Workplace Wellness that Works

10 Steps to Infuse Well-Being & Vitality into Any Organization
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10 Steps to Infuse Well-Being and Vitality into Any Organization

LAURA PUTNAM

WILEY
For Bill Baun, a great mentor and a big brother to me, and for my dad, Sam
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My approach to workplace wellness has always been "different." Perhaps that’s because I come from a different background than most who are in the field. For years, I was a public high school teacher. My job, in fact my calling, was to engage every one of my students. Every day, I needed to design and facilitate a classroom experience that taught, motivated, and inspired, and that ultimately led my students to their calling.

Now I’m CEO of Motion Infusion, a well-being consulting firm, and I’m finding that I’m doing exactly what I did as a teacher—but with adults, and, specifically, with adults in the workplace. My job today, or calling, is to engage, energize, catalyze, and to promote lasting behavior change, moving people toward their higher purpose.

The workplace is essentially school for adults. Just as schools are uniquely positioned to foster positive growth and change in young people, workplaces are uniquely positioned to do the same with adults, especially in the areas of health and well-being.

The numbers clearly demonstrate that the traditional wellness model—one that overly relies on medical and behavioral sciences—is simply not working. What’s the missing ingredient? A meaningful and lasting engagement of employees. We need to widen the lens and use a more interdisciplinary approach to promote wellness that works in the workplace, applying thinking from psychology, education, design thinking, and even advertising. To bring sustainable wellness to the workplace, we need to get creative: Imagination is the key to bringing research-based theories to life in real-world settings.

Evidence shows that effective employee engagement doesn’t come from compliance-based programs with scary statistics. Lasting engagement stems from a movement that appeals to the emotions and inspires people to get “in motion.” A movement focuses less on the individual employee and more on changing the overall culture and reshaping the work environment so that healthy choices become the easy and “normal” choices.
By exploring the latest research and multidisciplinary best practices from a number of related fields in conjunction with real-world examples and case studies, I will show what every organization can do to sustainably increase the well-being of its employees so that employees can experience vitality on a daily basis.

This book builds on what I’ve learned over the past 10 years as a practitioner in the field of workplace wellness, along with my formal training as an educator, my experience in public policy and advocacy, and my passion for movement as a nationally competitive collegiate gymnast and professional dancer.

There’s still a lot to be explored and discovered in the field of wellness. I like to refer to the field of workplace wellness as “the Wild, Wild West” as there are still so many questions with unclear answers. The challenges of obesity-related disease, poor health outcomes, and health care costs are as daunting as ever. But having the courage to seek input from unexpected sources may lead us to the solutions.

My hope is that by reading this book you’ll discover new ways of looking at wellness and that you’ll have step-by-step plans for implementing wellness programs that fit with your organization. In short, my goal is that you’ll have the tools to create Workplace Wellness That Works.

Let’s get started!
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INTRODUCTION
AN OVERVIEW OF
WORKPLACE WELLNESS

People are designed to move. As hunters and gatherers, we moved up to 20 miles a day. We had to move to survive. We’re also designed to eat food—real food, not processed food. We’re designed to perform under pressure and then renew. We’re designed to love and be socially connected. And we’re designed to find happiness and meaning in life. These essentials are at the root of what we’ve been seeking through the ages, told through the voices of philosophers like Aristotle and Viktor Frankl to poets like Pablo Neruda to pop singers like Lady Gaga. Today, more than ever, we’re talking about these ageless questions, but grasping to find the answers.

Wellness, at its core, is about getting back to doing what we naturally do. Increasingly, however, we’re being culturally asked to do things that we’re not biologically designed to do. We’re born to move, but we’re culturally mandated to sit. We’re biologically programmed to eat whole foods, but our busy schedules and toxic environments prompt us to eat processed foods that are immediately gratifying, but never satisfying. We’re hardwired to alternate stress with relaxation, but the society we live in idolizes being busy and always on the go. We’re born to be with others, but many of us are feeling isolated in a sea of hard-driving competition, despite our ever expanding virtual social networks on Facebook and LinkedIn. We live in a world that exerts pressure to be available 24/7 and dishes up professional demands that are ever more unrelenting, with less time to rest and replenish. It’s no wonder that so many of us are feeling depleted and worn out.

