



Creating a Culture of Wellness

How to Motivate Employees to Change Even if They Aren't Sure How

Part One

This paper aims to help your organization understand how to create a culture of wellness.

The truth is, for success to occur, not only does your benefits strategy have to be right because of what the programs pledge to provide, but it also has to be right because the strategy needs to fit into the culture of your work environment. Strategies to create a culture of wellness are driven by two influencers:

- **Employer Influence:** How to understand the needs of your population and discover how to promote healthy behavior
- **Vendor Partner Influence:** Understand and empower your employees to create lasting behavior change



employer influence + vendor partner influence = healthy employees

The first step in developing a wellness culture is to think about your employee population. Your benefits programs have to be meaningful to your organization's people, and your vendors have to treat your employees as *individuals*. The more we understand what motivates people around their health status, the better we will be able to build a culture of wellness.

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Background

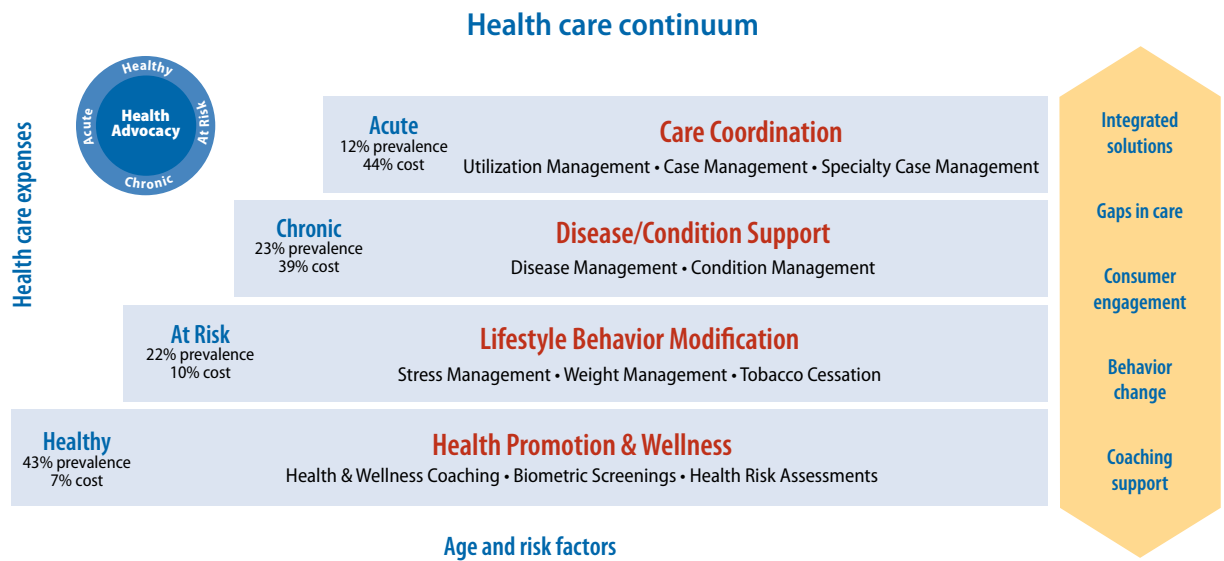
Traditionally, benefit design and strategy has focused on managing already sick individuals. But what we know is that 59% of sick individuals are newly sick. This means, if we could help them maintain their health before becoming ill, then we could, over time, save more money.¹

Past strategies were developed to help individuals by advising and providing them with information; believing that with good information, people will logically make good decisions about their health. And to some extent, this strategy has been successful. However, we all know that knowledge alone does not necessarily produce a change in behavior. Consider these facts:



