure on the walls of arteries when the heart is maximally contracted, rather than in a relaxed or dilated state. This means that the diastolic pressure is always lower than the systolic pressure.

Transtheoretical Model The formal model of behavior change that is also known as the "Stages of Readiness to Change Theory" or model of behavior change. It involves a process of identifying the stage of readiness to change related to as specific health-related behavior. The intention is then to help the individual move from stage to stage until they have assimilated and engaged in the desirable health behavior as a part of their everyday life, and have fully assimilated the behavior into their own concept of self. Please see Stage of Readiness to Change Theory for the five defined stages of readiness.

Tertiary Prevention	That category of preventive health activity that is designed to help those with a clinically confirmed disease condition or diagnosis to more effectively and efficiently manage their condition or problem. This type of prevention is designed to reduce the adverse sequellae and to assure optimal health for those with a confirmed disease or condition. Examples of tertiary prevention are diabetes management, asthma management, high-risk pregnancy interventions, etc.
Triglycerides	A class of blood lipids and esters that are used in the diagnosis of a number of clinical conditions, particularly cardiovascular disease conditions. Triglycerides have to be fractionated or assayed separately to derive HDL and LDL components of cholesterol
Value-on-investment (VOI)	A newer construct that emphasizes the non-monetary outcomes associated with a specified activity. In worksite wellness it involves the use of characteristics such as morale improvement, employer loyalty, productivity improvement to justify wellness programming.
$V0^2$ Uptake	The amount of oxygen that can be utilized by the body under controlled amounts and duration of physical work. The higher the amount of oxygen that can be used, the more efficient the cardiopulmonary system of the individual. $V0^2$ uptake is used as a general measure of an individual's fitness level.
Virtual Wellness	A form of wellness that feels complete and comprehensive to the individual, but does not require the extensive site-based traditional infra-structure of programming. It generally relies on periodic computerized information collection, individualization of responses, mailings, phone-based coaching, selected pro-active interventions, and incentive technology.
Weight Loss	The temporary or sustained loss of body mass, usually identified as loss of pounds or kilograms of body weight. Weight loss or gain is often one of the personal health enhancement objectives of individuals involved in wellness programs.
Wellness	"An intentional choice of a lifestyle characterized by personal responsibility, moderation, and maximum personal enhancement of physical, mental, emotional and spiritual health."
Work Plan	A formal plan for accomplishing a complex set of activities or actions. Work plans usually identify what actions are to be taken, when they will be taken, who will be responsible for completing them, and may include how much they will cost in terms of staff time and/or budget resources. The use of the term here is associated with the formal plan for implementing an employee health promotion or wellness program.
Worksite	A setting, influenced by organizational, cultural, and environmental factors where work is performed and employee services are often provided.

Worksite Wellness Program "An organized program in the worksite that is intended to assist employees and their family members (and/or retirees) in making voluntary behavior changes which reduce their health and injury risks, improve their health consumer skills and enhance their individual productivity and well-being."

Tool 1-2

Summary Table of the Benefits of Worksite Wellness Programs

The following are the highlights of the benefits associated with worksite wellness programming and where to find supporting evidence and documentation.

Focus	Value or Benefit Statement	Supporting Data and/or Documentation
Employer	Increased worker morale	Studies using survey instruments that measure employee morale, industry or trade association data, human resource annual surveys with carefully selected questions
	Potentially greater employer loyalty	Survey results and patterns over time, use of loyalty proxy questions and survey or focus group findings
	Improved employee resiliency and decision-making quality	Studies from the psychological (American Psychological Association APA - Healthy Company Program) and exercise physiology literature
	Positive public and community relations	Recognition awards for local or peer employers, coalition or community consortium activities, industry and trade showcase or write-ups
	Increased worker productivity	Business and industrial management studies, selected studies form the worksite health promotion literature, Journal of Occupational and Environmental Medicine (JOEM), local or trade data using collective productivity indicators
	Presenteeism loss reduction	PubMed search results on presenteeism, JOEM evaluation and review articles, health and productivity management evaluation literature
	Informed, health care cost-conscious workforce	Studies and anecdotal articles about consumer activism, scores from consumer health knowledge surveys, health literacy improvement and survey results on self-efficacy and consumerism
	Recruitment tool	Social psychology literature and business survey literature, selected labor market survey data, HR literature
	Retention tool	Social psychology literature and business survey literature, selected labor market survey data, HR literature
	Opportunity for cost savings via: Reduced sick leave absenteeism	Large number of worksite health promotion studies which address sick leave absenteeism effects, survey data from National Institutes of Occupational Health & Safety (NIOSH) and from trade and industry associations, PubMed search findings
	Opportunity for cost savings via: Reduced short and long term disability claims	Few articles on worksite health promotion programs and their impact on disability days, benefits and business surveys, and JOEM and risk management literature, PubMed search findings
	Opportunity for cost savings via: Decreased health care utilization	Large number of articles on the evaluation of worksite health promotion programs and their impact on health care costs, the medical care research literature

		and the managed care research literature which also contain a variety of references, another major set of references are the actuarial studies that have been done on the relationship of health risks to health costs, PubMed search findings
	Opportunity for cost savings via: Reduced premature retirement	Studies of early medical or disability retirement from the benefits, disability management and actuarial literature, PubMed search findings
	Opportunity for cost savings via: Decreased overall health benefit costs	Worksite health promotion evaluation literature, business and benefits management literature, trade or competitor information, top tier benefits consulting firm employer surveys, Medicare and Senior Risk Reduction Program data, PubMed search findings
	Opportunity for cost savings via: Fewer on-the-job accidents	Worksite health promotion evaluation literature, risk management literature, safety literature, NIOSH publications, publications of the Bureau of Labor Statistics and PubMed search results
	Opportunity for cost savings via: Lower casualty insurance costs	Casualty underwriters publications and risk management literature, PubMed search findings
	Opportunity for cost savings via: Smaller total work force	Business literature plus projections at various sick leave and disability reduction levels, review of personal replacement cases that have occurred in the last 2-5 years, risk conversion using HERO study findings, PubMed search findings
	Opportunity for cost savings via: Reduced medical leave time	Occupational health literature and payroll system coding data, FMLA case data, PubMed search findings
	Opportunity for cost savings via: Reduced occupational medical costs	Occupational health literature and occupational health unit data, PubMed search findings
Community	Provides a model for other local organizations and areas	Community health promotion literature and community organization literature plus Robert Wood Johnson Community Snapshots Project, Community Prevention Services Task Force (CPSTF) findings, PubMed search findings
	Contributes to establishing good health as a norm	Community health promotion literature and cultural change literature plus Centers for Disease Control and Prevention publications, PubMed search findings
	Complements and reinforces national and local public health initiatives	Office of Disease Prevention and Health Promotion publications and Objectives for the Nation: 2000 plus local public health reports and plans, PubMed search findings
	Improves quality of life of citizenry	Community Health Care Forum materials and National League of Cities publications, PubMed search findings
	Helps control (and possibly reduce) the economic and social burden on all taxpayers from premature mortality and morbidity	Compression of morbidity literature and community health promotion literature plus Health Care Financing and Agency for Health Services Research publications and studies, PubMed search findings
	Helps improve the general economic well-being of communities through the improvement in general health status and productivity	Community health promotion literature and national econometric studies and analyses, PubMed search findings

Individual	Increased morale via employer's, provider's or communities interest in their health and well-being	Social psychological and psychological literature, PubMed search findings
	Increased knowledge about the relationship between lifestyle and health	Attitude and correlated research within the health promotion and health education literature, PubMed search findings
	Improved health status	U.S. Preventive Health Services Task Force (USPHSTF) findings, American Journal of Health Promotion and American Journal of Preventive Medicine articles, PubMed search results.
	Increased opportunity to take control of their health and medical treatment	Consumer satisfaction surveys and national market research studies plus self-efficacy literature, PubMed search findings
	Improved health and quality of life through reduction of risk factors	Literature surrounding the use of SF12 and SF36 and self-reported perception of health status, PubMed search findings
	Increased opportunity for support from co-workers and environment	Social psychological literature, health education research literature and cultural change literature, PubMed search findings
	Reduced work absences	Attitude and correlated research within the health promotion and health education literature, PubMed search findings
	Reduced iatrogenic risk	Leapfrog Initiative and patient safety literature, PubMed search findings
	Reduced out of pocket and premium cost for medical care	Attitude and correlated research within the health promotion and health education literature plus Bureau of Commerce and Census publications, PubMed search findings
	Reduced pain and suffering from illness and accidents	Attitude and correlated research within the health promotion and health education literature, PubMed search findings
Health Plans	Greater member satisfaction	Perceived value of health benefit literature, Health Plan Employer Data Information Set (HEDIS) literature, PubMed search findings
	Increased market share through differentiation	Health plan and managed care marketing literature and strategic planning literature for the managed care industry, PubMed search findings
	Improved member retention	Health plan performance literature, Medicare Advantage literature, PubMed search findings
	More appropriate utilization by consumers and patients	Medical self-care literature, case and disease management literature, medical care literature and demand management literature, PubMed search findings
	Reduced utilization and cost through improvements in morbidity	Compression of morbidity literature, epidemiology literature, managed care and demand management literature, PubMed search findings
	Improved price competitiveness	Health plan and managed care literature, financial analysis of health care industry literature and benefit survey literature, PubMed search findings

Tool 1-3

Sample of Worksite Wellness Interest Survey

We are examining the possibility of developing an employee Wellness program, and would like to learn about your interests in Wellness and health related activities. Please take a few minutes to complete this anonymous survey. Please check those items that apply.

First Tell Us About Yourself!

I. Male ☐ Female ☐

II. Age Group: (Please check the age group in that you belong.)

Under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+ ☐

III. Your worksite:_____

IV. Your Department/Work Unit:_____

Your Current Health Habits

The following questions are about your current health habits and interest in pursuing a healthier lifestyle.

		Yes	No	Complete if appropriate
1.	I exercise vigorously for at least 20 minutes three or more days a week.	☐	☐	I would if:
2.	I regularly smoke cigarettes.	☐	☐	I would stop if:
3.	I am more than 20 lbs. over my ideal weight.	☐	☐	I would lose weight if:
4.	I avoid eating too much carbs.	☐	☐	I would if:
5.	I practice some type of stress management on a regular basis.	☐	☐	I would if:
6.	I have had my blood pressure checked within the last year.	☐	☐	I would if:
7.	I wear a seat belt all the time when I am in a motor vehicle.	☐	☐	I would if:
8.	I am careful about getting all the sleep I need.	☐	☐	I would if:
9.	I have at least three drinks containing alcohol every day.	☐	☐	I would drink less if:

10.	I usually consult a medical self-care book or website when I'm sick.	☐	☐	I would if:
11.	I make an effort to eat enough fiber from whole grains, cereals, fruits etc.	☐	☐	I would if:
12.	I eat breakfast every day.	☐	☐	I would if:

13. If you could receive written information for five of the health topics listed below, which five would you select? (**Check only five!**)

□	Tips for reducing cholesterol	□	Parenting tips
□	Information on AIDS	□	High blood pressure
□	Weight management techniques	□	Headache prevention
□	Starting a walking program	□	Preventive dentistry
□	Spiritual wellness	□	Auto safety
□	Health effects of cocaine use	□	Back care
□	Alcohol tips	□	Foot care
□	Asthma management	□	VDT safety
□	Starting to exercise	□	Home safety
□	Avoiding sports injuries	□	Vitamin facts
□	Stress reduction tips	□	Prescription drug tips
□	Nutritious cooking tips	□	Low salt tips
□	Medical self-care	□	Heart disease prevention
□	Dealing with your doctor	□	Cancer detection/prevention
□	Pre-menstrual tension tips	□	Diabetes
□	Questions for your doctor	□	Cancer prevention
□	Second-hand smoke	□	Hospitalization kit
□	Prevention of sexually transmitted disease	□	Smoking reduction tips
□	Preventing carpal tunnel disorders	□	Breast self-exam
□	Healthy sleep strategies	□	Men's health
□	Recreational safety	□	Women's health
□	Eldercare issues	□	Use of Antioxidants
□	Testicular exam for cancer	□	Preventive screening
□	Personal violence protection	□	Shift worker health tips

14. Would you personally participate in a Wellness program if we offered one? Yes □ No □

15. Would you participate in any of the following wellness activities on a regular basis if they were offered at work? **(Check all those that apply.)**

□	Aerobic exercise classes	□	Medical self-care training
□	Weight management program	□	Monthly Wellness seminar
□	Confidential health screening	□	Smoking cessation program
□	Sports league activity	□	Blood pressure screening
□	Health fair	□	Nutritional pot-luck
□	Fitness or Wellness contest	□	Blood test for cholesterol
□	Walking event or club	□	Workshop on self-esteem
□	Parenting skills and support	□	Join a support group
□	Consumer health training session	□	Personal fitness contracting
□	Watch enjoyable movies during lunch	□	Wellness coach session

16. Would you like a financial incentive to help motivate you to take better care of your own wellness?
Yes □ No □ If yes, what size of incentive amount would motivate you? $_____ monthly

17. Which of the following categories would you place yourself?
(Please check only one!)

□ I'm not interested at all in pursuing a healthy lifestyle.
□ I have been thinking about changing some of my health behaviors.
□ I am planning on making a health behavior change within the next 30 days.
□ I have made some health behavior changes, but I still have trouble.
□ I have had a healthy lifestyle for years.

