

FROM ZERO TO COMPREHENSIVE WELLNESS IN 12 MONTHS

YOUR IMPLEMENTATION ROAD MAP

You're convinced. Prevention works. The Lifestyle 180 program proved it.

Now what?

You can't build a 40,000-employee wellness program overnight. You can't hire a Chief Wellness Officer tomorrow. You can't afford 48-hour programs for everyone next month.

But you can start moving in the right direction today.

Here's your roadmap from "we should do something about wellness" to "we have a functioning program that's actually making a difference."



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Month 1: Build the Foundation

Week 1-2: Secure Leadership Commitment

Action: Present the business case to decision-makers

What to include:

- Current healthcare cost trends (get data from your broker)
- Industry benchmarks (you're probably paying 10-15% more each year)
- Lifestyle 180 results (premium growth slowed to 4-8% annually)
- ROI projection (conservative: 2:1 by year 3)

What to ask for:

- Multi-year budget commitment (\$200-\$500 per employee annually)
- Dedicated wellness coordinator (half-time minimum to start)
- Permission to pilot before scaling
- Quarterly reporting to leadership

Leadership lesson: CEO Cosgrove made wellness a strategic priority at Cleveland Clinic before launching the program. Top-down executive commitment is essential.

Week 3-4: Baseline Assessment

Gather existing data:

- Last 2 years of healthcare claims data
- Premium increase history
- Current wellness offerings (probably minimal)
- Employee demographics and locations

Conduct quick employee survey (3-5 questions):

1. What health challenges do you face?
2. What would help you be healthier?
3. What prevents you from being healthier?
4. When would you attend wellness programs?
5. What format would you prefer (virtual, in-person, hybrid)?

Goal: Know where you are before planning where you're going.

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Months 2–3: Design Your Pilot

Month 2: Define Target Population

Review claims data to identify:

- Employees with diabetes, hypertension, high cholesterol, obesity
- Those on expensive medications
- Frequent ER visitors or hospitalizations
- Pre-disease states (pre-diabetes, pre-hypertension)

Create risk stratification:

- Tier 1 (High-risk): 15–20% of population
- Tier 2 (Moderate-risk): 25–30% of population
- Tier 3 (Low-risk): 50–60% of population

Initial focus: Tier 1 only (manageable pilot size)

Month 3: Build Program Design

Choose pilot program type:

Option A: Mini Lifestyle 180 (Recommended)

- 16 hours over 6 weeks
- Weekly 2.5-hour sessions
- Covers: nutrition basics, exercise introduction, stress management, health coaching
- Target: 20–50 high-risk employees

Option B: Condition-Specific

- Diabetes prevention or management program
- 12–16 hours over 8 weeks
- Target: 20–40 employees with diabetes/pre-diabetes

Option C: Weight Management

- Comprehensive weight loss support
- 20 hours over 10 weeks
- Target: 30–60 employees with BMI 30+

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Select Option A if you're unsure. It's the most comprehensive and has the strongest evidence base.

Vendor vs. In-House Decision:

Use vendor if:

- No in-house medical/wellness staff
- Need turnkey solution
- Want proven curriculum
- Prefer reduced management burden

Build in-house if:

- Have RNs, dietitians, or health educators on staff
- Want maximum customization
- Have facilities for programming
- Committed to long-term internal capability

Large organizations may build in-house with dedicated staff. Most organizations should start with a vendor partnership.

Months 4–6: Launch Pilot

Month 4: Recruit Participants

Outreach strategy:

1. Identify 50–100 high-risk employees from claims/screening data
2. Send personalized letter from medical director or HR leader
3. Include: specific health data, program benefits, zero cost, easy enrollment
4. Follow up with personal phone call within 5 days
5. Make enrollment dead simple (online form or phone call, that's it)

Goal: 30–50 enrolled participants

An approach that proved successful in the Lifestyle 180 program: department-based enrollment. When entire teams enrolled together, it created built-in peer support and accountability.

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Month 5: Run Program

Weekly operations:

- Conduct sessions (vendor-led or internal)
- Track attendance religiously
- Collect biometric data (baseline and ongoing)
- Gather participant feedback
- Address barriers immediately (schedule conflicts, transportation, etc.)