- The cost of unhealthy behavior, such as poor diet, lack of exercise and tobacco use, are a tremendous burden to our society. In the United States, almost half the deaths that result from the 10 leading causes of mortality are attributable to unhealthy behavior.²
- **25%** of health care expenditures are attributable to **modifiable health risks** – including high stress, tobacco use, body weight, activity levels, and nutritional habits:³
 - **Tobacco**
 - 20.8% of U.S. adults smoke⁴
 - Excess medical costs per smoker per year: \$1,623⁵
 - Lost productivity per smoker per year: \$5,523⁶
 - **Weight**
 - 66% of U.S. adults are either overweight or obese⁷
 - Excess medical claims per year vary from \$405-1,405⁸
 - Excess absenteeism costs per year vary from \$62-654⁹
 - **Stress**
 - Employees with high stress have an excess of \$56 in pharmaceutical costs and \$708 higher in medical costs¹⁰
- In addition to modifiable health risks,
 - Depressive disorders affect the ability of **19 million Americans** often co-occurring with other conditions, such as heart disease, stroke, diabetes or cancer³
 - **50%** of people with medical conditions also have anxiety or depression¹¹
 - Even further – **83%** of people who have symptoms of depression and anxiety do not go to a mental health specialist³

All are important to understand as your organization creates and manages programs that address the health care continuum.



Strategies for Creating a Culture of Wellness

Create the right environment to foster change.

I. Employer Influence

The statistics make it sound easy – create a program, start a program, and hopefully your organization will start to move the needle toward improved health. But, just because individuals know that something's good for them, it doesn't mean that they modify or even understand how to modify their behavior. An employer must create the right environment to foster change while also providing the right programs for that environment.

Component A: Know your organization

- What do you know about the people who work for you? Who are they?
- What is their gender, average age, marital status and income?
- What is the average number of children your employees have?
- Is your population a union or a non-union?
- Do people trust you/the programs you put out?
- What has ignited morale and why do you think it worked?
- What is your communications strategy and what do you do to communicate to your employees today? Is it effective?
- Does your leadership understand health and wellness, and do they promote it?
- Do you know your health care claim trends?

Carrot or Stick?

Depending on your organization, incentives and disincentives may motivate employees to engage in healthier behaviors. The question becomes, which approach will be most effective in your organization's culture to inspire behavior change?

Recent studies have shown that participation in wellness management exceeds 50% when tied to just a \$25 incentive. In other situations, incentives may be ineffective in motivating behavior.¹²

How well you know your organization determines your benefits strategy. If your employees trust your programs and they've been communicated well, they are more likely to engage and participate in your programs and minimal incentives may be required.



Consider a small regional pilot to test different wellness strategies. For example:

- A large brokerage firm knew many of their employees worked late – fueling the need for fast food. To encourage healthy eating, they ordered healthy dinner meals that employees could order, pick up and take home to eat with their families.
- Drivers of a large trucking company had one main route they drove every day. A wellness station was set up for employees to use their break time to eat healthy snacks, lift weights, or exercise.
- Employers of a union may work with a union leader to hold focus groups to determine what healthy options are important to union members.

example

Component B: Promote grassroots efforts

- Does your senior-level management promote grassroots efforts that are sanctioned appropriately, but run by your frontline staff? Do the efforts tie into your business strategy?
- Do your employees clearly understand your strategy and their role?
- Most importantly, do your line supervisors support your strategy? You can have the best program – but if your line supervisors do not let people off their phones or away from their workstations for the time that is required to participate in these programs, the programs will not be successful.

Component C: Find and create champions

- Are there people within your organization who can help you tout your wellness program? Examples include individuals who have lost a lot of weight, a cancer survivor, athletes who understand the vision of health, or frontline staff who have the creative motivation to rally their team.

Component D: Choose a multimedia approach

- Your employees may be either on the road, on the phone, or may not have computers where they work. Whether you reach them on the phone in their car on the way to work, at home after their kids go to bed, or online during their lunch hour, your programs have to have multiple ways to reach these individuals.

II. Vendor Partner Influence

Your chosen vendor partner needs to be able to address both the mind and body of the individuals who work for you.

Address both the mind and body of your employees.

Component E: Make sure your vendor solutions are proven and seamless

- It is very important to understand that when you have multiple vendors your employees may be getting multiple outreaches and multiple mailings. That can be very confusing and they will wonder, “Who do I call, when, and why?” And if no one is prioritizing their care, they will likely feel overwhelmed and uninterested. As the employer, it is important to reinforce partnerships among vendors.
- When you are reviewing your programs, are you spending money on people who don't need it? Analyze your reports to make sure programs are touching the right people at the right time and have marketed or proven sustainable change.

