

BEYOND THE BUZZ:

Tying Meaningful Engagement to Outcomes

INTRODUCTION

Today, the term “engagement” is widely used in the world of health and wellness. But what does it mean? According to the workplace culture company Salveo Partners¹, “The term ‘engagement’ is often used synonymously and interchangeably with ‘participation.’ Clearly however, participation and engagement are NOT the same ... When people refer to ‘wellness engagement rates,’ they are really referring to program participation or completion. Employees can participate in (and even complete) a program without being engaged.”

We agree with this assessment and feel strongly that engagement constitutes much more than simple participation. We view engagement as a member’s active emotional commitment to get healthier, and we believe that member engagement is critical for us to deliver impactful behavior change. Behavior change, after all, is necessary to generate clinical outcomes from health and wellness programs. Per the World Health Organization (WHO), “Behavioural risk factors are the leading causes of the occurrence of, and morbidity and mortality due to, chronic health conditions and injuries in the world².”

With this in mind, we have architected the RestoreHealth program on our configurable and scalable platform to drive the behavior change process. This different approach allows us to generate real, reportable clinical outcomes that help our members reach their goals and help their employers realize significant cost savings. Before talking more about this, let’s first look at the problems plaguing the wellness industry today.

WHERE THE FLAWS ARE IN WELLNESS TODAY

Today, the implementation of traditional wellness programs is flawed. The legal and regulatory environment requires organizations to offer wellness programs to *all* employees, and by focusing on that requirement, many organizations miss the opportunity to also provide targeted programs to employees with specific medical needs. This “one size fits all” approach does little to help the employees who actually need help and who drive healthcare costs the most. In fact, the opt-in enrollment model’s self-selection aspect results in primarily healthy employees utilizing the benefit. This is partly because healthy or near-healthy employees can visualize their success in the company-wide challenge or program, while those who actually need individual help and attention cannot. Additionally, today’s wellness programs focus little on behavior change. Typical programs employ static curricula that deliver content on a rigid, fixed basis. Instead of adjusting the program to meet an employee’s needs, the employee is expected to adjust to the program.

With this in mind, it is not surprising that many of today’s wellness programs experience severe drop-offs in utilization and yield little cost savings to the employer. Per Bloomberg, “wellness programs—even those with incentives—don’t change employees’ behavior much.”³

¹ <https://salveopartners.com/engagement-in-wellness-programs-separating-fact-from-fiction/> - “Engagement” in Wellness Programs: Separating Fact from Fiction

² http://www.euro.who.int/_data/assets/pdf_file/0003/70185/RC58_edoc10.pdf - Behaviour change strategies and health: the role of health systems

³ <https://www.bloomberg.com/news/articles/2018-01-26/workplace-wellness-programs-really-don-t-work> - Workplace Wellness Programs Really Don’t Work

A DIFFERENT APPROACH TO ENGAGEMENT

In lieu of a program emphasizing enrollment counts and signup rates, wouldn't you prefer to opt for one that is results-focused and willing to defend its outcomes?

With the RestoreHealth program, our approach to engagement is different. From our experience in the health and wellness space, we understand that the most effective way to generate real and lasting results is by actually changing people's behavior. With this in mind, we architected a behavior change program, intending to yield discrete clinical outcomes. As members join, we work backwards from our desired results, planning a member journey that will help us achieve them.

In order to reliably deliver behavior change, we designed our program to fit easily and comfortably in our members' lives, and to ensure a unique journey for each member. This is because we recognize that each member is a different person, in a different situation, and though members may share similar objectives, each path to achieve them should be unique. Unlike wellness programs which require members to adapt to a set of pre-designed tasks, our coaches configure our program to meet the needs of each individual participant. By focusing on the individual, we are able to deliver personalized content to drive each member's behavior change to generate *individual results*.