In this petri dish of biological-cultural mismatches, workplace wellness initiatives have been gaining both popularity and notoriety. Workplace wellness, one might say, is any kind of organized effort to support employees in being more human at work: moving more, eating more natural foods, finding balance, building meaningful connections,
and working toward a higher purpose. Done well, workplace wellness has the potential to offset the ill effects of the increasingly demanding and toxic environment and culture we live in. Done poorly, workplace wellness can feel like another top-down compliance initiative that has little to do with well-being and everything to do with checking boxes and taking tests.

Workplace wellness should not be complicated and controversial—and yet, it has become just that. In truth there are a number of really simple, inexpensive practices that any organization—and any person within the organization—can do to create an oasis at work that nurtures well-being and benefits the bottom line. Every organization already has the capacity and the resources right now to achieve Workplace Wellness That Works. This is exactly what this book is about.

Applying promising practices from workplace wellness, along with principles from related fields like education, learning and development, organizational development, psychology, and even a discipline called “design thinking” (think like a designer to devise creative solutions), we can make a difference in employees’ health and happiness, and we can promote an overall culture of well-being at work. We can create Workplace Wellness That Works, and we can help employees achieve their higher purpose.

A GUIDE TO USING THIS BOOK

This book is designed for anyone who is tasked with or is interested in workplace wellness. You could be the designated wellness liaison or a manager in human resources, a safety coordinator, a senior executive who wants to bring wellness to the entire organization, or even an external consultant or broker. The book assumes no prior background in the wellness field, but even wellness veterans may be interested in the chapters that highlight innovative thinking from other industries.

This book provides tips that can be applied to any stage of a wellness program, whether the program is just getting started or is long-standing—and it can be applied to organizations of any size. You will find that what I write about goes beyond standard wellness programs. Be prepared, because a lot of organizations and decision makers are not ready for this. For many organizations I work with, the first challenge is to move decision makers forward on how they
perceive wellness. In some cases, you will have to work around limited views of workplace wellness, or you may have an organization that is completely wellness-averse. In these cases, you might consider “going stealth”—sneaking wellness into non-wellness initiatives—being sure not to call it wellness.

In still other cases, you may enjoy the full support of senior leaders and managers who are ready to jump on board and a receptive group of employees who are waiting to join the wellness movement. Whatever the case, you’ll need to tune into what your organization is ready for—and this book will help you identify where your organization is right now and how to get started, given your current reality.

Let’s step back first, though, and take a look at the larger context.

WE ARE FACING A TIDAL WAVE

We are facing a tidal wave of obesity, chronic disease and conditions, lots of stress, and too many missed opportunities for each of us to reach our full potential. The statistics are overwhelming. By and large, this tidal wave stems from the massive biological-cultural mismatch that we have collectively created in the United States, and increasingly as a global community.

In the United States, more than a third of us are obese, and another third of us are overweight—double the rate in 1980. If trends continue, almost half of us will be obese by the year 2030. Nearly one in two Americans has at least one chronic disease or condition. Heart disease continues to be the number one killer. According to the Centers for Disease Control and Prevention, over 1 in 10 Americans has type 2 diabetes and more than a third of American adults are in the early stages of diabetes. If we continue on the same trajectory, a third of us will be diabetic by year 2050.

The cost of this tidal wave is enormous. It’s estimated that obesity alone costs over $300 billion annually in medical costs, disability costs, premature death, and lost productivity. About 75 percent of our national health care expenditure goes toward treating largely preventable diseases. Meanwhile, less than five percent goes toward prevention.

Our economy simply cannot sustain these skyrocketing expenditures. Almost 20 percent of our gross domestic product goes toward
health care costs, and we spend over two and a half times more than any other country in the world on health care. Sadly, we have little to show for it. In a controversial World Health Report released in 2000, the United States was ranked No. 37 in the world in terms of overall health performance—behind countries like Morocco, Dominica, and Costa Rica.9 According to a 2013 “Most Efficient Health Care” Bloomberg report, the United States ranked 46th in a group of 48 nations. The authors of this report noted, “Among advanced economies, the U.S. spends the most on health care on a relative cost basis with the worst outcome.”10 More important than money, though, is the human cost. This tidal wave is shortening our life spans, diminishing our quality of life, and limiting our potential.