18. In the past year (excluding pregnancy), approximately how many times have you:

Been to the doctor or clinic	_____ Times
Been hospitalized overnight	_____ Days
Missed work due to illness or injury	_____ Days
Filled or refilled a prescription	_____ Times
Been to the emergency room yourself	_____ Times
Been to the emergency room for family member	_____ Times
Been to a chiropractor	_____ Times
Been to a massage therapist	_____ Times

19. Would you be interested in completing a confidential health survey that is computer processed and would give you a set of personal health improvement recommendations? Yes □ No □

20. Any additional comments or suggestions for a Wellness/wellness program for employees?

21. If you would like to volunteer to help with the program please write your name, phone number and any special interest you might have, in the space provided.

Name: _____

Work Unit: _____

Phone: _____

Mail Stop or E-Mail Address: _____

Your wellness interests: _____

_____

Thanks for completing this survey!

Tool 1-4

Summary Table on Wellness Strategy Characteristics

The following is a summary table of the primary characteristics of the three major program models that define the wellness strategy of an organization.

Program Characteristics or Features	Feel Good Wellness Model (FGW)	Traditional Wellness Model (TW)	Results-Driven Wellness Model (R-DW)
Clinical risk factor orientation	Weak	Moderate	Strong
Productivity emphasis	None	Weak	Major
Cultural change oriented	Weak	Modest	Strong
Use of mandatory programming	None	None	Some
Systems orientation	None	Weak	Strong
Spousal and family participation oriented	None	Some	High
"Virtual" versus site-based orientation	None	Weak	Strong
Well-being emphasis	Strong	Moderate	Strong
Budgetary requirements	Very limited	Limited	Modest
Collaboration oriented	Weak	Limited	Strong
Data driven orientation	None	Weak	Strong
Degree of integration	None	Some	Major
Degree of generational segmentation in programming	None	Some	Strong
Degree of organizational development oriented	Limited	Limited	Major
Evaluation activity	None	Some	Major
Proactivity	None	Weak	Strong
Economic orientation	None	Weak	Strong
Economic return potential	Low	Modest	High
Use of technology	Weak	Modest	Strong
Use of benefit linkages	Weak	Modest	Strong
Use of biometric screening	Very little	Modest	Heavy
Use of planned communications	None	Some	Major
Use of organizational infrastructure	None	Some	Major
Use of technology infrastructure	None	Some	Major
Use of self-service technology	Spotty	Modest	Heavy
Use of coaching	None	Limited	Heavy
Use of personal wellness objectives	None	Some	Heavy
Use of incentives	None	Some	Heavy
Use of medical self-care	None	Some	Heavy
Use of consumer health education	None	Some	Heavy
Use of injury prevention	None	Some	Heavy
Use of group interventions	Some	Modest	Heavy
Use of commitments aids	None	Some	Heavy
Use of self-tests	None	Some	Heavy
Use of open enrollment	None	Weak	Strong
Use of volunteers	None	Weak	Strong
Use of value based plan design techniques	None	Weak	Strong

Tool 1-5

Components of Organizational Infrastructure

In the WellCert Program we portray the major components of the organizational infrastructure of a worksite wellness program by using the acrostic "START". Here we will use this acrostic to further flesh out the major elements of the administrative infrastructure that we refer to as the "organizational infrastructure." We have grouped the various administrative elements into the appropriate portion of the acrostic where possible.

"S" = Service providers or vendor(s): Most employers and health plans need to utilize a Wellness vendor to provide such things as: educational sessions, online training modules, annual health risk assessment, Wellness coaching, biometric screening, Wellness print materials, eHealth portal, and/or program consultation. The Wellness vendors usually are managed by the internal Wellness staff. Wellness vendors now have two national organizations that provide specialty accreditation for Wellness program vendors.

"T" = Targets: The behavioral and clinical risk factors that are the primary targets of the wellness program. The "Big 8" includes: tobacco, physical activity, nutrition, heart health, weight management, stress, medical self-care and back pain. Additional possible targets include: other tobacco use, lack of preventive screening, excessive chronic alcohol consumption, binge alcohol consumption, high saturated fat diets, low dietary fiber intake, in adequate fruit and vegetable consumption, excessive caffeine consumption, high risk sexual practices, high risk recreational practices, over-the-counter (otc) medication abuse, undetected depression, poor nutrition practices, carelessness or injury proneness, lack of seat belt use, excessive sun exposure, lack of supportive relationships, illegal drug use, inappropriate health care use, insufficient sleep or rest, overly passive health care consumerism, unsafe home practices, eating disorders, elevated blood sugar, pre-hypertension, pre-diabetes, obsessive dieting, prescription drug abuse, distracted driving.

"A" = Accountability:
#1 **Wellness Program Goals**: The planning process for an employee Wellness program should include the development of three (3) to eight (8) formal program goals that will help provide clarity for staff and volunteers. If these goals can be placed in priority order so much the better. Some examples of typical Wellness program goals include:

1. To improve the health of employees and their spouses.
2. To enhance the productivity of employees.
3. To reduce the rate of increase in employee health care costs.
4. To reduce the frequency of work injuries and accidents.
5. To enhance retention and recruitment by offering a successful employee Wellness program.
6. To be recognized as a "world class" employee wellness program.
7. To secure a high level of employee engagement in the Wellness program.

#2 **Wellness Program Objectives**: Annual program objectives are an important part of program planning. For each year a range of five (5) to eight (8) program objectives should be developed. These should be time-limited, measurable, balanced among operational and outcome achievements, linked to program goals and a slight stretch to complete. Some examples of program objectives include:

1. Reduce the average number of annual sick leave absenteeism hours for all employees by 10% from the previous year.
2. Establish a wellness advisory group, select and train a wellness coordinator, develop a program plan, budget, and evaluation plan by January 1.
3. Formally launch the employee wellness program with a letter from the CEO by February 1.
4. Provide cholesterol screening to1,350 employees by March 1.
5. Conduct four Resiliency education classes for employees and their family members in the headquarters location by June 1.

6. Train 1,200 employees and family members in medical self-care and health care consumerism by September 30.
7. Conduct a blood pressure "sweep" for all employees by October 1.
8. Organize a financial incentive program linked to program participation and have it ready to implement as of January 1 of next year.
9. Conduct and write up a first year evaluation of the program by March 1 of next year.
10. Implement a full replacement Consumer-Driven Health Plan (CDHP) for all benefit covered employees by September 1.

Later in the program year, these objectives have the ability to efficiently structure program evaluation and provide an accountability framework for the program manager. With each succeeding program year the program objectives should be refined with some being eliminated and new ones being added.

#3 Wellness Program Evaluation Plan: This administrative infrastructure component provides a blueprint for the future evaluation of the worksite wellness program, containing such items as a set of evaluation objectives, a proposed evaluation methodology, measurements to be used, samples of the evaluation instruments to be used, the anticipated form of the results and prospective uses of the evaluation findings. The evaluation plan should provide all the detail necessary to plan, organize, and conduct the evaluation activity for the program. If the Evaluation Plan can be captured in matrix form and limited to one or two pages it usually expedites its use.

"R" = Resources:

#1 Wellness Program Budget: The program budget is what you use to purchase wellness programs and services and to show the complete cost of the program. The size of the vendor portion of the program budget will depend a lot on the internal resources available for use in the program. In larger companies, and in those with health professionals on staff, there are many things internal staff can do to augment the services of outside vendors. However, programs without vendor budgets and with limited internal resources are not going to accomplish much sustained or meaningful behavior change or reduction of health risk factors. The program budget is usually used for financial management purposes, cash management, financial integrity, and management accountability. It is also usually the source of cost information for calculating a program's level of economic return.

#2 Wellness Program Coordinator or Manager: The single individual who is tasked with developing, implementing and evaluation the worksite Wellness program is key to the success of the program. This individual should have specialized education, experience, training and/or certification. (See sample job description below)

#3 Program Proposal: In order for a new Worksite Wellness program to be approved and funded it usually requires some form of a program proposal. The larger the organization the more comprehensive the program proposal needs to be. Often the program proposal is developed for a three (3) year project period to allow for full implementation and enough time to complete program evaluation activities.

#4 Program Brand: The program name, logo, tag line and art style represent the "brand" for your Wellness program. Brands are extremely important to the future of your program. You want a strong brand that represents values your population associates with the Wellness program. Values such as: helpful, empowering, medically accurate, caring, and confidential are important to the long term success of your Wellness program. The Wellness program name needs to be simple, easy to remember and clear. The name can be created by an acrostic or simply by taking the company name and adding "Wellness Program" after it. Program names can be a play on words or can pick up on a major attribute of the organization. For example a power utility named their Wellness program "Lifelines." Additional examples include: Healthy Dynamics, Positive Health, Health Spring, Well Motion, Better Health, Fitness Forefront, Finishing Fit, Health Awareness, Well Aware, Energize, etc. The program's logo will be the symbol that automatically represents your Wellness program. The logo should be graphically appealing, consistent with your organizational culture, informative and attractive. Some typical examples include: A rainbow with your organizational logo under it, apple or apples with the organization initials, People running or walking, sun coming up, day dawning, person standing with arms outstretched, lightning bolt, etc. The program's "tag line" is a short phrase, usually not more than six words, that captures the major purpose or perspective that you want people to associate with your Wellness program. The tag line should be catchy, clear, upbeat, clever, generally relevant, and memorable. Some examples include: Well For Life!, Hooked on Health, It's for You!, Take Time To Be Well, Your Time to Be Well!, Prospects for Health!, Healthy, #9 Wellness Program Work Plan: The wellness

program should have an annual program work plan that lays out the major activities, when they will occur, who has primary responsibility, and their estimated cost. This document helps to focus annual planning activity and can help all of those involved understand the full scope of the program. It becomes the blueprint for program implementation. This document can be developed by the wellness program coordinator or an outside consultant, or by the employee advisory group in a retreat-type setting. The program work plan can also be formatted as a milestone chart and used for planning and for accountability purposes. colors, images, font styles, layout patterns and document formats are important for establishing easy to recognize "brand" of your Wellness program. The larger the organization the more important for the Wellness program brand to be compatible with the brand identity of the corporation and the graphic standards used for all internal communications. There should be a compatible and consistent look to program materials so that a quick connection can be made by employees or health plan members with the Wellness program.

#5 Email Capability: This administrative component involves the ability to contact individuals in the target population with general promotional messaging as well as individual specific messages that may relate to Wellness interests, targeted health risk factors or readiness to change related issues. This capability is critical in delivery of messaging at low cost and with minimum administrative effort.

"T" = Team:

#1 Wellness Program Design Team: Once a mandate has been issued for the planning of an employee Wellness program it usually makes sense to establish a Wellness Program Design Team. This group is usually tasked with planning the Wellness program and preparing a proposal that can be reviewed by senior management. Once this task is done the group usually disbands or morphs into the Wellness Advisory Group. The larger the organization the more important this team is and the more detail usually needs to be included in the program proposal. A recent edition of The Art of Health Promotion contained a detailed description of this program planning process and the suggested identity of those individuals that should be included on the design team in different types of work organizations.

#2 Wellness Advisory Group: Because an effective employee advisory group is usually composed of interested and well-respected individuals, it is important to establish it carefully. In larger organizations, as mentioned earlier, an initial design team can take on more of a policy advisory role, while in smaller organizations it is more of an implementation and communications link with different organizational components and groups. The main thing to accomplish with the employee advisory group is to create an authentic sense of ownership by employees in the program. Most employee wellness programs perceived as a management initiated program forced on employees do poorly in engaging employee and catalyzing support. This is even more critical in highly blue collar and/or unionized workforce settings. Highly geographically dispersed and/or decentralized worksites will need their own employee advisory groups that operate with some latitude, but maintain and complement the core, corporate-wide program as the base of the program. Members should have limited terms, such as three years, to encourage involving new members with fresh ideas.

#3 Employee Wellness Network: Another critical part of the administrative infrastructure of a Wellness program are program liaisons, or program contacts, for each separate work group or location. These individuals are the informational conduits for the program in relatively small work groups. They also provide feedback to the employee advisory group and the program coordinator. They are the distribution points for program informational materials and site contact points for program vendors. These individuals are usually key players in highly complex or large worksites. These individuals are usually referred to as "Wellness Warriors" or "Wellness Champions."

#4 Program Website: With the increasing move to "paperless" organizations, it is important to provide an attractive and highly functional website for your Wellness program. The general rules and axioms for effective websites apply here as well. Characteristics including ease of navigation, useful links, multiple functions, similarity with the corporate website, frequent updates and changes, contact information and consistent "look and feel" are all part of a desirable website.

#5 Ad Hoc Action Teams: Small groups of people who are interested in specific topics, events or campaigns, like implementing the American Cancer Society's Great American Smoke-Out or organizing a walking event or onsite physical activity program, should be able to be mobilized into an action team. These small groups, with one clear leader for each small group, are usually initiated by the wellness program coordinator and function to plan the specifics of the program component. They also help implement the program or campaign. The small groups should report back to the employee wellness coordinator and advisory committee. This pool of volunteers is especially critical if you do not have full time wellness program staff, have very low program funding levels, or your organization is highly decentralized administratively and/or geographically. Representatives from each major group of employees to be targeted by the program usually need to be a part of the action team. Some action teams may extend beyond the event to take on another activity. Some action team members may actually conduct the program in the role of a stop smoking facilitator, aerobics instructor, or brown bag educational session presenter. It is only the very smallest of work groups that do not have a number of talented people who can conduct some of the activities of the Wellness program.

Sample Job Description for Worksite Wellness Coordinator:

"This position is responsible for the development, implementation and delivery of site-based employee health promotion and wellness programs designed to impact the health and lifestyle risks of our workforce and support COMPANY corporate health and wellness benefits strategy. Under the direction of the Chief Human Resources Officer at each location, this individual is responsible for the coordination, development, implementation, facilitation and evaluation of the employee health promotion and wellness program for employees and spouses of COMPANY OR SITE. The Wellness Coordinator is also responsible for the daily operations and activities of any site-based assistants or interns, if applicable. Other responsibilities include support services to departments and groups that request health promotion or wellness interventions. The position is based in COMPANY's _____ office.