Component F: Make sure your programs are focused on the individual

- Programs have to be meaningful within your organization and to each individual. The more you understand what motivates people around their health status, the better you will be in defining programs that are useful.

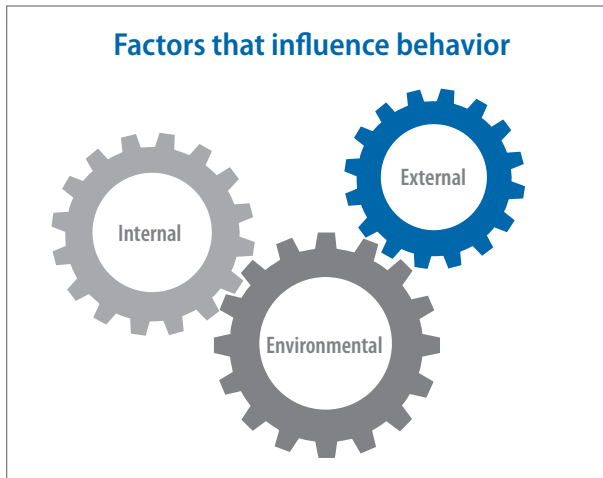
Five key questions to ask your vendor partner:

- 1. Are your solutions integrated?**
- 2. How do you measure “engagement?”**
- 3. How do you measure “outcomes?”**
- 4. What solutions do you offer for the “healthy” portion of my population?**
- 5. What is your expectation of the employer to drive usage of the programs?**

Understanding Behavior

Changing behavior stems from both the employer and vendor partner influence in moving the needle toward lower costs, improved health status and member empowerment. As we understand the factors that influence the psychology of behavior, it's important to know that behavior drives 50% of our health status and an additional 20% is driven by our environment.¹

By influencing behavior, you improve health, empower members and lower costs.



Research shows that behavior change occurs best when three influences work together:

- **Internal Motivation** This is a change that is identified and created by the individual. Examples include: doctors who want to be healthier for their patients, parents who want to make sure they are able to walk their child down the aisle at their wedding, or have more energy for their kids.
- **External Motivation** This is a change that is brought on by other individuals. Examples include: a spouse asking the individual to change their habits, a child wanting a parent to quit smoking, or a doctor advising a patient of the risks of their unhealthy behavior.
- **Environmental Motivation** This is a change that is created by the environment that the individual resides or works in. Examples include: a company instituting a higher premium for those who smoke, or providing free health screenings or free annual physicals to all employees.

Each of these three motivators are needed to drive people to change. But your programs also have to tap into the individual. Traditional "nag" models are notorious for reaching people one time and telling them what to do. Contrast that with a program designed to help people identify, then harness, their own personal and sustaining reason for change.

What are some simple steps you can take to discover what motivates employees to choose healthier behaviors? Ideas include:

- **Cafeteria foods:** Arrange to have your cafeteria prominently display the nutrition information in foods, or arrange to make healthier choices cheaper.
- **Vending machines:** Make sure they offer healthy items. Turn the items around to display the nutrition information. You may even consider giving away free water, while bumping up the price of soda.
- **Create prizes:** Drive down to the frontline of your organization and offer a prize for ideas you implement. Their ideas are most likely to work because they know the people and, in most cases, they are the majority of the people in your organization.

example

How to Change Behavior

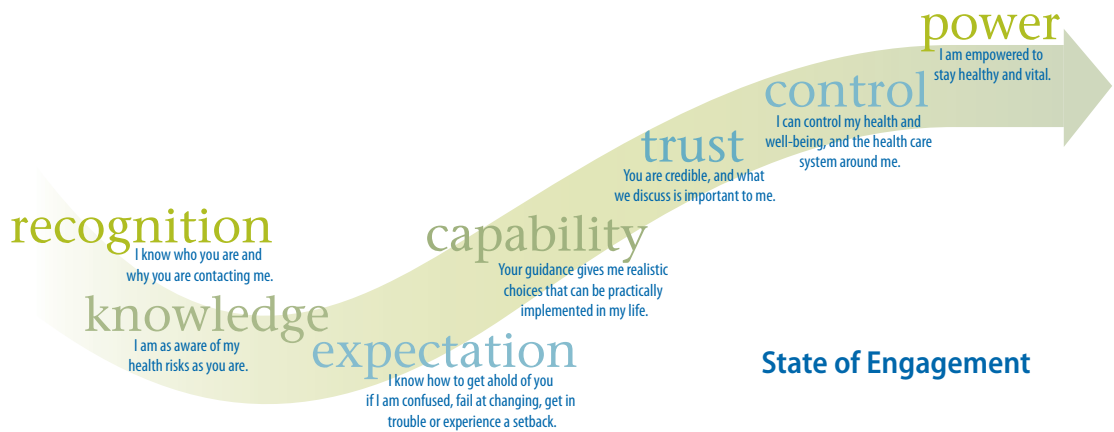
Engage and assist members in making good health choices, and keeping them.

