

THE 8 WAYS WELLNESS PROGRAMS DIE (AND HOW TO SAVE YOURS)

**Most wellness programs don't fail
because of bad ideas.**

**They fail because of bad
execution.**

After studying Dr. Roizen's success at the Cleveland Clinic and hundreds of failed programs, eight patterns emerge. These are the kills. If you recognize your program in any of these, fix it now before it's too late.

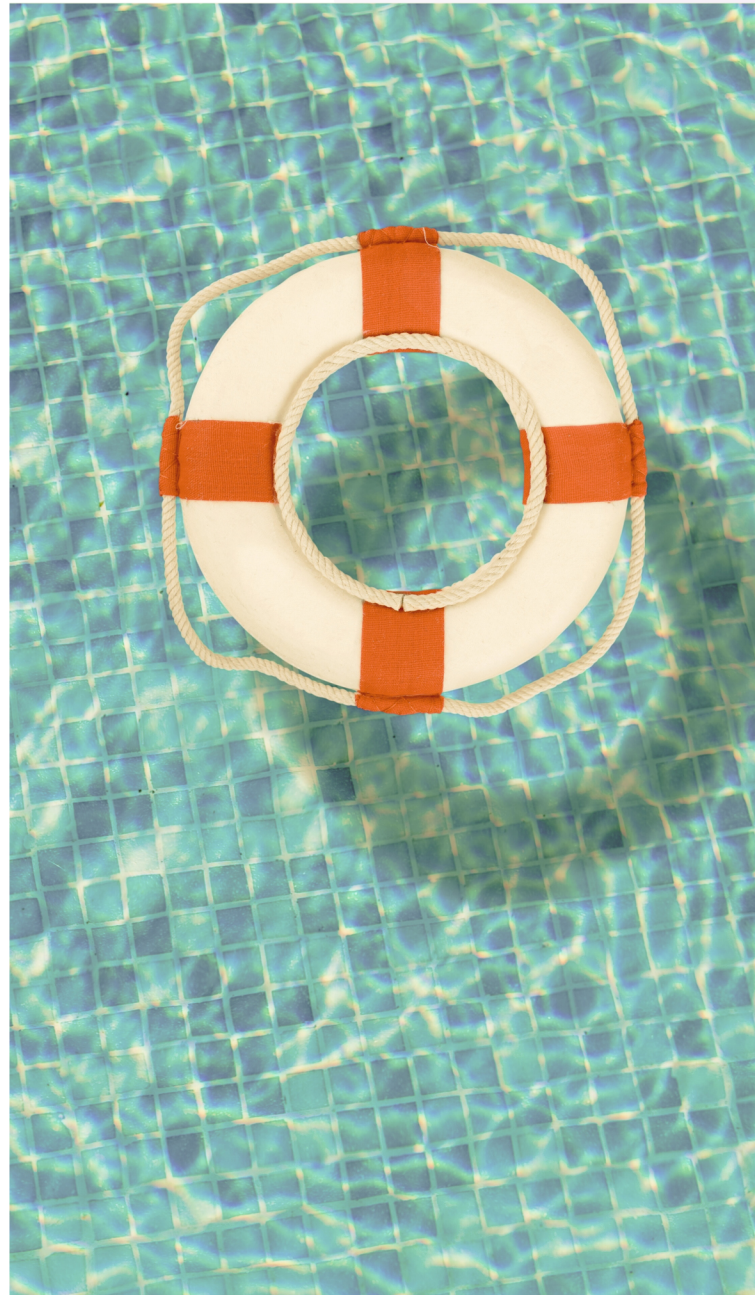
Pitfall #1: Treating Wellness as a Perk Instead of Strategy

What it looks like:

- Lives in HR benefits materials
- "Nice to have" budget line
- First cut in budget freezes
- No executive ownership

How it dies: Year 3 budget meeting:
"We need to cut \$200K. What about
that wellness thing?"

The fix: Frame wellness as cost
containment strategy, not
employee benefit.



Tool Kit Resource: Article

Report to CFO, not just HR. Show premium trend data. Calculate ROI. Make it a board-level discussion. Cleveland Clinic didn't call it a perk. They called it a strategic shift from sickness business to health business. When your CEO creates a Chief Wellness Officer position, wellness doesn't get cut.

Pitfall #2: Creating Barriers Through Complicated Processes

What it looks like:

- Reimbursement-based benefits (submit receipts, wait 6 weeks)
- Complex enrollment processes
- Inconvenient times/locations
- Required approvals or forms

How it dies: Participation stays under 10%. Leadership asks, "Why spend money on something nobody uses?"

The fix: Remove every single point of friction.

As reported in *Time*: "More people signed up once the clinic began paying club fees up front instead of reimbursing employees." Same benefit. Zero hassle. Participation explodes. Make it dead simple: Show up. That's it. No forms, no fees, no friction.

Pitfall #3: One-Size-Fits-All Programming

What it looks like:

- Same program for 22-year-old intern and 58-year-old with diabetes
- Generic "eat better, move more" messaging
- No accommodation for different fitness levels, cultures, or needs
- No targeting based on health risk

How it dies: Nobody feels like it's for them. Participation is spotty. Results are weak. Funding dries up.

The fix: Risk stratification and targeted programs.

Tool Kit Resource: Article

- Intensive programs for high-risk (chronic disease)
- Moderate programs for medium-risk (pre-disease states)
- Maintenance programs for low-risk (already healthy)

The Lifestyle 180 specifically targeted obesity, diabetes, hypertension, and high cholesterol—the conditions driving 75% of costs. Match intensity to need. Match programming to population.