Essential Job Functions:

- Design, organize, schedule, implement and evaluate health promotion programs and interventions that involve all employees and applicable spouses associated with the site.
- When the need arises, develop documents and systems that meet the objectives of the COMPANY wellness program, which may include: workspace evaluation, health promotion vendor management, biometric screening, counseling, education, activity and policy-related issues.
- Coordinate all site-based health promotion and wellness activity with the COMPANY enterprise-wide program.
- Interview and contract with internal and external health promotion and wellness professionals and vendors to provide health education/promotion seminars that meet the standards and objectives of the COMPANY health promotion and wellness program.
- Provide expertise and assistance in areas such as: Fitness, nutrition, blood pressure monitoring, cholesterol testing, medical self-care training, smoking cessation, stress management, principles of behavior change.
- Perform data collection and analysis to track participation, participant feedback, health risk outcomes, and other metrics required by the program.
- Facilitate on-site education programs.
- Monitor annual budget, including projected program and promotional expenses.
- Facilitate site-based wellness advisory groups and team meetings. Facilitate site-based wellness advisory groups and team meetings.

Additional Job Functions:

- Responsible for overall coordination of on-site fitness program including membership, data collection, safety, equipment (including maintenance) and supply orders Facilitate site-based wellness advisory groups and team meetings.
- Oversee fitness evaluation, screening and training Facilitate site-based wellness advisory groups and team meetings.
- Develop of short and long-range incentive programs to encourage participation and program adherence, promotional strategies to recruit new participants to use facility. Facilitate site-based wellness advisory groups and team meetings.
- Report on attendance, member satisfaction, expenses and program success.
- Facilitate site-based wellness advisory groups and team meetings.
- Provide assistance and direction to Human Resources about scheduling of health promotion events and activities to ensure department partnership and support of COMPANY wellness program goals and objectives.
- Develop and coordinate all wellness program communications for COMPANY employees and spouses.
- Produce promotional flyers, calendars, posters, and electronic communication to promote wellness program.
- Maintain liaison with local or national health and fitness-related associations or businesses.
- Obtain or retain alliance with health related group or organization such as, The National Wellness Institute (NWI), The American College of Sports Medicine (ACSM) and/or the American Journal of Health Promotion.
- Satisfactorily complete any additional function or assignment made by the individual's supervisor.

General Requirements/Competencies:

- Minimum of four years of professional health promotion and wellness experience in a corporate worksite setting.
- Undergraduate or graduate degree in health promotion, health education or related field desired, but not required.
- Ability to interact with all levels of employees and management in the organization and with external vendors.
- CHES certification or at least Level 2 certification as a Worksite Wellness Program Manager from the Chapman Institute.

Knowledge:

- Current knowledge of the scientific basis of health promotion, trends and status of the health promotion industry.
- Expertise in the field of corporate health promotion and fitness.
- General understanding of population-based health management and benefits.
- Understanding of and familiarity with e-health technologies.
- Understanding of fundamental health behavior change theories.

Skills and Abilities:

- Strong verbal and written communication skills.
- Demonstrated competency with Microsoft applications (Word, Excel, PowerPoint, Visio).
- Organizational skills and ability to manage multiple projects and priorities.
- Ability to work effectively as member of a team, as well as work collaboratively with other facets of the organization.
- Effective presentation skills; ability to deliver professional level presentations.
- Self-motivated with the ability to work independently.
- Customer service orientation and focus.
- Incumbent should be knowledgeable of exercise testing and prescription, training techniques, group class leadership and health education techniques.

Salary Range:

- $68,000 to $89,000 annual salary range."

Tool 1-6

Components of Technology Infrastructure

The following is a brief description of each of the major components of the technology infrastructure that constitutes the virtual elements of an organized approach for disseminating wellness support including awareness raising, motivation, skill development and opportunities to practice the new wellness skills.

#1 **An annual HRA**- A web-based health questionnaire completed annually with a wide range of health-related questions that acts as the primary data collection tool for risk stratification and population health management. This health assessment or health risk assessment (HRA) represents an important tool for planning, intervention and evaluation purposes with implications for use with both individuals and populations.

#2 **A personal report**- A highly personalized set of recommendations for health improvement and for health cost management that is derived from the information provided by the individual in their annual HRA. This online survey also provides a personal report for each user with an estimate of significant health conditions, health risks and activities that are likely to bring about health improvement if the individual changes their health behavior.

#3 **Telephone-based coaching call** – After completing the HRA and having it processed into a personal report, a follow-up call from a wellness coach would occur to answer questions and discuss the individual's HRA results and personal report and to formulate one or more personal wellness goals. The amount of telephone coaching and follow-up is then variable based on the individual's risk strata as determined through the HRA information. Referral for follow-up health services may also occur during the telephone contact.

#4 **Annual program kit** – Each year as part of the new program start date, an attractive welcome kit is sent to each household with an explanatory letter, program evaluation feedback, incentive information, printed program description, self-care reference, and self-directed behavior change tools appropriate to the individual.

#5 **Self-directed behavior change tools** – For those individuals that are ready for a specific health behavior change, paper or computer-based tools are provided so the individual can manage their own behavior change process. This can include compliance aids, wearables, trackers, and phone apps.

#6 **Medical self-care book or program** – Within the annual program kit a medical self-care reference book or software app can be distributed or an updated or more current text can be provided at periodic intervals. A medical self-care book provides physician derived recommendations in dealing with identification of common medical conditions and suggests home care for many of the common self-limiting symptoms.

#7 **Periodic mailings, text messages and emails** – Based on information provided in the HRA or as part of a personal health record, periodic seasonally sensitive health messages could be sent to each individual in the form of postcards, announcements, or printed messages. These would be done at the request of the individual.

#8 **Wellness newsletter** – A periodic printed wellness newsletter would be sent to each household or individual containing practical information on improving personal health and well-being. This could include information on key health risks, consumer health tips, mental and emotional health issues and suggestions for improved health and newer health information.

#9 **Primary Care Practitioner (PCP) summary** - This one page summary of the individual's HRA results is organized for a quick review by the individual's primary care clinician and is designed to help establish an information link between the wellness program and the individual's primary health care practitioner. The intent is to help open a dialogue with the individual's PCP and hopefully gain agreement resulting in the PCP supporting the behavior change process that the individual is involved in making.

#10 **Full-function E-Health portal** – Approximately 93% of adults in America now have some connection to the Internet. This component of the technology infrastructure involves providing individuals with the ability to access scientifically sound health information through an easy to use website that provides a full range of health management and personal health improvement functions.

#11 **Incentives for Wellness** – This component includes meaningful incentives for use of these services and tools, such as: completion of the annual HRA, ongoing participation in telephonic coaching and use of the other 10 interventions. Experience confirms that in order for incentives to be "meaningful" over time, they need to approximate $600 to $1,200 of value to the individual each year. Achievement of a minimum number of "Wellness Criteria" probably offers the best avenue for formalizing the exchange of value.

Tool 1-7

Draft Wellness Program Launch Letter/Email

Dear Team Members (Employees):

Like many companies, we have been considering the possibility of starting a wellness program for all employees and their spouses. Our reason for doing so includes our concern for the health and well-being of employees and their family members, as well as our concern about the escalating cost of our health benefit program. Based on the feedback received from the Employee Wellness Interest Survey completed a short time ago, we are pleased to announce the formal start of our new wellness program on (Starting Date). Our new wellness program is designed to help provide a healthful work environment and to support the adoption of healthy habits by employees who want to improve their own health and wellness levels.

The Program will be called (Program's Name) and will become more fully developed with your input over the months and years ahead. For this coming year, the following major activities will be offered:

- A two hour online wellness workshop will be required for all employees and spouses.(To learn why this is a great thing for all of us.)
- A wellness newsletter will be sent to each employee's home.
- A confidential wellness survey will be offered next month.
- A more complete wellness assessment will be offered in the spring.
- A series of wellness classes will be offered to help employees stop smoking, lose weight, and handle their stress better.
- A new preventive medical benefit for the health plan is in the works.
- A comprehensive online Wellness portal will be offered in January
- Some changes in policies, work facilities, food access, etc., will be made in order to make it easier to adopt and maintain healthy behaviors.
- A new wellness financial incentive program will be introduced in the fall which can lead up to a maximum of a $1,200 reduction in your health plan premium contribution.

The staff person who has been given responsibility for developing and managing this new program is (Name of Wellness Coordinator). She(He) will be working with an employee advisory committee to make sure the program addresses your needs. You will be hearing more about the specifics of the program in the weeks ahead. More of the details are available on our website.

Along with the rest of the executive team, I am personally excited about this new program, and I am very pleased that our organization is embarking on this new direction. Please join with me in supporting this new program effort. Good health is an extremely valuable asset to all of us and I look forward to seeing you at one of the upcoming program events.

(Name)
President and CEO

Tool 1-8

Possible HRA and Screening Follow-up Interventions

The following are a large number of follow-up interventions in addition to advice that gets directly into the individual's personal wellness report of an HRA. These problems, suggested screens and the follow-up interventions include:

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
Health is excellent	"Strongly disagree"	Contact the individual to discuss the basis for their "poor" health, determine what additional interventions may be useful and appropriate
Expect health to get worse	"Strongly agree"	Contact the individual to discuss the basis for their "poor" health, determine what additional interventions may be useful and appropriate
Perception of health	"Poor"	Contact the individual to discuss the basis for their "poor" health, determine what additional interventions may be useful and appropriate
Seem to get sick easier than others	"Strongly agree"	Contact the individual to discuss the basis for their "poor" health, determine what additional interventions may be useful and appropriate
Depression	Antidepressant drug use, serious problems with depression, and life satisfaction	Contact by phone with offer of informational materials and Self-Directed Change (SDC) booklets, make referral if appropriate, set follow-up protocol
Diabetes	Diabetes drug use, confirmed diagnoses for Type I and II, family medical history, no screening for diabetes, health perception, low physical activity level, and high blood glucose level	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol
Stroke	Condition, receiving treatment and/or > 5 physician visits in past year, history in natural relative	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications
Cancer	Condition, receiving treatment and/or > 5 physician visits in past year, history in natural relative, selected symptoms such as: Any sore that doesn't heal, change in bowel or bladder habits, obvious change in wart or mole, thickening or lump in breast or elsewhere	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications, offer internet websites and support group option

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
Chronic back pain	Symptom	Mail SDC material based on readiness to change, provide phone contact for those with reoccurrence in previous year, explore somatic compliant basis of problem. Set follow-up sequence, link to self-care text
Pregnant	"Yes" and/or "not under treatment"	Contact the individual to discuss the basis for their not being under treatment, send a SDC booklet and additional materials as appropriate, provide planning assistance for referral
Readiness to change	In weight loss, physical activity, reduce fat intake, alcohol intake, tobacco use, and stress management practices and global measure for those in preparation	Send appropriate SDC materials and offer phone-based counseling at intervals
Smoker	"Yes" for all forms and/or ready to quit or reduce amount	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals, discuss options for quitting and offer internet sites, set follow-up sequence, offer Smoker's Book of Health
Life problems	> 5 serious life problems within the past year	Contact individual and explore situation, send additional materials as appropriate, provide planning assistance for referral, set follow-up sequence
Stress reduction	"Never", and/or 3-5 serious life problems	Contact individual and explore situation, send additional materials as appropriate, provide planning assistance for referral, set follow-up sequence, send somatic complaint piece
Use of a medical self-care book	"0" times within the past year	Send informational piece written for pre-contemplators and contemplators on use of a medical self-care text along with mail request card for a MSC text, if contact is requested follow-up with call
High sick leave use	More than 15 days of sick leave in the past year	Contact the individual to discuss the basis for their sick leave experience, determine what additional interventions may be useful and appropriate
Obesity	Percent body fat, BMI, height-weight comparisons	Mail SDC material based on readiness to change, provide phone contact for 30% or greater above recommended weight
Allergies	Condition plus > 5 physician visits in past year, frequent allergy symptoms,	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
	non-treatment of the condition/symptom	protocol, examine for lifestyle complications, offer internet websites and support group option, link to self-care text
Cholesterol	Total cholesterol, LDL, HDL ratio, HDL, current medication, past diagnosis, family history, time since last blood test	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals
Heart disease	Past diagnosis, current treatment, chest pain, family medical history of early heart attack (before age 55), anti-coagulant therapy, cardiovascular disease medication, poor health, elevated physician use level or inpatient days	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals
Hypertension	Actual blood pressure, last blood pressure, current medication, past diagnosis, family history	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals
Arthritis or rheumatism	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications, offer internet websites and support group option
Asthma	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications, offer internet websites and support group option, make referral to care provider if appropriate, explore condition management knowledge
Migraines	Frequent and severe headaches, Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Mail SDC material based on readiness to change, provide phone contact for those with reoccurrence in previous year, explore somatic compliant basis of problem. set follow-up sequence, link to self-care text, examine for lifestyle complications, offer internet websites and support group option
Sciatica	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Mail informational materials based on readiness to change, provide phone contact for those with reoccurrence in previous year, explore somatic compliant basis of problem. Set follow-up sequence, link to self-care text, explore stretching