Perhaps most devastating is the impact this tidal wave is having on our children. Nearly one in five children in the United States today is obese.11 It’s estimated that at least one in four children born after the year 2000 will acquire type 2 diabetes sometime in their lifetime. For some populations, it could be even higher—30 percent, 40 percent, even 50 percent.12 And, for the first time ever in history, there is evidence to suggest that our children will have shorter life expectancies than we do—unless we do something.13

So the natural question is, “What can I, as just one person, do to stand up to this colossal tidal wave?” The answer: I can make better choices. The fact is that the onset of most of the chronic diseases and conditions we face today—heart disease, stroke, type 2 diabetes, obesity, arthritis, and certain cancers—could be prevented, if only each one of us made better choices.14

Let’s break this down a little further. The American Heart Association has identified a list of seven criteria needed to support a healthy heart. Called the “Simple Seven,” the list includes eating a healthy diet, getting at least 150 minutes of moderate physical activity each week, being a nonsmoker for at least a year, along with maintaining a healthy weight, healthy blood pressure, healthy cholesterol levels, and healthy blood sugar levels.15 Seems straightforward enough. When I speak to groups about this, I then pose a follow-up question: “According to one large study, out of a pool of 17,820 adults between the ages of 45 and 98, how many do you think met the Simple Seven?” Usually, the guesses are in the percentages—ten percent, five percent, or, for those who are feeling more pessimistic, two percent. Then comes the
shocking answer: “two people.” We can do better than this. The question is: How?

**THE BILLION-DOLLAR DILEMMA**

According to David Katz, director of the Yale Prevention Research Institute, the tidal wave we’re facing can be boiled down to three simple words: “feet, forks, and fingers.” We need to get more active (feet), we need to change what we eat (forks), and we need to stop smoking (fingers). The need to make these healthier choices is made painfully obvious by the scary statistics, but what the scary statistics don’t tell us is how to motivate and empower ourselves to make these healthier choices.

With shockingly few exceptions, each of us knows what changes we should make, but very few of us are able to actually put these changes into practice. We know we need to eat more vegetables, avoid smoking, get more exercise, maintain a healthy weight, get a good night’s sleep, manage stress, and make time for our family and friends. But, very few of us are able to put this knowledge into practice. This is what I call the “knowing and doing gap.” Not only is this gap causing a huge level of unnecessary pain and suffering; it’s costing us a lot of money—in the billions of dollars every year.

We see examples of the knowing and doing gap all the time. For instance, every trained nurse is well aware of the health risks associated with obesity, yet surprisingly, some studies have found that the obesity rate for nurses is actually higher than the national average, 40 percent as compared to 35 percent. Another great example of the knowing and doing gap is the annual ritual of setting New Year’s resolutions. Every year, many of us resolve to lose weight, quit smoking, or perhaps join a gym in an effort to improve our well-being. Amazingly, statistics show that 88 percent of these resolutions fail.

The issue for most of us is not what to do, but how to do it. The explosion of books, blogs, and talks on behavior change and habit formation illustrates a growing demand for answers. When I was a Pilates instructor, for example, clients, friends, and even strangers would often ask, “How do I lose weight?” “Well,” I would say, “You need to eat healthier foods and get more exercise.” Invariably, their response was always, “Yeah, yeah—I know that!” I eventually realized, they weren’t asking, “What do I do?” They were asking, “How do I do it?”
CHANGE IS HARD

Making a change seems seductively simple—and yet, it is anything but. For starters, our brains are hardwired to resist change. Making a short-term change or participating in a one-time event is easy. But making a permanent change is difficult, as it requires ongoing motivation and self-regulation. Respondents to a recent survey conducted by the American Psychological Association reported that the number one barrier to making a lifestyle change was a lack of willpower. For so many of us, we know what we want to accomplish—say, losing weight or getting on a regular exercise program—but the willpower we’re counting on seems to dissipate when we need it most.

There’s a lot of research to suggest that our ability to stay motivated and exert willpower is actually a limited resource. The thinking and decision-making part of our brain, called the prefrontal cortex, is responsible for a variety of tasks: focusing, processing short-term memory, and solving abstract problems. The prefrontal cortex is also responsible for motivation and resisting temptations, and this is where we run into trouble.

When we overload our prefrontal cortex—which is par for the course in most knowledge-based jobs today—we simply don’t have much leftover prefrontal capacity for staying motivated in resisting temptations, despite our best efforts. This helps to explain why so few of us are able to keep a New Year’s resolution. In our busy, overloaded lives, our prefrontal cortex is simply maxed out and doesn’t have the remaining capacity to exercise restraint.