State of Engagement

With our 30 years of behavioral expertise, CIGNA has a single approach that draws upon interventions and techniques from several behavior change models. Staff is trained in behavior coaching skills to engage and assist members in making positive and empowering choices that are important to them.

Behavior change draws upon the state of that individual's readiness to change, and their support along their state of engagement. If you create a culture of wellness, your employees will know who your vendor partners are and why they are contacting them. Employees working with CIGNA can expect to work with one coach and develop a relationship with him or her.

A wellness coach illustrates how she connected with one employee to help that employee understand her own personal motivation and become engaged and empowered.



Health Advocate Testimonial



[Click here](#)
to listen to the
real coach's story

example

recognition

"One woman I worked with was extremely overweight and depressed and was on a lot of medication. When she called me, I asked her one big question – 'What is it you really want to accomplish?'"

knowledge

She said, 'I really would like to have a child.' It wasn't about losing 100 pounds, it was about having a deep desire to have a baby with her husband, which she couldn't do because she was too overweight to conceive a child.

expectation

We talked about it and discussed many different possibilities. She started crying.

capability and trust

But at the end of it all, she made a lot of changes that, for many people, would be small or insignificant.

control

But for her, they were huge. And at the end of the process, she lost 25 pounds and she is pregnant. She is off of most of the medication for depression, and her life has completely changed.

power

She credits not me, but herself, for the success that she achieved, and for me, this is the most important thing. I don't want people to think that I did this. I want them to think that they are the ones who did this for themselves."

Care Coaching Model Techniques*

At CIGNA, we believe that by training our staff in behavior coaching skills, we will be better able to engage and assist our consumers in making choices and changes regarding their health that are important to them. Our model draws interventions and approaches from several behavior change models into one comprehensive strategy.

<p>Motivational interviewing</p>	<p>A well-known, scientifically tested method of behavioral counseling developed by William R. Miller and Stephen Rollinick. It is viewed as a useful intervention strategy in the treatment of lifestyle problems and disease. Coaches utilize an individualized approach to enhancing personal motivation. This approach is based on listening first and honoring the thinking that comes from the individual.</p>
<p>Social and cognitive behavior modification strategies</p>	<p>An empirically supported treatment that focuses on patterns of thinking that are maladaptive and the beliefs that underlie such thinking. Cognitive behavioral modification is based on the idea that how we think (cognition) determines how we feel (emotion) and how we act (behavior).</p>
<p>Transtheoretical model</p>	<p>The basic theory for developing effective interventions to promote health behavior change developed by James Prochaska and C.C. DiClemente. The central organizing construct of the model is the Stages of Change. It is a model that focuses on the decision-making of the individual and involves emotions, cognitions, and behavior.</p>
<p>Health belief model</p>	<p>A psychological model that attempts to explain and predict health behaviors. The focus of this methodology relies on the attitudes and beliefs of individuals wanting to make behavior change. The theory was first developed in the 1950s by social psychologists Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels working in the U.S. Public Health Services.</p>
<p>Chronic care model</p>	<p>This model identifies the essential elements of a health care system that encourages high-quality chronic disease care. Developed by Edward H. Wagner, it is based on providing decision support and self-management support to promote clinical care, and empower and prepare patients to manage and take an active role in care that is consistent with research evidence.</p>
<p>Positive psychology</p>	<p>A relatively newer theory that studies the strengths and characteristics that enable individuals and communities to thrive. The theory, developed by Martin E.P. Seligman, is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within them, and to enhance their experiences of love, work and play. Research has demonstrated that it is possible to be happier or feel more satisfied, regardless of one's circumstances.</p>