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
		and flexibility activity and prevention of relapse
Lifting techniques	"Not use"	Mail lifting informational piece written for pre-contemplators and contemplators
CTD risk	Experiencing "persistent numbness or tingling in hands or arms"	Mail cumulative trauma disorder (CTD) informational piece written for pre-contemplators and contemplators
Occupational exposure	Excessive lifting or poorly designed work station	Mail lifting and cumulative trauma disorder (CTD) informational piece written for pre-contemplators and contemplators
Planning to get pregnant	"Yes" and/or "not under treatment"	Contact the individual to discuss the basis for their not being under treatment, send a SDC booklet and additional materials as appropriate regarding healthy pre-conception planning, provide planning assistance for referral
Life satisfaction	"Low"	Contact individual and explore situation, send additional materials as appropriate, provide planning assistance for referral, set follow-up sequence, send life satisfaction piece
History of family breast cancer	" 1 or more" natural female relatives	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate preventive screening performed.
Kidney disease	Family history, condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications, offer internet websites and support group option
Lupus	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications, offer internet websites and support group option
Angina or chest pain	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals, make referral to care provider if appropriate
Achiness or sore joints	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
		protocol, examine for lifestyle complications and referral to care
Indigestion or difficulty swallowing	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications and co-morbidity
Persistent cough or hoarseness	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications and co-morbidity
Restricted physical activity	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications and co-morbidity
Shortness of breath	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications and co-morbidity
Ulcer or gastrointestinal bleeding	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications and co-morbidity
Unexplained dizziness	Condition plus > 5 physician visits in past year, frequent allergy symptoms, non-treatment of the condition/symptom	Contact by phone with offer of informational materials and SDC booklets, make referral if appropriate, set follow-up protocol, examine for lifestyle complications and co-morbidity
Woman's preventive screening	Pap smear, mammography and professional breast exam greater than 3 years ago, age	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate screening performed
Physical exam	Age and > five years	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate preventive screening performed
Vision	Age and > 3 years	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate preventive screening performed
Digital rectal exam	Age and > 5 years	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
		the appropriate preventive screening performed
Stool blood test	Age and > 3 years	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate preventive screening performed
Glaucoma screening	Age and > 5 years	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate preventive screening performed
Regular dental checkup	Age and > 3 years	Based on an assessment of other risk factors and co-morbidities contact the individual to recommend that they have the appropriate dental preventive and diagnostic services performed by a local dentist
Flu shot	Age	Based on an assessment of other risk factors and co-morbidities, time of year, contact the individual to recommend that they have the immunization
Monthly testicular self-exam	Gender, age and "no"	Based on an assessment of other risk factors and co-morbidities contact the individual to determine if they know how to perform the self-exam and recommend that they perform it monthly
Monthly BSE	"No"	Based on an assessment of other risk factors and co-morbidities contact the individual to determine if they know how to perform the self-exam and recommend that they perform it monthly
Physical activity level	Aerobic activity less than 3 times per week for at least 20 minutes, moderate activity for less than 5 times per week for at least 30 minutes or physical activity restriction or "0" strength building times per week	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals, discuss physical activity options and set follow-up sequence of contacts
Daily servings of fruits and vegetables	Less than 5 per day	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals, discuss nutrition options and offer internet sites
Daily servings of high fiber foods	Less than 3 per day	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC

Problem, Issue or Pattern	Description of Suggested Screen	Suggested Intervention
		materials at periodic intervals, discuss nutrition options and offer internet sites
Daily servings of high fat foods	More than 3 per day	Mail SDC material based on readiness to change, provide phone contact for those with three or more additional cardiovascular risks, offer additional SDC materials at periodic intervals, discuss nutrition options and offer internet sites
Alcohol use	More than 10 drinks per week, at least one binge drinking episode of 5 or more drinks, or rides with someone who has had 5 or more drinks	Mail SDC material based on readiness to change, provide phone contact for those with any significant co-morbidities and offer additional SDC materials at periodic intervals, discuss options and referral where appropriate
Seat belt use	Anything other than "always"	Mail seat belt informational piece written for pre-contemplators and contemplators
Average driving speed	> 5 miles over posted speed limit	Mail speeding informational piece written for pre-contemplators and contemplators
Job satisfaction	"Low"	Contact individual and explore situation, send additional materials as appropriate, provide planning assistance for referral, set follow-up sequence, send career information piece
Social support	"Low"	Contact individual and explore situation, send additional materials as appropriate, provide planning assistance for referral, set follow-up sequence, send communication skills piece
Primary Care Physician status	"No" or "Not sure"	Send appropriate informational materials concerning the value of having a PCP and offer phone-based counseling for referral
Low self-efficacy	"Not confident" in any area of health consumerism and self-care	Contact individual and explore situation, send additional materials as appropriate, provide planning assistance for provider referral, set follow-up sequence, send health consumer and or medical self-care text

Tool 1-9

Worksheet for Planning Group/Onsite Activity

Activity # _____
Name: _____
Planned Date: _____ Location(s): _____
Lead: _____ Contact Info: _____

Planning Issues	Tentative Plan(s)	Follow-up Issue(s)
Focus		
Space needs		
Equipment/AV needs		
Signage		
Promotion plan		
Incentive plan		
Leader/instructor		
Series or theme		
Potential liability		
Program linkage		
Event linkage		
Prep or maintenance		
Follow on connection		
Evaluation		
Use of evaluation data		

Notes:

Tool 1-10

Sample Wellness Program Planning Checklist

This checklist can be used to help you complete the planning process for your employee wellness program. Check each item as appropriate.

To Be Completed in the First Three Months of Program Planning:

1. ____ We have a written definition of wellness for our program.
2. ____ We have a clear set of reasons why senior management wants a program.
3. ____ There is a clear mandate from senior management to plan the program.
4. ____ It is clear what kind of planning document or proposal management needs.
5. ____ The "due" date for producing the plan document has been determined.
6. ____ We have identified a long-term strategy for increasing senior management support.
7. ____ We have adequate employee demographic data for planning.
8. ____ We have adequate data on employee sick leave patterns.
9. ____ We have adequate data on disability claims.
10. ____ We have adequate worker compensation claims experience.
11. ____ We have adequate data on health benefit claims experience.
12. ____ We have adequate data on current occupational health services needs.
13. ____ We have adequate on quantitative measures of productivity.
14. ____ We have information on previous wellness activity and/or surveys.
15. ____ We have adequate data on the characteristics of the physical space.
16. ____ We have identified an approximate budget range for the program.
17. ____ We have a clear idea of what senior management expects from the program.
18. ____ We have a clear idea of the internal resources that can be utilized for the program.
19. ____ A maximum budget range for the wellness program has been identified.
20. ____ We know what major risk factors we want to target with the program.
21. ____ We know what basic program model makes the most sense for us.

To Be Completed within Three Months of Program Launch:

The following checklist is intended to help you successfully complete the second six months of your development of an employee wellness program for your organization.

1. ___ We have selected one of the three program models as an organizing structure for our program.
2. ___ We have selected five to eight measurable, feasible, and time-limited program objectives.
3. ___ We have selected a few wellness communications activities and they are spread out over the year.

4. ___ We have designed a health management process that will help participants to change their behavior by providing personalized testing information to them.
5. ___ We have selected some additional testing or screening activities to take place during the year.
6. ___ We have selected a set of group activities for the year that are likely to be popular.
7. ___ We have identified the supportive workplace and benefit policies that need to be changed during the year.
8. ___ We have developed a draft program plan.
9. ___ We have developed a draft program budget.
10. ___ We have selected an appropriate level of overall programming to match our objectives and budget.
11. ___ We have selected a desired program identity that will guide the way we implement the program and how employees perceive the program.
12. ___ We have established a wellness advisory committee.
13. ___ We have requested and received management's feedback on the draft program plan and budget.
14. ___ We have selected a wellness coordinator.
15. ___ We have a proposed timetable and work program for the program's activities.
16. ___ We have followed through on the appropriate planning issues.
17. ___ We have avoided inappropriate planning issues.
18. ___ We have translated the program design into a one-page description in order to help explain it to employees and managers.
19. ___ We have addressed the issue of incentives for employees to participate and to change behavior.
20. ___ We have communicated the program design effectively to all our volunteers and advisory committee members.

To Be Completed within the First 3 Months of the Start of the Wellness Program:

The following checklist is intended to help you successfully implement your employee wellness program for your own workforce and organization.

1. ___ We have utilized an appropriate program model or models for implementing the program.
2. ___ We have identified a marketing approach for the series of specific program activities to be conducted during the coming year.
3. ___ Each of the identified activities has an individual who has accepted responsibility for its implementation.
4. ___ There is a systematic mechanism in place to follow-up on the timely completion of each assigned task.
5. ___ We have an identified a budget and a timetable for the program.
6. ___ We have scheduled the proposed group activities for the year.
7. ___ We have identified where and how HRAs will be used in the program.
8. ___ We are meeting monthly to go over our draft program work plan.

9. ___ We are reviewing our program budget on at least a quarterly basis.
10. ___ We are implementing an appropriate level of programming for our objectives and budget.
11. ___ We have taken steps to create a desired program identity that is guiding or influencing the way we implement the program.
12. ___ We have consistently utilized a wellness advisory committee.
13. ___ We have received user feedback on the program as it has been implemented.
14. ___ We are adequately staffed to implement the program.
15. ___ We are generally meeting the timetable for the program's activities.
16. ___ We are working to better integrate wellness values into other facets of our organization.
17. ___ We are communicating program accomplishments to our senior managers.
18. ___ We have tried to reach all sub-groups and sites with our program.
19. ___ We have followed through on the appropriate implementation issues.
20. ___ We have avoided inappropriate implementation issues.

To Be Completed Prior to the End of the First Year of the Wellness Program:

The following checklist is intended to be a practical way to help you structure and organize your program evaluation efforts.

1. ___ We have decided to address the evaluation issue as part of the planning process.
2. ___ A set of five to eight measurable and time-limited program objectives have been drafted.
3. ___ We have identified key data requirements for each objective.
4. ___ We have discussed evaluation objectives and expectations and clarified them with senior managers.
5. ___ We have identified and received approval for the preliminary evaluation timetable.
6. ___ We have identified primary and secondary data collection sources.
7. ___ We have received technical advice on the evaluation objectives and methods.
8. ___ We have established a set of standardized evaluation questions that will be used with all applicable wellness program activities.
9. ___ We have established a clear process for summarizing and aggregating participant feedback on the program.
10. ___ We have established a clear process for summarizing results from screening or testing activities.
11. ___ We have developed an annual wellness interest survey.
12. ___ The annual wellness survey will be used to generate longitudinal data on health risk factors in the work force.
13. ___ We have identified a series of key organizational indicators.
14. ___ The key organizational indicators will be monitored over time to detect changes in major trends.
15. ___ We have received reactions from major groups on proposed evaluation activities.
16. ___ We have identified the specific use of evaluation results.

17. ___ The form of evaluation results has been identified and agreed upon.
18. ___ We will use graphics in developing the package of evaluation findings.
19. ___ Acceptable levels of evaluation results have been articulated.
20. ___ We have identified all the uses of the evaluation results.

Tool 1-11

Sample of Annual Program Evaluation Survey

Greetings! This is an anonymous evaluation survey for your employee wellness program. We need your feedback to help us evaluate the program and improve it. Please be candid with your answers. Fill in the circles or boxes completely that reflect your answers.

1. Your age? _____ yrs Your gender? ☐ Male ☐ Female
2. Did you complete a health risk assessment this year? ☐ Yes ☐ No
3. If you did not complete a health risk assessment, why not? Mark all that apply.
   - ☐ I don't need to fill out it out because I'm healthy.
   - ☐ I don't want to know about my health.
   - ☐ I was prevented from participating.
   - ☐ I already do enough for my health.
   - ☐ I don't feel that it is an appropriate activity for the workplace.
   - ☐ I don't trust my employer with my health information.
   - ☐ I already know that I am unhealthy.
   - ☐ I don't think the incentive is large enough.

   (Other, specify) _____

   I would have participated if _____

4. Please indicate what wellness program activities you participated in during the past year and how you would rate them. Mark all that apply.

	Poor	Fair	Neutral	Good	Excellent
O Health risk assessment survey	☐	☐	☐	☐	☐
O Wellness walking program	☐	☐	☐	☐	☐
O Lunch and Learn program	☐	☐	☐	☐	☐
O Visited the eHealth website	☐	☐	☐	☐	☐
O Group educational programs	☐	☐	☐	☐	☐
O Confidential telephone coaching	☐	☐	☐	☐	☐
O Used a fitness facility	☐	☐	☐	☐	☐
O Health screening program	☐	☐	☐	☐	☐
O Used the medical self-care book	☐	☐	☐	☐	☐
O Used a Wellness mentor	☐	☐	☐	☐	☐
O Wellness incentive program	☐	☐	☐	☐	☐

5. On a 1 to 10 scale where 1 = Poor and 10 = Excellent, how would you rate your satisfaction with the overall Wellness program? Please mark the appropriate response. If you did not participate in the Wellness program, or are unfamiliar with this program, you should mark "no opinion".

No Opinion	Poor	1	2	3	4	5	6	7	8	9	10	Excellent
O		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

If you participated in the (name) Wellness Program, please indicate your agreement or disagreement with the following statements. Complete the circle that best reflects your answer. If the question does not apply, please select "no opinion".