Roy Baumeister, social psychologist, called this phenomenon “willpower depletion.” In a seminal study, he demonstrated how willpower and high-level focus are linked. Two groups of participants were given two different sets of instructions when entering a room with warm, freshly baked cookies and a plate of cold radishes. Half of the participants were instructed to help themselves to the cookies and the other half were asked to refrain from eating the cookies, and stick to the radishes. Shortly afterward, each of the participants was given an unsolvable puzzle. The radish eaters—the ones who had to exert willpower to not eat the cookies—gave up within 8 minutes (on average), while the cookie eaters persisted and kept at it for an average of 19 minutes. Baumeister concluded that the willpower needed to resist the cookies depleted the brainpower needed to persist in solving the puzzle—and that the two therefore must come from the same source.
Professor Baba Shiv and a group of researchers at Stanford University followed up on Baumeister’s work. This time, however, the researchers issued the brain challenge first. Two different groups of students were given two different numbers to memorize. The first group was asked to memorize a seven-digit number, and the second group was asked to memorize only a two-digit number. Afterward, each group was given a choice: chocolate cake or a bowl of fruit. Net result? The group given the bigger prefrontal task (memorize the seven-digit number) was twice as likely to choose the chocolate cake. The conclusion from this study, consistent with Baumeister’s findings, is that a cognitive overload (such as memorizing a longer number) makes it more difficult to self-regulate or resist the unhealthy choice.23

A lot of the habit-formation solutions that have been put forward are effectively clever ways to outmaneuver our change-resistant brains. These include techniques like monitoring our behaviors and keeping track, arranging our environment to make the desired behavior the easy choice, using mindfulness to notice what’s happening internally every time we make a choice (good or bad), setting goals that focus on specific behaviors within a set time frame, linking new behaviors with old triggers to accelerate the automation of a desired habit, finding a friend so that we’re accountable to somebody else, treating ourselves to timely rewards, and decreasing the amount of motivation required through “tiny habits” that eventually result in big changes over time.24,25,26,27

Problematically, all of these techniques target the individual—and this is where I believe many wellness efforts have gone astray. Personal choice and willpower, while important, are small parts of a much larger equation. Widespread and sustainable change can only happen if we shift the focus away from the individual and toward the larger, surrounding forces, like environment and culture.

**The Issue Is Bigger Than the Individual**

For workplace wellness to truly work, we need to address the culture and the environment first, and then the individual. Collectively, for example, we have constructed an environment in which movement is abnormal and sitting is normal. Together, we have built environments that are more designed for driving than they are for walking. As John Ratey, author of *Spark*, characterizes it, “In today’s technology-driven plasma-screened-in world, it’s easy to forget that we are born movers—animals, in fact—because we’ve engineered movement right out of our lives.”28
In terms of our dietary habits, our societies have supported massive food infrastructures that are undeniably unhealthy. As highlighted in the recent documentary *Fed Up*, our policies—from farming subsidies started under the New Deal to pressure by the Bush administration to alter a 2003 World Health Organization report on the dangers of sugar consumption—have repeatedly supported the agricultural-industrial complex at the cost of our health.29

Here’s where workplace wellness steps into the picture. Up against brains that are hardwired to resist change, a massive disconnect between what we know we should do and what we actually do, and a larger environment and culture that is designed to diminish rather than amplify our health, just the *idea* of workplace wellness is an act of courage.

The workplace is where most adults spend the vast majority of their waking hours, so if there was ever a time that we *needed* effective workplace wellness programs, it’s now. Workplace wellness can provide an exit out of a collectively unhealthy lifestyle and an entrance into a collectively healthy lifestyle. Good idea, but how do we actually do it? Let’s start with taking a look at the prevailing tack we’ve been taking to promote well-being in the workplace.

**THE CLASSIC MODEL FOR WORKPLACE WELLNESS**

The 2013 RAND Workplace Wellness Programs Study report, the most comprehensive study to date on the impact of workplace wellness, outlined the customary protocol for standard workplace wellness programs: assessment, feedback, programs, and incentives (represented by the stars in the graphic) to motivate people to join and then stay in the game. This is what I call the “classic model.”