Leadership updates:

- Weekly email to sponsors with participation numbers
- Share early wins and testimonials (with permission)
- Flag any issues requiring support

Month 6: Measure and Evaluate

Health outcomes to track:

- Weight/BMI changes
- Blood pressure improvements
- Cholesterol changes
- Medication adjustments
- Program completion rate
- Participant satisfaction

Financial markers:

- Program cost per participant
- Estimated medication savings (if any)
- Prevented ER visits or specialist appointments (if any)

Qualitative data:

- Participant testimonials
- Perceived value
- Behavioral changes reported
- Energy and productivity improvements

Create comprehensive pilot report for leadership.

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Months 7–9: Refine and Expand

Month 7: Analyze Pilot Results

Key questions:

- Did people complete the program? (Target: 70%+ completion)
- Did health metrics improve? (Target: measurable changes in 50%+ of participants)
- Did people find it valuable? (Target: 8+ out of 10 satisfaction)
- What barriers emerged?
- What worked really well?

Adjust program based on findings.

Month 8: Scale Planning

Determine year 2 approach:

Conservative scaling (recommended for first expansion):

- Run 2–3 cohorts of the same program
- Target 60–150 total participants
- Same high-risk population
- Refine based on continued feedback

Moderate scaling:

- Add second program type (e.g., stress management series)
- Expand to moderate-risk population (Tier 2)
- Introduce general wellness activities (yoga classes, walking groups)

Don't scale too fast. Dr. Roizen tested thoroughly before expanding.

Month 9: Year 2 Budget

Calculate for leadership:

- Year 1 costs (actual)
- Year 1 results (measurable improvements)
- Year 2 proposed budget (2–3x year 1 for scaling)
- Projected ROI timeline (realistic: break-even year 2, positive by year 3)

Request approval for continuation and expansion.

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Months 10–12: Build Sustainability

Month 10: Create Infrastructure

If you don't have these yet, add them:

- Wellness coordinator (promote to full-time if currently part-time)
- Wellness committee (cross-functional, meets monthly)
- Data tracking system (spreadsheet minimum, software preferred)
- Communication plan (monthly updates, quarterly newsletters)

Month 11: Environmental Changes

Start small, build over time:

Quick wins:

- Healthy options in vending machines
- Walking route maps posted
- Standing desk options
- Water station upgrades

Medium-term:

- Cafeteria healthy food options
- On-site fitness space (even if just a room with mats)
- Quiet room for meditation/breaks
- Bike parking and showers

Long-term (Year 2–3):

- Tobacco-free campus policy
- Full cafeteria redesign
- Dedicated wellness facility
- Healing environment (art, nature, calming spaces)

Environmental changes don't have to be all-or-nothing. Start small and build over time.

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Month 12: Report Year 1 Results

Comprehensive annual report to leadership:

Include:

- Participation numbers and demographics
- Health outcomes (with before/after comparisons)
- Financial analysis (costs, savings, projected ROI)
- Employee testimonials and case studies
- Lessons learned
- Year 2 plan and budget
- 3-year vision

Goal: Secure commitment for years 2 and 3.

The First-Year Reality Check

What you'll achieve in Year 1:

- ✓ Pilot program successfully run
- ✓ 30-100 employees meaningfully engaged
- ✓ Measurable health improvements in participants
- ✓ Foundation for scaling
- ✓ Leadership buy-in for continuation

What you won't achieve in Year 1:

- ✗ Company-wide culture change
- ✗ Massive cost savings (too early)
- ✗ Everyone participating
- ✗ Perfection

And that's okay. No organization transforms overnight.

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Year 2 Quick Preview

With Year 1 foundation in place, Year 2 focuses on:

- Scaling programs (3-5 cohorts, 150-300 participants)
- Adding program variety (fitness, stress, condition-specific)
- Environmental improvements (healthy cafeteria, activity spaces)
- Expanding to moderate-risk population (Tier 2)
- Strengthening measurement and reporting
- Beginning to see ROI evidence

Year 3 builds toward:

- Comprehensive programming for all employees
- Cultural integration (wellness is "how we do things")
- Proven ROI (healthcare cost trend improvement)
- Sustainability without constant selling

THE BOTTOM LINE



The Lifestyle 180 program was built over years, not months.

It started with vision and commitment. The team piloted and refined. They measured relentlessly. They scaled based on evidence.

You can follow the same path:

Months 1–3: Foundation and planning

Months 4–6: Pilot and learn

Months 7–9: Refine and scale planning

Months 10–12: Build sustainability

One year from now, you can have:

- Proven pilot program with measurable results
- 50–150 employees with improved health
- Foundation for broader scaling
- Leadership support for continuation
- Data proving your program works

You won't achieve complete transformation in 12 months.

But you'll be on the path.