	No Opinion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. The Wellness program has helped me improve my overall health.	O	O	O	O	O	O
7. The Wellness program has helped me feel more confident about making decisions about my health.	O	O	O	O	O	O
8. The Wellness program has helped me become more ready to make positive health behavior changes.	O	O	O	O	O	O
9. I have made at least one significant health behavior change since participating in the Wellness program.	O	O	O	O	O	O
10. The Wellness program has helped me be more productive at work when I am at work..	O	O	O	O	O	O
11. The Wellness program has helped me be more productive when I am not at work.	O	O	O	O	O	O
12. The Wellness program has helped improve my attitude toward my employer.	O	O	O	O	O	O
13. The Wellness program has been of value to others in my family.	O	O	O	O	O	O

During this past year, how many times on average did the Wellness program help you do the following. Please circle the number that applies. Leave the question blank if you don't know the answer.

		Number of Times							
14. Improved the quality of self-care provided at home	None	1	2	3	4	5	6	7	8 or more
15. Helped in making better decisions on when to call or visit the doctor?	None	1	2	3	4	5	6	7	8 or more
16. Save us/me an unnecessary visit to the doctor?	None	1	2	3	4	5	6	7	8 or more
17. Avoid an unnecessary visit to the hospital emergency room?	None	1	2	3	4	5	6	7	8 or more
18. Avoid missing a day of work?	None	1	2	3	4	5	6	7	8 or more
19. Purchased less expensive prescription or over-the-counter (OTC) drugs?	None	1	2	3	4	5	6	7	8 or more

20. Avoid an injury?	None	1	2	3	4	5	6	7	8 or more
21. Led to improved Quality of Life for you or your family member?	None	1	2	3	4	5	6	7	8 or more

Please indicate your response to the following statements (Check the box that best reflects your answer.)

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
22. The Wellness program has the potential to reduce health costs for me and. my employer	☐	☐	☐	☐	☐
23. The Wellness program is a waste of my employer's resources	☐	☐	☐	☐	☐
24 The Wellness program is a valuable part of my employee benefits	☐	☐	☐	☐	☐
25 Employees need higher-value incentives for participation in the Wellness program	☐	☐	☐	☐	☐
26 The Wellness program contributes to better employee morale	☐	☐	☐	☐	☐
27 Spouses need to be better served by the program.	☐	☐	☐	☐	☐
28 There is nothing more that the Wellness Program can do to help me improve my health	☐	☐	☐	☐	☐
29 All the internal Wellness program staff have been very helpful to me.	☐	☐	☐	☐	☐
30. All the Wellness vendor staff have been very helpful to me.	☐	☐	☐	☐	☐
31. I personally plan on participating in the Wellness program this year.	☐	☐	☐	☐	☐

32. During the last month, what percentage of your work performance was affected by an underlying health condition including allergies, headaches, back pain, depression, arthritis, or any other health condition? _____% (0 – 100)

33. Please provide us with any additional comments you would like to offer about the program.

_____

_____

Thank you for providing your feedback on the Wellness program!

(Instructions and date of return)

Tool 1-12

Assorted Program Examples from the Health Project

This Tool contains descriptions of Worksite Wellness programs that have received the prestigious Koop Award for having documented health improvement and health cost reduction. More information on each of the following is available at the Health project website at: http://www.sph.emory.edu/healthproject/koop/work.html

Those Worksite Wellness programs highlighted below include:

A.	Pepsi-Bottling Group (Somers, NY)	36,316 employees
B.	We Energies (Milwaukee, WI)	5,300 employees
C.	United States Automobile Association (USAA) (San Antonio, TX)	14,801employees
D.	Union Pacific Railroad (Omaha, NE)	30,541 employees
E.	Fairview Health services – Fairview Alive (Edina, MN)	9,057 employees
F.	Energy Corporation of America (Charleston, WV)	422 employees
G.	International Business Machine – Wellness for Life (Durham, NC)	110,000+ employees
H.	Lincoln Industries –Go Platinum! (Lincoln, NE)	1,686 employees
I.	Vanderbilt University – Go for the Gold! (Nashville, TN)	24,881 employees

A. Pepsi Bottling Group - Healthy Living Program

Description of Program

PBG's Healthy Living program is a comprehensive health, productivity and people investment strategy that affects future cost increases by providing employees and their families the Tools, resources and incentives to get healthy. Healthy Living's core goals are to keep health costs below the market trend, improve the health of employees and their families and empower them to make healthy changes. It also encompasses employee financial and workplace health with our Healthy Money and 3600 safety programs.

Healthy Living targets all PBG employees and their families with programs for healthy, at-risk, chronic and catastrophic populations. Healthy Living program components include annual health risk assessments (HRAs), free lifestyle management programs, dedicated nurseline, disease management and case management. Our focus is on integrating across components to motivate behavior change, noticeably increase program participation, drive intended outcomes and maximize return on investment. Key to meeting these objectives is a systematic, results-oriented approach to awareness, skill building, engagement, incentives and strategic communication.

Our mission to build a culture of health is central to our strategy to become one of the top 100 employers to work for. Healthy Living is integrated into PBG's culture and program components are built into local events such as health fairs, screenings, Black History month, Women @ PBG, group walks on National Health and Fitness Day and participation in charitable events such as the March of Dimes Walk America and Habitat for Humanity. PBG's efforts to build a culture of health recently were recently recognized by the National Business Group on Health who awarded PBG the 2007 Best Employer-Healthy Lifestyles gold award. We also have invested heavily in a local clinical presence through our partnership with Johns Hopkins University to provide worksite clinics that will reach 40% of employees by the end of 2007. (please see addendum for overview of clinics) We will be leveraging our partnership with Johns Hopkins in 2007 to research stress and depression at the workplace.

Many of our programs address Healthy People 2010 goals such as nutrition and obesity, physical activity, occupational safety, prevention and treatment of specific diseases (e.g., cancer, diabetes, and cardiac). However,

preventive screening rates for PBG employees are significantly below Healthy People targets and will be the focus of our 2008 Healthy Living initiatives.

Ownership and funding of Healthy Living is sponsored by the Board of Directors, CEO and SVP of HR. Responsibility for implementing Healthy Living is shared by a dedicated team of PBG specialists from the Benefits, HR, Communications, Safety, and Risk departments under the direction of the VP of Comp, Benefits and Risk. The Healthy Living team also includes vendor partners who participate in weekly meetings.

B. We Energies - Health Enhancement Initiative

Description of Program:

We Energies' Health Enhancement Initiative (HEI) is the health-management effort that integrates employee health and wellness, safety, work-life balance, disease management, environmental influences (food services, facilities), benefits resources/health care consumerism and the employee assistance program. In 1997, the company's Joint Health Care Committee, formed to address challenges in health benefits, developed a three-part strategy including managed care, health education and health promotion as a means to stabilize health care spend. HEI became the delivery mechanism for health education and promotions. HEI's vision is to move employees and their families toward healthier work environments and lifestyles to achieve reduced health care costs, improved productivity and enhanced quality of life.

HEI's flagship program is the Lifestyle Rewards Program. More than 85% of employees have participated in the program since inception. Annually, more than 50% of all employees participate and 50% have participated for 3+ years. Historically, the program has offered an annual incentive (up to $300) for completing various activities that drive healthy behaviors. In 2006, the program's focus was changed to strengthen individual accountability for health and to link positive health behaviors to measurable outcomes and risk-reduction goals. Lifestyle Rewards' wellness criteria focus on demonstrated outcomes driven by the active practice of positive health behaviors. Outcomes and behaviors include measuring key biometric values, lifestyle practices, safety and productivity, and health care consumerism.

Lifestyle Rewards requires use of the Health Risk Appraisal (HRA). HRAs are used to capture much of our health-risk data, which is used to evaluate success and to determine the health needs and interests of our employees.

We plan to continue the Lifestyle Rewards Program, using the current wellness criteria, and will continue to require completion of the HRA in order to continue to drive individual accountability for health and vitality.

C. USAA - Take Care of Your Health

Description of Program

In 2002, USAA launched an aggressive strategy to enhance the health and productivity of its workforce through an integrated Wellness Program. The goal of this program, branded "Take Care® of your health," has been to imbed wellness into USAA's culture by creating an environment that promotes health and wellness for USAA's 22,000 employees and their families. USAA's integrated Wellness Program encompasses multiple components that include more than 20 unique wellness initiatives and activities, ranging from on-site fitness centers and healthy food choices in cafeterias to integrated disability management and health risk assessments.

The Wellness Program is unique because it represents the next generation of totally integrated employee health and disability support. In addition to the numerous wellness initiatives and activities, the program is aligned with USAA's

Consumer-Driven Health Plan (CDHP), its integrated disability management program, and its paid time off (PTO) plan. A customized data warehouse pulls together the full spectrum of employee health and wellness information by capturing demographic information, population health consumption data, health and wellness participation data and intervention outcomes. Data analysis provides ongoing opportunities to fine-tune all wellness initiatives and benefits programs in order to continually improve the health of employees and their families.

Program activities educate employees about risk factors and provide Tools and financial incentives to assist behavior change. Wellness activities are voluntary and challenge employees to ask themselves why they "want to change," not why they "have to change."

Leading the Wellness Program is Employee Benefits with a cross-company team of partners and stakeholders, including Fitness, Food Services, Corporate Safety and Corporate Communications. This team, referred to as the USAA Wellness Council, meets regularly to strategize, plan, and review program results. The Wellness Program is funded internally and reports to Human Resources.

D. Union Pacific Railroad – Project Health Track

Description of Program

Union Pacific Railroad has established a world-class integrated health, productivity and safety management program which has achieved widespread recognition as a best practice. The company has developed a unique Occupational Health Psychology Program. To support its initiatives, program champions developed a "health index" report card that provides feedback to managers related to their support of health and safety efforts at the railroad. This unique scoreboard/report card system provides key health metrics to managers at each major company site. Senior management at Union Pacific clearly articulates the value of health to employees and external audiences. The company has introduced aggressive environmental interventions aimed at reducing accidents at the workplace and improving employee health, e.g., stairways in buildings are accessible and well lit, an expanded smoking policy that includes not hiring smokers, and nutrition policies that mandate offering 50% healthy food choices in vending machines and cafeterias. Management chooses its food vendor based on the vendor's ability to provide healthy food choices.

Program managers are constantly innovating. Incentives for participation in the program are provided through the company's consumer driven health plans. Consequently, the program achieves very high participation rates in programs (for example, 66% participation rates in HRAs). Union Pacific management forces communication among health, safety and productivity vendors and promotes integration of services across these external suppliers, e.g., disease management, nurse line and health promotion. The company pays for preventive screenings at 100%. Program champions have developed creative reports and analyses that support a business case for maintaining and growing their program. These analyses include data that link overweight of employees to safety concerns.

E. Fairview Health Services - Fairview Alive

Description of Program

Since 1906, Fairview has provided quality health care in our hospitals, clinics, and ancillary services. Our values of dignity, integrity, service and compassion guide everything we do – including how we treat our employees. We know that how well we treat our employees is directly related to how well they care for our patients.
A total health management program, Fairview Alive, was first introduced in 1996. Fairview Alive was one of four programs — benefits, employee assistance program, employee occupational health services and the health promotion program — working independently to support employee health and well-being. In 1999, these

departments combined efforts, creating the total health management initiative, to reach their goals and support critical company–wide strategic initiatives:

Financial/operational performance – Manage employee health-related costs, health plan costs, worker's compensation, disability and unscheduled time off. Employee engagement – Improve the quality of the workplace to increase employee satisfaction, as well as employee recruitment and retention.

Today, 16.62 staff members, along with 500 employee volunteers, deliver health-related programs and services to 13,000 benefit-eligible employees. As a part of the human resources function Fairview Alive is under the direction of the Director of Health and Benefit services and the Fairview Alive partners leadership team. The Fairview Alive health promotion programs and services focus on employee, leadership and physician engagement. To engage these audiences the following behavior change products and services were offered; employee health kits, health education activities, targeted intervention programs, and resources.

F. Energy Corporation of America - ECA Platinum Wellness Program

Description of Program

The Energy Corporation of America (ECA) wellness program has been in existence for over 20 years and was recently recognized for its excellence becoming the 23rd company ever to be awarded the distinguished WELCOA Platinum Well Workplace Award.

The ECA Wellness Program guiding principles:

- ✓ Individuals need to assume responsibility for their health and be the primary agent in prevention.
- ✓ Health interventions that address personal health practices are of vital importance.
- ✓ Time-honored medical practices such as an annual physical are significant.
- ✓ Every opportunity should be taken to learn how to practice prevention.
- ✓ Prevention and early detection significantly reduce health care costs.
- ✓ Significant community and family involvement leads to healthy, productive and more valuable employees.
- ✓ The most significant distinguishing factor of the ECA program is the one-on-one nurse planning sessions conducted with each participant. These sessions allow for each individual to meet with a registered nurse to annually review their HRA and screening data and establish goals for health improvement.

The results have been incredible with ECA achieving a 95% participation rate and its comprehensive medical plan achieving no increase in costs for the past six years. The annual cost per employee has averaged $5,289 during the six-year period, which we calculate to be 30-40% below the national average.

The wellness program offerings:

- ✓ Annual Nurse Consultations address the risk factors of weight, activity, nutrition, and tobacco use.
- ✓ Annual health offerings: Health Screen, Health Risk Assessment, and Activity Campaigns.
- ✓ Health coaching and health education provide support for behavior change and reduce the incidence of disease such as diabetes, cancer, heart disease, asthma and stroke.
- ✓ Health initiatives including stress reduction, tobacco cessation, weight loss, cholesterol reduction, and exercise programs.
- ✓ Incentives for healthy life style choices, program participation, and strong relations with a primary care physician.
- ✓ Confidential 24/7 medical and EAP consultants.

