

## SIXTEEN POINT EMPLOYEE WELLNESS PROGRAM MODEL

The NICHM report pointed to a general consensus about effective wellness programs, suggesting that such programs include many of the following features (as either essential or highly desirable):

1. **Health risk assessment/health appraisal for all members of the population.** Data can be derived from participant surveys, biometric screening, and claims. Common data elements include height, weight and BMI, blood pressure, and cholesterol levels. Other information might assess risk and behavioral factors, readiness to change, and social and emotional factors. Systems should be in place to protect the confidentiality of personal information.
2. **Stratification of the population based on risk.** Results from the health risk assessment are used to classify people according to risk; classification methods may range from a simple count of risk factors to complex algorithms.
3. **Tailored and personalized interventions.** Personalized programming is based primarily on risk classification but might also incorporate other personal characteristics (such as readiness to change and social factors). Common interventions aimed at modification of risk factors and behavior change focus on encouraging physical activity and good nutrition, smoking cessation, stress management, and achieving a healthy weight. Disease management initiatives would also be relevant here, targeted to individuals with specific chronic conditions.
4. **Strategies to encourage program engagement.** Typical strategies include financial and non-financial incentives and health coaching.
5. **Multimodal communication and intervention delivery strategies.** Recognizing that people have different preferences and learning styles, and differing access to technology, programs should use a mix of internet-based, direct mail, email, telephonic, and in-person strategies to communicate about the program and deliver interventions.
6. **Health mentoring or coaching** to help participants develop skills and improve health.
7. **Population-based educational resources and self-management tools.** Distinct from resources provided as part of personalized interventions, these resources are aimed at the full population and focus on skill development, lifestyle change, and awareness building (e.g., articles on healthy eating in employee newsletters).
8. **Employee Assistance Programs** that can help to address social and emotional factors that impact wellbeing.
9. **Preventive services**, including screenings and immunizations and a personalized prevention plan.
10. **Leadership engagement and supportive organizational culture and work environment**, including corporate values that promote employee wellbeing, a healthy physical environment, and an emphasis on wellness from senior, mid-

- level, and even frontline management.<sup>7</sup> NIHCM Foundation n May 2011.
11. **Injury prevention.** Programs could include initiatives to enhance workplace safety and ergonomics as well as more general injury prevention efforts targeted to time spent outside the workplace.
  12. **Return to work / absence and disability management** efforts to restore sick or injured workers to full functional status and productivity.
  13. **Consumer medical decision support**, such as through nurse hotlines.
  14. **Involvement of participants' health care providers**, designed to make the providers partners in improving employees' health.
  15. **Program integration.** The best programs combine the diverse wellness program components into a unified and coherent program that is also integrated with other benefits and related programs offered by the employer as well as incorporated into the organization's structure.
  16. **Ongoing program assessment and improvement.** Good programs will monitor program performance regularly (ideally in relation to realistic goals for what could be expected at a given time) and use the interim results to modify programming as needed to achieve long-term goals.