The Classic Model
The goals of the classic model are to (1) establish a baseline both for the individual as well as the organization; (2) stratify employees according to levels of health; (3) inform employees of their “risk factors,” or attributes and practices, that increase their likelihood of developing chronic disease; (4) encourage employees identified as either “healthy” or “at-risk” to participate in lifestyle management programs, or activities and resources that focus on prevention and health promotion; (5) guide employees who are already in a disease state toward disease management programs, or activities and programs that help to manage and slow down the progression of a chronic condition; (6) enable employees to achieve positive health outcomes; and (7) also benefit the organization.

A Breakdown of the Classic Model

Assessment Phase

The assessment phase, which provides a benchmark, typically consists of the following: health risk assessments (HRAs) and biometric screenings. These are used to assess health status, health risks, behaviors, attitudes toward health, and readiness to change.

Many employers also conduct additional assessments:

- Needs and interests survey: What are employees’ needs and what types of wellness activities are they interested in?
- “Culture of health” audit: Does the culture and environment support health and wellness at work?

Feedback Phase

Typically, each participating employee receives a report with his/her individualized calculated risk score. Meanwhile, the aggregate results are reported back to the employer to help in the design of the wellness strategy. There are a number of ways (continued)
that this information is communicated back to the individual employees:

- **Health/wellness coach:** A coach delivers the results to the individual, face to face, telephonically or digitally.
- **Web portal:** The information is delivered through a Web portal, which creates a dashboard for each participating employee.

**PROGRAMS PHASE**

There are two broad categories of programs: lifestyle management and disease management. Below are some common examples of each.

**Lifestyle management programs:**

- **Weight control programming:** Common programs include Weight Watchers, weight loss contests, and education on diet and nutrition.
- **Fitness:** Some organizations provide on-site fitness facilities, classes, and training; others provide subsidies for outside memberships.
- **Wellness coaching:** Coaching can occur face to face, telephonically, even digitally. A coach (or virtual coach) supports individual employees in setting health-related goals and taking measures to meet these goals.
- **Lunch ‘n’ learns/on-site seminars:** These are information sessions on health-related topics, generally provided by experts, often outside consultants and trainers.
- **Tobacco cessation programming:** This is programming that provides support for smokers wanting to quit.
- **Wellness resources:** These are any kind of information sources, in forms of newsletters, e-mails, posters, or blogs, that are generally focused on raising awareness.
• **Online programs/engagement platforms:** Technology-based solutions that provide information to employees, enable employees to enroll in programs, encourage virtual interaction among employees, and provide tracking support.

• **Challenges:** Employees compete individually or as part of a team against one another. Common challenges include walking, weight loss, or weight maintenance.

• **Drug/alcohol abuse programming:** These services are often provided through Employee Assistance Programs.

• **Stress management programming:** Typical programs include building skills in areas such as mindfulness, compassion, gratitude, or yoga.

• **Prevention services:** Services include on-site vaccinations, exams, preventive screenings, or education on preventive care.

• **Healthy food options:** These options include availability of healthy choices in vending machines, food served during meetings, as well as healthy options in the cafeteria (if applicable), which are often subsidized.

• **Nurse line:** A 24-hour support line assists employees in making informed decisions regarding their care.

### Disease management programs:

• **Health coaching:** A health coach serves as a support in helping an individual employee to better understand, manage, and slow down the progression of a chronic condition.

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**EVALUATION PHASE**

Evaluation, which loops back to the assessment phase, is usually based on participation rates and employee feedback, along with changes in behaviors, risk factors, and health outcomes. In addition, employers sometimes measure organizational outcomes, such as medical costs, workers compensation costs, disability costs, absenteeism, productivity, and turnover.
Is the classic model working? In the case of a company like Johnson & Johnson, the answer is actually “yes.”

THE STORY OF AN EARLY PIONEER IN WORKPLACE WELLNESS

In 1979, James Burke, CEO of Johnson & Johnson, decided to do something radical. He decided that it was a good idea to invest in the health of his employees. It was the right thing to do, he thought, and healthy employees could amount to good business. This idea evolved into Johnson & Johnson’s “Live for Life” wellness program, a program that was one of the catalysts of what is now purported to be a $6 to $10 billion industry.30

The Johnson & Johnson wellness strategy has, by and large, followed the classic model: assessment, feedback, programs, follow-up evaluation, and incentives to encourage participation.