G. International Business Machines - Wellness for Life

Description of Program

The intention of IBM's Wellness for Life program strategy is to create a culture of health that fosters long-term commitment to healthy lifestyles and reduces health risks among its 120,000 active employees. The comprehensive approach includes interventions for major risk areas such
as, physical activity, weight management, nutrition, tobacco cessation, stress management, and clinical preventive care. Healthcare demand reduction is driven by a focus on smart healthcare consumerism along with the health risk mitigation. IBM's efforts align with many of the Healthy
People 2010 objectives in the workplace.

To encourage employees to use wellness programs and facilitate long-term adoption of healthy behaviors, IBM provides employee incentives for participation through its Healthy Living Rebate programs. IBM has awarded more than 600,000 rebates for engagement in Preventive Care, Physical Activity-Nutrition, Children's Health, and Smoking Cessation programs.

A dedicated annual budget for wellness programming supports a staff that includes preventive medicine physicians, certified fitness and public health professionals, and skilled program managers who design and implement IBM's wellness strategy. External experts are also engaged to enhance program design excellence, and include Dr. James Prochaska, Dr. Dee Edington, MediFit Corporate Services, SparkPeople, Weight Watchers, and Quitnet.
Strategic use of technology and creative approaches to program delivery and communications are key in impacting IBM's increasingly dispersed employee population. A web-based platform is the locus for employee engagement in health improvement, providing access to flexible, behavior-based programming that accomplishes the following:

• helps employees determine their readiness for specific lifestyle changes (based on Prochaska's research on stages of change and behavior change techniques),
• promotes resources to take action toward health goals based on individual stage of change,
• provides access to online communities and teams that provide social support, and
• allows users to monitor and evaluate progress against their personal wellness vision.

H. Lincoln Industries - Lincoln Industries Wellness -- Go Platinum!

Description of Program

Lincoln Industries has a strong belief statement that stands with all of the beliefs and drivers of the company: "Wellness and Healthy Lifestyles are Important to our Success." Lincoln Industries Wellness is designed around wellness and life enhancement for the "whole" person. The focus is broken down into six categories of wellness: physical, emotional, occupational, social, spiritual and intellectual. Our goal is to improve the quality of life for our people and their families in developing positive long term behavioral changes by establishing wellness and life enhancement as part of the organizational culture. Wellness is strongly integrated into the company's strategic plan, business initiatives, innovation processes and people development. Lincoln Industries recognizes wellness as one of its driving forces for personal improvement and company success.

Lincoln Industries Wellness uses its go! Platinum program as the driver for information, motivation, and behavioral change. go! Platinum consists of programs involving physical fitness, nutrition, health screenings, occupational safety, disease prevention, medical information updates, work behavior and health risk assessments. go! Platinum ranks the Lincoln Industries population based on their health status, wellness participation, tobacco use, and safety (e.g. Platinum, Gold, Silver, and Bronze). People reaching Platinum level receive an invitation to join the senior

executives on an expenses-paid climb of a 14,000-foot mountain in Colorado. Other incentives include insurance discounts for tobacco free individuals, up to $160 for completing various activities, and wage increases from individual wellness performance evaluations.

The wellness staff is composed of three full time individuals, Director of Wellness and Life Enhancement, Occupational Nurse, and Wellness Specialist. The VP of People Resources oversees the wellness staff. The wellness team is also supported by the safety manager, selected wellness champions, and wellness committee members. All wellness programs are fully funded by Lincoln Industries at no cost to the individual.

I. Vanderbilt University - Go for the Gold Wellness Program

Description of Program

Vanderbilt's Go for the Gold (GFTG) Wellness Program is a comprehensive health promotion program designed with incentives and Tools to help employees and their families lead healthier and more productive lives. Program goals are to have a high annual participation rate, keep the low risk low, coach the high risk to improved health, and minimize the rise in health care cost. This program is one component of Vanderbilt's overall health and wellness initiative.

More than 10,000 employees have participated in each of the previous 5 years. Among those currently employed, 87.5% have completed at least one health risk assessment during the past 3 years.

GFTG is available to all full-time Vanderbilt employees, and their spouses or domestic partners covered on the Vanderbilt health plan. An Olympic-themed, 3-tiered structure based on the honor system encourages extensive engagement.

The Bronze level, which requires completing a health risk assessment (HRA), helps identify risks. Individuals are rewarded with $10 added to their monthly paycheck the following calendar year.
The Silver level, which requires completing a Wellness Actions Log (WAL) in addition to the HRA, encourages action to reduce risks. Individuals are rewarded with $15 per month.
The Gold level, which requires viewing a short online video in addition to the HRA and WAL, helps develop skills to become a wise health care consumer. Individuals are rewarded with $20 per month. To maintain program appeal, the topic for the Gold level is changed each year.
Employees earn an additional $10 per month if their spouse or domestic partner on the Vanderbilt health plan completes the HRA and WAL.
Participants are required to complete these levels by November 30th to be eligible for financial incentives the following year. This structure provides high annual participation, essential for both wellness improvement and outcome analysis.

Tool I-13

Wellness Program Design Worksheet

This worksheet is to be used to help you plan and organize the various activities you are considering for your worksite wellness program. Place your description, their cost, and primary assignment of who will be responsible to complete the activity in the appropriate space below.

Program Component	Description	Estimated Cost	Assigned To:
Step #1 Set Wellness Strategy **Feel Good Wellness Program Model** **Traditional Wellness Program Model** **Results-Driven Wellness Model**			
Step #2 A Organizational Infrastructure (START) **Service Providers** **Targets** **Accountability** **Resources** **Team**			

Program Component	Description	Estimated Cost	Assigned To:
Step #2 B Technology Infrastructure			
Step #3 Employee Communications			
Step #4 Health Management Process			

Program Component	Description	Estimated Cost	Assigned To:
Step #5 **Group Activities**			
Step #6 **Supportive Environment**			

Tool 1-14

Sample of Health Monitor HRA

The following document is a Health Risk Assessment (HRA) developed by Summex Health Management, an Indianapolis, IN company purchased by WebMD in 2006. The Health Monitor represents a third generation HRA that has the potential to be used for a large number of follow-up interventions, such as those identified in **Tool 1-8**.

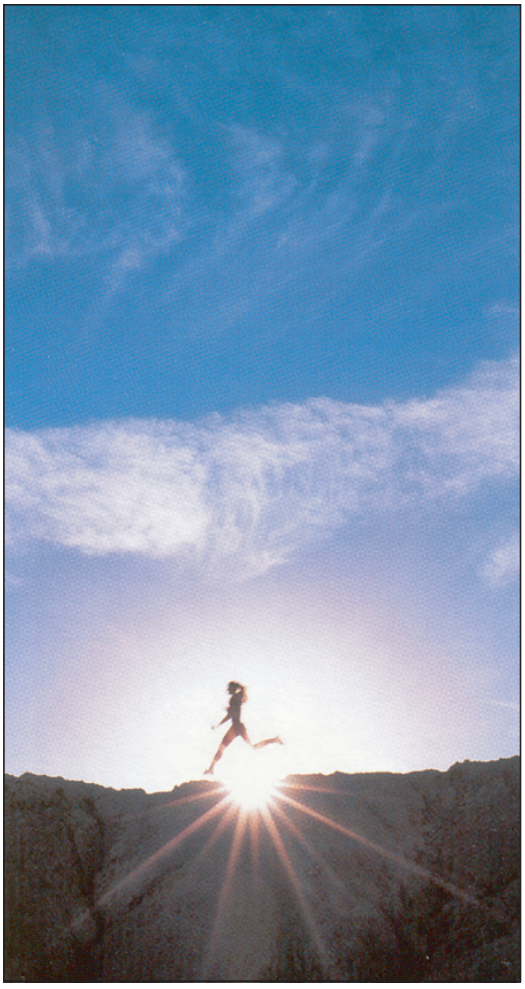
The article included in the "Required Reading" section of this Course Workbook on Health Risk Assessments (HRAs) identifies many of the design parameters that influenced the development of the Health Monitor.

Many of the features of the Health Monitor were incorporated into the revision of WebMD's Health Risk Assessment, the HealthQuotient, the most widely used HRA in the industry, originally developed by WebMD in the early 2000's.

HEALTH MONITOR™
Questionnaire

SUMMEX®

Guiding you to better health™



Do
- Check to be sure you have answered each question
- Fill in the circles completely as below

Do Not
- Fold or wrinkle your questionnaire
- Make any stray marks on the paper
- Staple pages
- Use Pencil

Please fill in the circles completely.

The HEALTH MONITOR™ is a questionnaire that asks about your health. After you return this questionnaire, it will be scored and you will receive a personal health report.

The report will evaluate your current health status and give you suggestions for improving your lifestyle.

Please follow these instructions:

1. Use a blue or black ball point pen to answer each question.
2. Answer questions in a way that best describes your current health practices and conditions.
3. Answer all questions unless instructed to skip.
4. USE ALL CAPITAL LETTERS.
5. Do not put a line through the number 7 or 0 or a line below the number 1.
6. Do not use fractions or decimals in your responses.

232400

Please use a blue or black ball point pen

Please fill in the circles completely.

Please use all capital letters and write as clearly as possible.

A B C 1 2 3

Confidentiality: We believe health information is privileged. Results from the HEALTH MONITOR ™ are confidentially processed and stored. Individual Reports are sealed and returned to you in a confidential envelope. Your health information will NOT be seen by your employer.

Based upon your HEALTH MONITOR™ results, you may be eligible to participate in additional, confidential health management programs. Your participation is always strictly voluntary.

If you have any questions about completing the questionnaire, please call 1-800-488-3140 Monday through Friday, between 10 a.m. and 5 p.m., Eastern Standard Time.

* = Required Question

Please Clearly Print Your Information In The Fields Below

Last Name*

First Name* Middle Initial

Street Address*

City* State* Zip*

E-mail address

1. **Today's Date (mm/dd/yy)** / /

2. **SSN*** or **Employee ID***

3. **Telephone**

work ( ) -

home ( ) -

4. **Date of Birth* (mm/dd/yyyy)** / /

5. **Sex***

○ Male ○ Female

6. **Height*** (without shoes)

Feet Inches

To nearest inch

7. **Weight*** (without clothes)

Pounds

8. **Ethnic Origin** (choose one)

○ African American ○ American Indian
○ Asian ○ Multi-ethnic
○ Caucasian/White ○ Other
○ Hispanic ○ Don't know

9. **Education** (Highest level completed)

○ Grade School or Less ○ Some College or Vocational
○ Some High School ○ College Graduate
○ High School Graduate ○ Post Graduate/Professional

232401

Please use a blue or black ball point pen

Please fill in the circles completely.

Please write all numbers as clearly as possible. 1 2 3

Medical History

10. What was your most recent blood pressure?

___ / ___ mmHg

If you don't know the exact numbers, mark the most accurate range.

- ◯ High (160/100 or higher)
- ◯ Moderate-high (140/90 - 159/99)
- ◯ Average (120/80 - 139/89)
- ◯ Normal (120/80 or lower)
- ◯ Don't know

11. What was your most recent total cholesterol level?

___ mg/dL

If you don't know the exact number, mark the most accurate range.

- ◯ High (240 or higher)
- ◯ Moderate-high (200 - 239)
- ◯ Average (181 - 199)
- ◯ Low-normal (180 or lower)
- ◯ Don't know

12. Do you know your LDL and HDL cholesterol values?

◯ Yes ◯ No (If No skip to Question 13)

LDL Cholesterol ___ mg/dL

HDL Cholesterol ___ mg/dL

13. Do you know your Glucose value?

◯ Yes ◯ No (If No skip to Question 14)

Glucose ___ mg/dL

14. Do you currently take any of the following medications?

	Yes	No
Antidepressants	◯	◯
Blood pressure medicine	◯	◯
Blood thinners	◯	◯
Diabetes medicine (including insulin)	◯	◯
Heart medicine	◯	◯
High cholesterol medicine	◯	◯

15. Has your doctor ever diagnosed you with any of the following?

	Yes	No	Are you receiving treatment
Allergies	◯	◯	◯
Angina or chest pain	◯	◯	◯
Arthritis or rheumatism	◯	◯	◯
Asthma	◯	◯	◯
Cancer	◯	◯	◯
Congestive Heart Failure	◯	◯	◯
Depression	◯	◯	◯
Diabetes (Type I)	◯	◯	◯
Diabetes (Type II)	◯	◯	◯
Heart attack or myocardial infarction	◯	◯	◯
High Cholesterol	◯	◯	◯
Hypertension or high blood pressure	◯	◯	◯
Kidney disease	◯	◯	◯
Lupus	◯	◯	◯
Menopause (women only)	◯	◯	◯
Migraines	◯	◯	◯
Osteoporosis	◯	◯	◯
Sciatica or pinched back nerve	◯	◯	◯
Stroke	◯	◯	◯

16. Do you currently have any of the following?

	Yes	No
Achiness or soreness in the joints	◯	◯
Any sore that doesn't heal	◯	◯
Change in bowel or bladder habits	◯	◯
Chest pain	◯	◯
Chronic back pain	◯	◯
Frequent allergy symptoms	◯	◯
Frequent/severe headaches	◯	◯
Indigestion or difficulty swallowing	◯	◯
Obvious change in a wart or mole	◯	◯
Persistent cough or hoarseness	◯	◯
Restricted physical activity	◯	◯
Shortness of breath	◯	◯
Thickening or lump in breast or elsewhere	◯	◯
Ulcer or gastrointestinal bleeding	◯	◯
Unexplained dizziness	◯	◯

17. Has a natural parent, brother, sister or child had any of the following?

	Yes	No	Not Sure
Cancer	◯	◯	◯
Diabetes	◯	◯	◯
Heart attack before age 55	◯	◯	◯
Hypertension or high blood pressure	◯	◯	◯
Kidney disease	◯	◯	◯
Stroke	◯	◯	◯

Please use a blue or black ball point pen

Please fill in the circles completely.