Pitfall #4: Focusing Only on the Already-Healthy

What it looks like:

- Yoga classes attended by fitness enthusiasts
- Step challenges won by the marathon runner
- Nutrition workshops full of people who already eat kale
- High-risk employees nowhere to be seen

How it dies: Costs keep rising because the people driving costs aren't participating. CFO notices. Program gets cut.

The fix: Active recruitment of high-risk individuals.

Personal outreach. Medical staff involvement. Manager support. Remove barriers for the people who need it most. Dr. Roizen's approach included proactive recruitment: identifying high-risk individuals through screenings and personally inviting them to participate. Your marathon runner doesn't need your help. Your pre-diabetic employee desperately does.

Pitfall #5: Insufficient Support and Follow-Up

What it looks like:

- One-time workshops
- Program ends, support ends
- No check-ins after completion
- "Good luck maintaining your changes!"

How it dies: People regress to baseline within 3–6 months. Next year's biometrics show no lasting change. Program labeled ineffective.

The fix: Build maintenance into the program design.

Tool Kit Resource: Article

The program also included:

- 48 hours over 6 weeks (intensive phase)
- 5 follow-up sessions over next 12 months
- Weekly emails from Chief Wellness Officer
- Continued access to coaches and resources
- Alumni groups for peer support

Behavior change needs ongoing support. One-and-done doesn't work.

Pitfall #6: Ignoring Mental Health and Stress

What it looks like:

- Focus only on physical health metrics
- No stress management resources
- No mental health support
- Ignore work-life balance issues

How it dies: Stressed employees don't have bandwidth for wellness. Physical health improvements plateau. Participation drops.

The fix: Integrate mental health from day one.

Include stress management in every program:

- Meditation and breathing exercises
- Relaxation techniques
- Work-life balance coaching
- Access to counseling

Stress management isn't optional. It's foundational. You can't out-exercise or out-eat chronic stress. Address it directly.

Pitfall #7: Weak Measurement and Evaluation

What it looks like:

- "We had 50 people in our program!" (out of 1,000 employees)
- No health outcome tracking
- No cost analysis
- No year-over-year comparison
- Can't prove ROI when asked

Tool Kit Resource: Article

How it dies: Budget meeting: "What are we getting for this investment?" Program manager: "Um... people seem happy?" CFO: "Cut it."

The fix: Track the big three from day one:

- Healthcare premium growth rate (yours vs. industry)
- Chronic disease medication costs (reductions over time)
- Avoided high-cost treatments (prevented hospitalizations, dialysis, etc.)

At the Cleveland Clinic Dr. Roizen reported these numbers relentlessly. Premium growth slowed from 10–15% to 4–8%. That's \$240K saved annually for 500–employee company.

Numbers keep programs alive. Feelings don't.

Pitfall #8: Lack of Cultural Reinforcement

What it looks like:

- Programs exist in isolation
- Managers don't support participation
- Unhealthy cafeteria food
- No environmental cues for health
- Leadership doesn't model healthy behavior

How it dies: Programs feel like add-ons, not integrated into work life. Participation requires swimming upstream. People give up.

The fix: Align environment, policies, and culture with wellness goals.

This comprehensive approach changed everything:

- Tobacco-free campus (controversial but transformative)
- Healthy cafeteria redesign
- Arts and healing environment
- 10+ yoga classes daily on-site
- Walking paths and green spaces
- Leadership participation and modeling

Wellness can't be something you do despite your workplace. It must be supported by your workplace.

Tool Kit Resource: Article

The Pattern Behind the Pitfalls

Notice what all eight have in common? They treat wellness as an activity instead of a culture.

Bad programs:

- Run events occasionally
- Offer information without support
- Create friction at every step
- Exist separate from daily work
- Can't prove value

Good programs (Lifestyle 180 model):

- Integrate into organizational DNA
- Provide intensive, ongoing support
- Remove all barriers
- Make healthy behavior the default
- Obsessively track and report ROI

How to Diagnose Your Program

Score yourself honestly (1 point for each YES):

1. Does your CEO personally champion wellness? ___
2. Are programs completely free (no reimbursement)? ___
3. Do you offer different programming for different risk levels? ___
4. Do high-risk employees actually participate? ___
5. Do programs include 12+ months of follow-up support? ___
6. Is mental health integrated into programming? ___
7. Can you prove ROI with hard numbers? ___
8. Does your physical environment support healthy behavior? ___

Score 7-8: You're doing it right. Keep measuring and refining.

Score 4-6: You're vulnerable. Fix the weak points before they kill you.

Score 0-3: Your program is on life support. Major overhaul needed now.

THE BOTTOM LINE



The Lifestyle 180 program avoided all eight pitfalls through strategic design and relentless execution:

- **CEO-level commitment ✓**
- **Completely free programs ✓**
- **Risk-stratified approach ✓**
- **High-risk recruitment ✓**
- **Long-term follow-up ✓**
- **Mental health integration ✓**
- **Rigorous measurement ✓**
- **Cultural transformation ✓**

Result: Proven ROI, sustainable program, national recognition.

Your wellness program doesn't need to be perfect. But it can't fall into these common traps and expect to survive. Review the eight pitfalls. Identify which ones describe your current reality. Fix them systematically.

The programs that avoid these pitfalls succeed.

The programs that don't disappear.

Choose wisely.