For over three decades, Johnson & Johnson has continued not only to provide wellness for employees, but also to measure the impact of wellness (which is actually very difficult to do). The company’s internal studies, corroborated by outside research teams, have demonstrated that participating employees have achieved health outcomes in terms of improved blood pressure, weight, physical activity, and tobacco use—and that the company has saved on costs. The savings generated come to $565 per employee, with a return on investment (ROI) up to $3.92 for every dollar invested into the program.31

The Johnson & Johnson story certainly gives credence to the classic model, but for most companies, the classic model is simply not working. Most organizations are not reaping the hoped-for benefits—especially when it comes to saving on health care costs. In fact, some workplace wellness programs are leading to additional costs related to unnecessary tests and needless care.32

To make matters worse, there are a growing number of stories about companies and wellness vendors overstating, misleading, and in some cases, making outright false claims. Safeway famously bragged about the health care costs it saved through a leading-edge wellness
incentives program. Unfortunately, it turns out that the savings in health care costs happened before the program actually launched.\textsuperscript{33} It’s not surprising, therefore, that we’re seeing headlines like “Do Workplace Wellness Programs Work? Usually Not.”\textsuperscript{34}

**THE CLASSIC MODEL IS NOT WORKING WELL ENOUGH**

Wellness is top of mind for many organizations these days. In fact, more than half of employers with 50 or more employees now offer wellness programs and more are joining the wellness bandwagon, according to the RAND report. This translates to about 75 percent of employees in the United States having access to wellness at work. The RAND report also states that employers overwhelmingly believe that their programs are having a positive impact—despite the fact that these programs are rarely formally evaluated. In addition, the study found that workplace wellness programs have led to meaningful improvements in exercise, smoking habits, and even weight control—for those who are participating.\textsuperscript{35}

This is where the bad news starts. Employers are struggling to get people in the door, and they’re having an even harder time keeping them there. In the initial assessment phase, less than half of eligible employees are participating. Come time for the actual programs, most organizations are down to a participation rate of less than 20 percent.\textsuperscript{36}

“Program participation rates are considered a leading indicator of successful worksite health promotion (WHP) initiatives,” writes Jessica Grossmeier, CEO of Verity Analytics and vice president of research for the Health Enhancement Research Organization (HERO), in a recent article in *The American Journal of Health Promotion*. “Even the most effective programs will not be effective at a population level unless enough of the right people are attracted to participate. Unfortunately, most employers do not appear to be experiencing the participation rates needed to yield the expected health outcomes and health care cost savings that motivate employers to offer WHP programs.”\textsuperscript{37}

Indeed, what the workplace wellness industry has repeatedly learned is that the *Field of Dreams* “build it and they will come” mantra just doesn’t hold true. Rather, the industry has experienced just the opposite: If you build it (as in a workplace wellness program), they (employees) will not necessarily come. Just having a wellness program is not enough, and having an ill-conceived wellness program is often worse than not having one at all.
Vexingly, wellness programs, even well-designed ones, may not actually lead to a cost savings on health care spending. A celebrated and repeatedly cited Harvard meta-analysis reported that workplace wellness programs can generate a return on investment of $3.27 for every dollar invested in terms of medical costs and $2.73 for every dollar invested in terms of absenteeism costs. But subsequent studies have not supported these results.

The RAND study and another large study of PepsiCo’s celebrated wellness program demonstrated that there is not a significant difference in health cost savings between participants and nonparticipants in lifestyle management programs. However, according to the PepsiCo study, there does appear to be a significant difference in health spending as a result of the disease management programs, largely due to a reduced number of hospital visits.

The reality is that the potential medical savings incurred from lifestyle management programs (which are the kinds of activities we typically associate with workplace wellness) are likely too far off in the future to translate into any kind of meaningful savings for the employer. If an employer is interested in a broader value, on the other hand, then investing in workplace wellness is worthwhile. The RAND study, along with a multitude of studies, shows that workplace wellness done well can positively impact employee health, boost engagement and job satisfaction, enhance productivity, and help an organization to become an employer of choice. While these outcomes are harder to measure, they are certainly worthwhile.

**THE FACTORS THAT MAKE THE DIFFERENCE**

It goes without saying that all workplace wellness programs are not created equal; some are clearly better than others. While every organization has different needs and goals, below are some universal, key success factors to consider:

- **Leadership Engagement on All Levels:** Leadership is, perhaps, the most critical factor in determining the success of any workplace wellness initiative. All levels of leadership, from executives to middle management to informal leaders within the organization, need to be not only supporting—they need to be actively participating.