Right Wrong Wrong Wrong Wrong

Please write all numbers as clearly as possible. 1 2 3

Preventative Screenings

18. When were your most recent health exams/tests?

	In the past year	In the past 2 years	In the past 3 years	In the past 5 years	Over 5 years ago	Never
Blood pressure	○	○	○	○	○	○
Cholesterol blood test	○	○	○	○	○	○
Colonoscopy	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○
Digital rectal exam	○	○	○	○	○	○
Flu Shot	○	○	○	○	○	○
Glaucoma screening	○	○	○	○	○	○
Physical exam	○	○	○	○	○	○
Regular dental checkup	○	○	○	○	○	○
Stool blood test	○	○	○	○	○	○
Vision	○	○	○	○	○	○
Women only						
Mammography	○	○	○	○	○	○
Pap test	○	○	○	○	○	○
Professional breast exam	○	○	○	○	○	○

Overall Health

19. How would you describe your physical health?

○ Excellent ○ Fair

○ Good ○ Poor

20. How strongly do you agree or disagree with the following statements?

	Strongly Disagree		Neutral		Strongly Agree
My health is excellent.	○	○	○	○	○
I am as healthy as anyone I know.	○	○	○	○	○
I expect my health to get worse.	○	○	○	○	○
I seem to get sick easier than other people.	○	○	○	○	○

Men's Health

(Women: Skip to Question 22)

21. Do you do a monthly testicular self exam?

○ Yes ○ No

Women's Health

(Men: Skip to Question 25)

22. How many women (excluding yourself) in your natural family (mother, sisters, grandmothers or aunts) have had breast cancer?

○ None ○ 3 or more

○ 1 or 2 ○ Not sure

23. Do you do a monthly breast self exam?

○ Yes ○ No

24. Have you given birth to a child who weighed 9 Pounds or more?

○ Yes ○ No

Men and Women

25. Are you or your spouse pregnant?

○ Yes ○ No

26. Are you or your spouse planning to become pregnant in the next year?

○ Yes ○ No

27. If yes to either 25 or 26, are you or your spouse under the supervision of a physician, midwife or health care provider?

○ Yes ○ No

Please use a blue or black ball point pen

Please fill in the circles completely.

Right Wrong Wrong Wrong Wrong

Please write all numbers as clearly as possible. 1 2 3

Exercise

Cardiovascular Exercise is any activity that lasts at least 20-30 minutes and makes your heart beat faster such as swimming, brisk walking, jogging or cycling.

Strength building exercise is any activity that includes resistance or weight bearing activity such as weightlifting, push-ups or sit-ups.

28. In the past year, how many days per week did you participate in...

Cardiovascular Exercise? ___ ___ Days/week

Strength building exercise? ___ ___ Days/week

Nutrition Habits

29. How many servings of fruits and/or vegetables do you eat per day?

___ ___ Per day

30. How many servings of high fiber food do you eat everyday, such as whole grain bread, cereal, fresh fruits or vegetables?

___ ___ Per day

High fat foods include whole milk, butter, cheese made from whole milk, egg yolks, fried food, regular salad dressing, chips, donuts, etc.

31. On average, how many servings of high fat food do you eat per day?

___ ___ Per day

32. How many servings of dairy products do you eat per day? (milk,cheese,etc.)

___ ___ Per day

Tobacco Use

33. Which of the following best describes your tobacco habits?

- ⬭ I have never used tobacco (skip to question 38)
- ⬭ I am an ex-tobacco user
- ⬭ I currently use tobacco (skip to question 35)

34. How long have you been tobacco-free?

- ⬭ More than 15 years
- ⬭ 10 - 14 years
- ⬭ 5 - 9 years
- ⬭ 1 - 4 years
- ⬭ Less than 1 year

(skip to question 38)

CURRENT TOBACCO USERS

35. In an average day, how many times do you:

Smoke cigarettes?	Smoke cigars?
___ ___ Per day	___ ___ Per day
Use smokeless tobacco?	Smoke a pipe?
___ ___ Per day	___ ___ Per day

36. Have you ever attempted to quit using tobacco?

⬭ Yes ⬭ No

37. What reasons have kept you from quitting?

- ⬭ No desire
- ⬭ Weight gain
- ⬭ Relieves stress
- ⬭ Other

Please use a blue or black ball point pen

Please fill in the circles completely.

Right Wrong Wrong Wrong Wrong

Please write all numbers as clearly as possible. 1 2 3

Alcohol Use

One alcoholic drink, equals a 12 oz. bottle or can of beer, a 5 oz. glass of wine, a 12 oz. wine cooler, or a 1.5 oz. shot of liquor.

38. In an average week, how many alcoholic drinks do you usually consume? (Zero, if you do not drink)

☐☐ Drinks

39. Have you had 5 or more alcoholic drinks in a single sitting in the last 6 months?

◯ Yes ◯ No

40. How many times in the last 6 months did you drive when you had too much to drink, or ride with someone who had too much alcohol to drink?

☐☐ Times

Safety

41. How often do you buckle your seat belt when driving or riding in a motor vehicle?

◯ Never ◯ Nearly Always
◯ Seldom ◯ Always
◯ Sometimes

42. On the average, how close to the speed limit do you usually drive?

◯ Within 5 mph ◯ 11-15 mph over
◯ 6-10 mph over ◯ More than 15 mph over

Lifting properly can help protect your back from injury. To lift properly, keep your back straight, bend your knees,keep your head up and make your legs do the lifting.

43. When lifting objects, even when they are not very heavy, do you lift them properly? (See above)

◯ Yes ◯ No ◯ Not sure

44. In the last year, have you felt a persistent numbness or tingling in your hands and/or fingers?

◯ Yes ◯ No ◯ Not sure

45. How often do you do activities with your hands that involve repeated gripping or pinching movements?

◯ Never ◯ A lot
◯ Seldom ◯ Consistently throughout the day
◯ Sometimes

46. Do you have significant contact with any of the following?

	Yes	No
Blood or blood products	◯	◯
Excessive lifting or loads too heavy	◯	◯
Excessive noise levels	◯	◯
Long periods of sitting or standing	◯	◯
Noxious fumes/toxins/hazardous chemicals	◯	◯
Poorly designed work station	◯	◯
Radiation	◯	◯
Second hand smoke	◯	◯

Please use a blue or black ball point pen

Please fill in the circles completely.

Right Wrong Wrong Wrong Wrong

Please write all numbers as clearly as possible. 1 2 3

Mental Health

47. In the past year, have you experienced any of the following symptoms intensely for 2 weeks or more:

	Yes	No
Feelings of hopelessness or guilt	⬭	⬭
Loss of appetite, weight gain/loss	⬭	⬭
Decreased energy/fatigue	⬭	⬭
Persistent sadness	⬭	⬭
Insomnia/oversleeping	⬭	⬭
Difficulty concentrating/making decisions	⬭	⬭
Lack of interest in activities you once enjoyed	⬭	⬭
Persistent or troublesome anxiety	⬭	⬭

48. How often do you use stress reducing techniques?
(i.e. exercise, meditation, prayer, journaling, etc.)

⬭ Never ⬭ Sometimes ⬭ Often

49. In the past year, have you experienced problems with any of the following:

	Yes	No
A friend, co-worker or supervisor	⬭	⬭
Death of a loved one	⬭	⬭
Depression	⬭	⬭
Divorce/separation	⬭	⬭
Finances	⬭	⬭
Job loss/fear of job loss	⬭	⬭
Job stress	⬭	⬭
Moving/relocation	⬭	⬭
Stress	⬭	⬭
Violence	⬭	⬭
Your family/relationships	⬭	⬭
Your health	⬭	⬭

50. How strongly do you agree or disagree with the following statements?
(One answer per row)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
In general, I am satisfied with my job.	⬭	⬭	⬭	⬭	⬭
In general, I am satisfied with my life.	⬭	⬭	⬭	⬭	⬭
In the past year stress has affected my health.	⬭	⬭	⬭	⬭	⬭
I receive support from my family and/or friends.	⬭	⬭	⬭	⬭	⬭

Lifestyle Choices

51. How strongly do you agree or disagree with the following statement?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I would change my lifestyle and behaviors if the quality of my health and life would improve.	⬭	⬭	⬭	⬭	⬭

52. Which answer best describes how you feel about the following? (One answer per row)

	I have no need to	I have no plans to	I plan to within the next 6 months	I plan to in a month	I have been less than 6 months	I have been more than 6 months
a. Increase cardiovascular activity	⬭	⬭	⬭	⬭	⬭	⬭
b. Increase fruit and vegetable intake	⬭	⬭	⬭	⬭	⬭	⬭
c. Increase strength building exercises	⬭	⬭	⬭	⬭	⬭	⬭
d. Improve stress management	⬭	⬭	⬭	⬭	⬭	⬭
e. Lose weight	⬭	⬭	⬭	⬭	⬭	⬭
f. Reduce fat intake	⬭	⬭	⬭	⬭	⬭	⬭
g. Reduce alcohol intake	⬭	⬭	⬭	⬭	⬭	⬭
h. Stop tobacco use	⬭	⬭	⬭	⬭	⬭	⬭

Please use a blue or black ball point pen

Please fill in the circles completely.

Please write all numbers as clearly as possible. 1 2 3

Medical Care

53. In the past year, how many times have you...

Seen a physician or healthcare provider?		Times
Been hospitalized?		Days
Missed work due to illness or injury?		Days

54. Do you have a medical condition that will require use of the healthcare system in the next year?

◯ Yes ◯ No

55. Do you have a personal physician?

◯ Yes ◯ No ◯ Not sure

Evaluation

56. How many times in the past year have you used a self-care book?

Times

57. This HEALTH MONITOR™ Questionnaire ...

	Strongly Disagree		Neutral		Strongly Agree
Was simple to complete.	◯	◯	◯	◯	◯
Was easy to understand.	◯	◯	◯	◯	◯
Made me think about my health.	◯	◯	◯	◯	◯

58. Approximately how long did it take you to fill out this questionnaire?

Minutes

59. What is the best way for you to receive health information? (Mark up to three)

◯ Community-based programs	◯ Newsletter	◯ Self-help guide books
◯ Health advice telephone line	◯ Personal counseling	◯ Support groups
◯ Internet-based information	◯ Printed Material	◯ Worksite-based programs

Thank You For Taking Time To Complete This Questionnaire.

Clinical Information (For Professional Use Only)

Do Not Write In This Section

60. Resting Blood Pressure

Systolic mmHg Diastolic mmHg

61. Measured Height/Weight

Height (w/o shoes) Feet Inches Weight . Pounds

62. Resting Pulse

Beats/min

63. Body Composition

. % Fat

64. Fasting Blood Tests

Total Cholesterol mg/dL HDL mg/dL LDL mg/dL Glucose mg/dL Triglycerides mg/dL

Please use a blue or black ball point pen

You deserve a medal

Let's face it: wellness is really hard. Changing the health behaviors of hundreds or thousands of humans is no picnic. But this critical mission gets a whole lot more doable when you know how to use every weapon you have at your disposal.

You probably aren't in wellness for your health. We are all in this to drive results—to empower people to make healthy changes. But it takes a sophisticated approach to create behavior change that generates measurable results year after year. Like any other tough challenge, it takes mastering a wide range of skills and methodically going after the right vision.

With no sacred cows, we narrowly focus on results—that's why we get to train the best. Other national organizations offer wellness training, but they have to be all things to all people. Building over 1,000+ wellness programs, we've learned to avoid the theory, fluff, and fads, and get right to what works. Top consultancies, health plans, brokerages, wellness councils, and firms of all sizes choose WellCert when they want to drive results.

What is WellCert?

WellCert is a four-level professional certification program, completed by **thousands** of wellness and benefits professionals. Each level covers **12 key skills** necessary for results-driven programming:

Level 1: Certified Wellness Program Coordinator (CWPC)

Level 2: Certified Wellness Program Manager (CWPM)

Level 3: Certified Wellness Program Director (CWPD)

Level 4: Certified Worksite Wellness Program Consultant (CWWPC)

Level 1 is a foundation for all wellness and benefits professionals. Health plan account managers, brokers, HR consultants, and benefits staff get wellness skills and frameworks they need in today's environment. Level 1 and 2 together—Certified Wellness Program Manager—is a must for all full-time wellness program professionals. Levels 3 and 4 are critical for wellness staff in complex organizations and consultants. Experienced professionals can take an exam to move to Level 2.

Each level of WellCert requires two days of instruction, readings, and an exam. Grads receive a certificate and a listing on our online professional registry.

Skills in Level 1:

1. *How to build strong senior management support for wellness*
2. *How to assess your employees' wellness needs*
3. *How to use a Health Risk Assessment (HRA)*
4. *How to set your wellness strategy*
5. *How to design your organizational infrastructure*
6. *How to design your technology infrastructure*
7. *How to design effective wellness communications*
8. *How to design your health management process*
9. *How to design group activities*
10. *How to create a supportive environment for wellness*
11. *How to design onsite programming*
12. *How to perform a simple evaluation of your program*

We deliver certification training live in-person, live online, and pre-recorded online. Participants receive a 250+ page course workbook with all slides, readings, exercises, and additional tools. WellCert also requires completion of two hours of online continuing education each year.

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WellCert grads are highly satisfied

Grads rate WellCert an **average** rating of 9 out of 10. Here's what they say about WellCert:

"I have worked in corporate wellness for more than 20 years and I was amazed at how useful the Level 1 training was. It's a 'must' for everyone in the field."

"The WellCert Level 1 CWPC exceeded all my expectations! Thank you for the valuable concepts, practical strategies and the great Course Workbook. I know I will use it often!"