* Motivational Interviewing: Miller, William R., Rollnick, Stephen, *Motivational Interviewing: Preparing People for Change*, Second Edition, 2002, The Guilford Press, New York, NY 10012
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 Burns, David D., *Ten Days to Self-Esteem*, 1993, Harper Collins, New York, NY 10022
 Ellis, Albert, *A Guide to Rational Living*, 1975, Wilshire Book Company

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Health Belief Model: Rosenstock, Irwin M., 1974, *Historical Origins of the Health Belief Model: Health Education Monographs*, Vol. 2 No. 4

Chronic Care Model: Brodenheimer, T., Holman, H., Grumbach, K., *Patient Self-Management of Chronic Disease in Primary Care*, Journal of the American Medical Association, 288 (19): 2469-75

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Seligman, Martin E.P., *Learned Optimism: How To Change Your Mind and Your Life*, 1990, Free Press, New York, NY 10020

In summary, a culture of wellness can be developed by:

- Knowing the **needs** of your population.
- Choosing **solutions** that are focused on the full health continuum.
- Developing **grassroots programs** that tie into your corporate strategy, communicating them well, and providing appropriate incentives around them.
- Creating **winners**, people within your organization who will stand behind health and wellness.
- Find **programs** that are:
 - Proven
 - Seamless
 - Multimedia
 - Focused on the individual

For more on empowering individuals to make healthy changes, resulting in lower costs and improved health status, read **Part Two** of this series: *Moving the Needle*.

lasting healthy changes > improved health > lower costs

- ¹ Mercer HR Consulting, (n=51,200 over 5 years); Unilever (March 2005)
- ² Health Behavior Change in Managed Care: A Status Report, 2005
- ³ Anderson D.R., Whitmer R.W., Goetzel R.Z., Ozminkowski R.J., Dunn R.L., Wasserman J., Serxner S.; Health Enhancement Research Organization (HERO) Research Committee (2000). *The relationship between modifiable health risks and group-level health care expenditures*. Am J Health Promot. 15(1),45-52
- ⁴ Centers for Disease Control and Prevention. *Cigarette Smoking Among Adults – United States, 2006*. Morbidity and Mortality Weekly Report [serial online]. 2007;56(44):1157–1161 [cited 2007 Nov 8]. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a2.htm>
- ⁵ “Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs – United States, 1995–1999”, CDC. [NOTE: Costs have not been adjusted for inflation]
- ⁶ “Impact of smoking status on workplace absenteeism and productivity” Michael T. Halpern, Richard Shikiar, Anne M. Rentz and Zeba M. Khan. Study period was 4 months. Assuming linear behavior, it has been multiplied by 3; “smokers typically take three cigarette breaks each work day, with each break averaging 13 minutes.” Source: EPIC/MRI poll, Michigan, 2000
- ⁷ Centers for Disease Control and Prevention. *Prevalence of Overweight and Obesity Among Adults: United States, 2003–2004*. http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_adult_03.htm
- ⁸ Non-Medicare adults, average 2001–2002 HSMD additional paid amounts over normal weight. Modified from: Wang, Schultz, Musich, McDonald, Hirschland, Edington. AJHP. 17(3): 183–189, 2003. Obesity: A growing burden to employers: Strategies to cope, Tim McDonald, Director, Health Management Consulting INGENIX, Health Action Council Breakfast Forum; April 5, 2007
- ⁹ Finkelstein, E., Fiebelkorn, I.C., & Wang, G.J. (2005). *The costs of obesity among full-time employees*. American Journal of Health Promotion, 20 (1):45-51.
- ¹⁰ Murthy, Raghu. “Measuring the Effects of Employer–Controlled Factors on Health Care Costs and Productivity, and Discussing More Efficient Methods of Lowering Health Care Costs”
- ¹¹ CIGNA Claims Data
- ¹² *Understanding Wellness Incentives*, David Hunnicutt, WELCOA President (2005) [Interview with David Chapman, MPH Chairman and Senior Consultant, Summex Corporation.



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