

## **6 THINGS EVERY CORPORATE WELLNESS PLAN MUST HAVE**

**Statistically speaking, you are much more likely to be some level of sick than you are well. That means the same is true for your employees.**

Does that shocking statement alarm you? Here are the somber facts we're facing today:

- Obesity rates are soaring – the number of obese Americans rose a full percentage point in 2013 with one in five deaths now linked to obesity.
- One in three U.S. adults will have full-blown diabetes by 2050 according to the U.S. Centers for Disease Control and Prevention (CDC).
- One in eight people 65 and over currently have Alzheimer's, and that number is expected to rise to one in four within the next 20 years.
- Cancer rates are projected to rise 57% in the next 20 years, with 13 million people dying from cancer each year.
- Over half of the U.S. population has at least one clinically diagnosable allergy, and allergies and diseases of the immune system have possibly quadrupled in the last few decades.
- By 2050 antibiotic resistance will kill at least 300 million people. So, in addition to the chronic diseases we currently face, deaths caused by diseases that had been eradicated are now coming back with a vengeance.

That's only the beginning. Visit most any doctor for any of these conditions and you're likely to walk away with at least one prescription for pharmaceuticals.

In which case, you'll be joining the nearly 70 percent of all Americans taking at least one prescription drug for a chronic or other medical condition, with antibiotics, antidepressants, and opioids topping the list.

This matters to your corporate bottom line. It matters in terms of lost productivity. People who are sick, or fatigued even, are less productive. This also costs more in workman's

comp claims which are 50% higher for obese people. And it costs more in terms of health insurance. The 80/20 rule applies, and roughly 80% of your plan costs will be spent on 20% of the population, but as we become, sicker, fatter and older, the number of people receiving care as a percentage of payers goes up. This means that health insurance rates go up. Wellness programs done properly, not only stem those costs, they reverse them. Yes, it costs less to be healthy than it does to be sick, both for individuals, and collectively for a group.

So what determines whether the dollars spent on wellness will yield a higher return?

## **1. Realize that this is about behavior modification.**

Fully 70% of the diseases we face today are the result of lifestyle and choice, not genetics or some external factor beyond our control. Your health and that of your employees resides squarely in what you choose to put into your mouth and how you move your body. It is a fact, food can either be poison or medicine, not because of calories. Health has nothing to do with calories; it has everything to do with nutrients. Each end every employee has to buy into the facts that:

- a. everything you put into your mouth will contribute to your health or to your disease
- b. As members of the plan, everyone is responsible for reducing their own individual risk, in order to lower the collective risk of the group. If everyone participates, costs will go down and health, happiness, and general life enjoyment will go up.

In order to teach this to people so they exemplify it, not just regurgitate it. You have to help to create an environment that is centered on health and create a culture of wellness. This includes a number of other characteristics listed in this report. First and foremost, is to create a system that rewards the behavior you want to see, and penalizes, that which you do not. Incidentally, we have found that the penalties are as important, or even moreso that the rewards. If it was only about reward, everyone would be rich and thin for their own rewards. Sometimes, it has to be painful where you are in order to move in a different direction.

## **2. Put systems in place to train people on the above.**

These include:

Wellness resources, webinars, newsletters, systems to incentivize healthy living, social platforms to engage people as a team, contests, reward programs, biometric screening and health assessments tied to insurance rates.

At SHUR, we have created an online subscriber based portal to do all of the above, as well as a number of other tools to make this portal interactive and to engage people further. If you are interested in seeing how we can make this system work for you, we would be happy to provide a free assessment. Please contact [erin@shurwellness.com](mailto:erin@shurwellness.com) in order to obtain the forms we need in order to assess your company.

### **3. Attract and retain your Highest risk members as wellness advocates.**

This is one of the most important pieces, that often gets overlooked. If you start a wellness program and you are doing challenges, and engaging the company, what if the 80% who are the ones paying for the 20% are the only ones who participate? Your costs will continue to go up as a group, which is disheartening, expensive and unfair to those who are participating.

You must have programs in place to identify those who are the most at risk, or who are currently costing the plan the most and work with them in order to help them to choose this new lifestyle. These people are often, too tired, embarrassed or apathetic to join the companywide group programs, so you must have a program that helps to train them individually on how they can make changes in their lives, and they must see results from these programs!!

When done properly, these people become walking talking billboards of success. They become centers of influence for those who are on the fence, and they become experts that other people look to in order to find help and solutions to their own problems. This “expert” effect, creates lifelong health advocates out of people that were once your greatest risk.

### **4. An environment that encourages wellness.**

This means eliminating the junk food on property, and changing the menu selections in the cafeteria (if you have one.) People will choose fast and convenient over health, so make health in the workplace fast and convenient, and even free. This means eliminating vending machines and keeping fresh fruit and vegetables in the break room; providing healthy water choices for employees to get clean cold water easily; providing other healthy meal and snack options (one company we work with provides protein shakes/ smoothies in their break room in case someone wants to grab a quick snack or meal rather than run out, this also saves the employee money – reward).

Create contests and programs that encourage people to work together in teams to achieve some health goal not weight loss related. When goals are weight loss related, people make short term decisions that may help them to lose weight, but studies show they gain the weight back and then some. Contests need to be geared toward wellness and better health. For example, a wellness related contest is a race to the moon type contest. A bad choice would be a “biggest loser” type contest.

Make birthdays a special occasions contests for bringing in healthy food rather than an excuse to eat garbage.

Infiltrate your employee communications with healthy messages

### **5. Lower the cost of insurance for healthy employees and increase the costs for those at risk.**

When we work with companies, honestly, this is the area that scares them the most. I hear all kinds of objections on why this is a bad idea. But research and case study after case study shows that reflecting someone's risk in their insurance costs is not only fair, it is motivational. Its also legal when handled properly, and illegal if not. So, you definitely want to hire an expert to help you here. At SHUR we have done this with numerous companies and have gone through all of the legal work to create programs that are compliant. If you choose to use another firm or an attorney, make sure they know the difference in the laws for your type of insurance plan (self- funded vs. Fully funded). We had one client who was working with a wellness company that did not understand the difference and their advice would have cost our client hundreds of thousands of dollars as well as grandfather status, had they followed it.

## 6. Have a self insured plan and an excellent TPA

Many clients look at the short term cost of self funded vs. fully funded plans and choose the fully funded because it looks cheaper. But in the long run it is not.

If you are a certain size organization, self funded is always the better choice for the following reasons:

- a. Self funded plans realize directly the savings from wellness. Fully funded plans, will realize the savings, but they won't necessarily be passed on to you. When your organization becomes healthy, you become part of the 80% paying for the 20%. Yes, you can prove it to your insurer and ask for lower rates, but this will require time and proof.
- b. Self funded plans have access to data while fully funded plans do not. This means that it is easier for self funded plans to identify the people who are most at risk and actually assess the roi of dollars spent on them. In a fully funded plan, there is only guessing in this area.
- c. Self funded plans can pay for some of the cost of wellness. Fully funded plans will not include wellness in the plan.

If you are fully funded and would like to look at ways a self funded plan can save you money, now and in the future, we work with a solid TPA that is experienced in this arena. If you are self-funded, we can work with your TPA to teach them ways that they can make their business more profitable through the use of wellness, which is an additional way that we can help you to save money on health insurance. Please contact Kristin@shurwellness.com to see how we can help you.