"I was a little skeptical about the two days of training at Level 1 but you have made me a believer! The material and the case exercises have enhanced my knowledge significantly!"

"The fast pace of the training and the variety of learning activities kept my attention."

"I found the Certified Wellness Program Coordinator (CWPC) course to be extremely well-organized and practical. It's great to now have some proven frameworks and tools to approach worksite wellness programming."

Our philosophy

We come to wellness with a specific point of view: Wellness programs must drive measurable results. To sustain and grow investments in wellness, programs need to demonstrate how they deliver important benefits to their organizations. This includes ROI in many cases, but it doesn't have to be limited to economic variables.

Wellness drives measurable results by changing the health behaviors of many people each year. Creating sustained behavior change requires maximizing the impact of every available tool and resource. It requires that we select the right success metrics and continue to optimize our wellness programming based on our own data.

To help you do this, we look for best-practices from outside wellness. We are students of organizational behavior sciences, marketing, behavioral economics, data analysis, and technology—we are always looking for best-practices to apply to wellness to drive results.

What differentiates Results-Driven Wellness?

#1 Measurement: We believe in the management maxim: "you get what you measure." We integrate measurement and evaluation strategies in every level of WellCert, including ROI.

#2: Nudges matter: We integrate behavioral economics into all aspects of incentive design and employee communication topics.

#3: Give them their own 'numbers': We integrate a health management process into every level of WellCert. That means we teach you how and when to feed personalized data back to your program participants.

#4: Infrastructure is vital: Many programs cover only the clinical side of wellness. We set you up to build the organizational and technology infrastructure to make your program successful.

#5: We prepare you for influence: To create effective, sustainable programming, you have to have senior leaders deeply bought-in to wellness. Our successive levels of certification build deeper influence skills and put you in a place to secure the management support to drive results.

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Building wellness expertise: WellCert skills in detail

Level 1: Certified Wellness Program Coordinator.

This course covers key skills that professionals need to build a foundation for results-driven wellness programming. Level 1 covers the scope of wellness programming typically present in smaller organizations with limited resources, while laying the groundwork for higher certification levels. Our approach is highly practical, focusing instructional time preparing you to deliver results with the development of these skills:

1: How to build strong senior management support: This skill covers the process for crafting rationales for wellness that fit your organization. It provides a summary of ROI expectations found in scientific literature, and how to use this evidence when speaking with C-level leaders. It also covers biases commonly held by managers that need to be overcome.

2: How to assess your employees' wellness needs: This skill covers the top prevention targets most commonly included in wellness programming, and the interventions that address them. It also identifies and details how to use many data sources that can inform your wellness needs assessment.

3: How to use a Health Risk Assessment (HRA): As a continuation of the needs assessment and planning topics, this skill covers the understanding of the potential of the HRA, the evolution of HRAs, as well as their key role in comprehensive wellness programming. It also provides practical tips on how to use HRA data, and how to select HRA vendors.

4: How to set your wellness strategy: This skill covers key program models and how to choose the right one for your organization, depending on your goals and needs. The skill also provides guidance on what stakeholders should be involved in setting the direction of your programs.

5: How to design your organizational infrastructure: This skill covers key topics like program staffing, objectives and metrics, working with stakeholders and wellness champions. It provides key checklists that will help you build your program launch plan, budget, and select vendors and the program's infrastructure.

6: How to design your technology infrastructure: This skill helps wellness program staff understand how key technology fits together to deliver effective programming. It outlines data flow between components, and helps wellness people argue for technology investment.

7: How to design effective wellness communications: This skill distills marketing best practices and pitfalls. It outlines the core components of an effective employee communications plan, while also digging into key communications channels like email. It also provides creative ideas you can use to spice up your wellness communications.

8: How to design your health management process: This skill covers the levels of targeting and personalization needed to provide targeted interventions. It also outlines the various ways to feedback personal health metrics to individuals to provide motivation for change.

9: How to design group activities: This skill provides helpful templates and creative ideas for group programming. It provides participation strategies and rationales for selling investment in group activities to your leadership.

10: How to create a supportive environment for wellness: This skill lays out ways an organization demonstrates or sabotages its commitment to wellness. It covers key polices, physical environment factors, management messaging, value dynamics and other strategies that must be aligned in order to create a real culture of wellness.

11: How to design onsite programming: This skill covers major event-planning pitfalls and considerations when providing onsite programming. It covers a range of key planning questions applied to eight common onsite wellness activities.

12: How to perform a simple evaluation of your program: This skill provides an overview of the most important methodologies used to measure the results of wellness programs. It provides evaluation strategies, methodological issues to address, and nine suggested evaluation modules that answer common senior management questions. The range of concerns here vary from simple survey approaches to complex HRA matched cohort analysis.

Level 2: Certified Wellness Program Manager.

This course builds on skills laid down in Level 1 to scale your impact. Level 2 covers key topics more senior wellness program staff face every day. Key topics include producing results, increasing participation, using technology wisely and measuring ROI. Our approach is highly-practical. All instructional time prepares you to deliver results by developing these skills:

13: Enhancing program results through AMSO: This skill provides a working model of how to apply the ground breaking insights of AMSO into the basic requirements of results-driven wellness programs. Beginning with O'Donnell's seminal work we examine the four major requirements of effective behavior change programs. We dig into the ramifications of Awareness, Motivation, Skill acquisition, and Opportunity to practice (AMSO) and how to build each into your programming.

14: Overcoming stakeholder objections: This skill helps you identify the various internal and external stakeholder groups, their needs, biases, and top objections. Along with these important insights we will cover how to develop your own stakeholder relations management (SRM) approach.

15: Managing vendors: This skill helps assure that you select the best vendors and manage their relationships effectively. We also cover strategies for preventing unauthorized disclosures of IIHI and PHI, how to keep and maintain confidentiality. We also cover strategies for establishing and maintaining healthy vendor relationships and building your annual Vendor Report Card.

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16: Maximizing participation: This skill provides a step-by-step approach to maximizing program participation. We cover ten key strategies for maximizing participation along with a discussion of the four major recruitment strategies and what you can expect from each.

17: Using wellness incentives: This skill covers an understanding of how to use short-term and long-term incentive features within a wellness program and best practices for how to structure incentives that can help assure 90%+ levels of participation. We also cover how to get the highest level of motive force from your incentives.

18: Using self-service technology for wellness: This skill provides participants with an understanding of the strategic and operational uses of key self-service technology in worksite wellness programs. This technology includes wearables, commitment aids, mobile apps, online trackers and e-Health platforms. Learn how these tools can help you reach deep into your population.

19: Using biometric screening and coaching: This skill covers the key issues in the effective use of biometric screening and coaching. Limitations and future strategies for getting the most out of screening and coaching interventions are also covered. Participants will also learn how to get the most out of both of these core interventions.

20: Budgeting for wellness: This skill provides participants with a set of budgeting principles and guidelines and demonstrates a method for estimating budgets for key components of wellness programs. We also consider funding strategies and selected industry benchmarks along with key budgeting tactics.

21: Analyzing Wellness Results and Return: This skill covers how to structure the economic analysis of worksite wellness programs—including a Value on Investment (VOI) style evaluation of their wellness program. We go deep on two key methods for determining your program's economic return: a non-claims based approach and a claims-based approach. The combination of the ROI and VOI gives you the ability to deliver a balanced scorecard for wellness.

22: Optimizing Wellness Results and Return: This skill examines more than a dozen programming approaches that can significantly increasing the ROI of your wellness program and others that will quickly lift its VOI. These program modifications are discussed with reference to their cost, difficulty, and fit.

23: Addressing well-being: This skill distills a definitional framework, pros and cons and possible points where well-being can be used to position the wellness program with the population involved. We ground this topic in the findings of important national surveys and studies and how to layer well-being into your approach.

24: Building employee trust: This skill helps practitioners increase user trust by dealing effectively with volunteers, using FAQ resources, core user messaging strategies, changing organizational culture and user referral philosophy. We cover how to build and circulate answers to difficult questions employees have. We also cover how to attract, select, and empower wellness champions throughout your organization.

Level 3: Certified Wellness Program Director.

This course builds on the foundations of Levels 1 and 2, putting the focus on further scaling your impact to complex organizations. It also focuses on Health and Productivity Management (HPM) methodologies to scale your impact by developing these skills:

25: Implementing wellness in large employer organizations: This skill provides a useful operational perspective for the major differences that characterize large employer organizations, integration points, implementation tips and personal characteristics associated with success.

26: Raising awareness for non-employees: This skill emphasizes a deeper understanding of the AMSO framework and how to use it to help assure a results-driven perspective. Also covered are key differences in awareness strategies, most effective awareness interventions and strategies and how to enhance novelty effects.

27: Building motivation for wellness in large organizations: This skill begins with a detailed look at the major programming strategies that large employers can use to augment the innate intrinsic motivation that exists in virtually all work populations. We present strategies for converting extrinsic motivation into intrinsic motivation along with relevant positioning strategies.

28: Building programs that enhance wellness skills: This skill helps participants become adept with the various methods to programmatically building for wellness behavior skills. We also cover retention strategies and behavioral economic adaptations.

29: Building opportunities to practice new wellness skills: This skill helps the participant use strategies that will provide participants opportunities to practicing new wellness behaviors. We make connections to other program interventions and cover how to convey the importance of practicing skills to populations.

30: Using educational interventions to maximize HPM results: This skill teaches participants which educational interventions produce the most health and productivity management results. We cover relevant metrics and measurement as well.

31: Designing health plan benefits to maximize HPM results: This skill gives participants the ability to make targeted health plan design modifications to drive health and productivity management results. We cover strategies for activating health consumers, utilization choices, point-of-use cost sharing, and preventive medical benefit optimization.

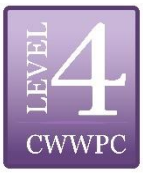
32: Using individual interventions to maximize HPM results: This skill connects the dots between HRA and selected claims data, and effective individual intervention strategies. We cover each of the major categories of individual intervention and their corresponding metrics and likely impact.

33: Using employee incentives to maximize HPM results: This skill covers the design and configuration of long term criteria-based wellness incentive programs. Strategies for use of sentinel features, criteria options, verification choices and evaluation measures.

34: Addressing presenteeism in wellness programs: This skill covers definitional issues, measurement options, intervention strategies, linkage points and positioning methods for organization wide presenteeism efforts.

35: Integrating wellness deeply into an organization: This skill covers how to integrate wellness activities at three different levels. First, we cover how to link various wellness interventions together. Second, we cover links between the wellness programs and other internal organizational functions and services. Third, we discuss linkage with external resources and services.

36: Evaluating an employee wellness program in a large organization: This skill provides the ability to identify evaluation objectives, develop an evaluation plan, plan data collection, analyze data, formulate interpretation, develop recommended program modifications, and plan for utilization of evaluation findings.



Level 4: Certified Worksite Wellness Consultant. Wellness leaders who complete level 4, Certified Wellness Program Consultant will have a comprehensive understanding of wellness topics. Level 4 is intended for individuals who serve a diverse set of organizations, customizing wellness program best practices to a range of unique needs. Building on the previous three levels, Level 4 shifts the focus to vision and strategic issues in wellness, as well as deeper coverage of executive influence and the skills to operate across organizations:

37: Building a disability management program in your organization: This skill covers how to examine the various types of leave and how they inform an integrated approach to disability management. We also cover wellness-oriented leave policies, and how to evaluate integrated disability management.

38: Conducting a health plan claims analysis: This skill prepares the participant to know what to request of claims payers, the implications of the data, the normative expectations, analytic pitfalls, presentation tips and progressive ways of using the claims data to improve the wellness program.

39: Creating a wellness-oriented work culture: We take a long-term perspective on cultural norms and the best strategies for modifying them over time in this skill. We cover the organizational requirements for changing cultural norms for wellness decision-making and behavior.

40: Using positive psychology in wellness programming: This skill provides grounding in the conceptual and science base for positive psychology and how to integrate these concepts into your employee wellness program and organization.

41: Understanding the relationship between health risks and health costs: This skill familiarizes participants with the historical evidence, methodological options, and consensus positions in the scientific literature. We also focus on how to use this data to influence stakeholders.

42: Facilitating a wellness planning process for large organizations: This skill provides to participants a step-by-step approach to facilitating wellness program design teams and how to develop consensus on how to move forward.

43: Building "C-suite" relationships for wellness: This skill covers more techniques to develop solid relationships with executive leaders in your organization. We cover strategies for providing education on wellness topics to senior leaders to build credibility and influence.

44: Building a long-term vision for wellness: This skill covers how to envision and analyze likely program outcomes and scenarios, and use forecasting techniques to help predict outcomes. We also make recommendations on how to using staff and volunteer retreats to develop a future vision for wellness.

45: Integrating work-life balance into wellness programming: In this skill, we cover work-life balance programming, and how a vision for how to integrate work-life balance into existing wellness programming and organizational values.

46: Estimating budget requirements for complex employee wellness programs: This skill provides participants with practical methods for budgeting and for estimating the financial needs of large and complex wellness programs. We also cover strategies for presenting the financial needs for wellness in the most favorable organizational light.

47: Insuring your wellness program produces behavior change: This skill operationalizes the AMSO framework to assure wellness program produces long-term behavior change. We highlight techniques and tools for applying the AMSO framework and provide a step-by-step approach.

48: Improving your personal effectiveness as a wellness consultant: This skill provides participants with a philosophy for consulting, a look at helpful personal attributes, practical preparatory steps, tips for effectiveness, business principles. We also cover ways to marketing wellness consulting services and build a robust practice.

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