Enrollment + Registration

As previously stated, wellness programs infrequently target the at-risk populations that are driving costs. Also, by offering a benefit to all employees, wellness programs experience low registration rates due to self-selection (see Figure 1). Though RestoreHealth starts with a smaller eligible population, we often end up with comparable absolute enrollment numbers due to our higher relative registration rate. We believe this occurs because, unlike most wellness programs, our enrollment strategy is focused first on identifying the target population, then increasing those individuals' self-awareness (i.e., "I need to change"), and then boosting their self-motivation (i.e., "I can change") (see Figure 2).⁴ Without this approach, individuals either determine the program isn't a good fit for them or that they can't be successful with it, and they simply do not enroll.

ASSUMPTION: 1,000 PERSON COMPANY	WELLNESS	RESTOREHEALTH	DELTA
Eligible population	1,000	330	-670
Register	150	148	-2
Month 4	75	136	61
Month 12	15	121	106
Eligible population	100%	100%	-
Register (% of eligible)	15%	45%	30%
Month 4 (% of registered)	50%	92%	42%
Month 12 (% of registered)	10%	82%	72%

Figure 1: RestoreHealth vs. Standard Wellness Program Enrollment Funnel

⁴https://www.colleaga.org/sites/default/files/attachments/915aa556ec4ff962efe2a99295dd2e8bda89_0.pdf - The Transtheoretical Model of Behavior Change

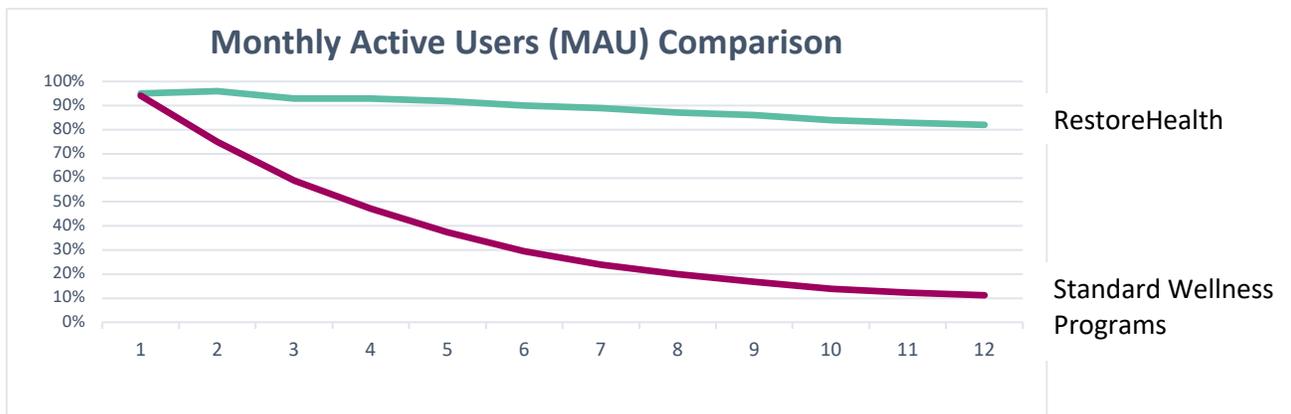
To identify our target population, we leverage the biometric screenings that many employers already offer. With the results from these screenings, we help people understand their risk factors, and then help them realize they can, in fact, affect change. These screening results, paired with an onsite team who can explain the details of our program, have the ability to move people from pre-contemplative or contemplative to action (see Figure 2). Said a different way, our objective at this critical pre-enrollment stage is to provide the necessary consciousness-raising, empowerment, social support, and goal-setting to drive potential participants towards action.⁵ The timing of this interaction enables our incredibly high registration rate: upon receiving education on their personal issues and getting help understanding how easy the RestoreHealth program will be, participants can visualize success. Both the timing of this knowledge transfer and the emphasis on the individual’s understanding are key.

STAGE	PRE-CONTEMPLATIVE	CONTEMPLATIVE	PREPARATION	ACTION	MAINTENANCE	TERMINATION
DEFINED BY	Under informed, Uninformed, or frustrated (C > P)	Understanding but Ambivalent (P = C)	Have a plan of action (join a gym, etc.) (P > C)	People have made specific modifications	Prevent Relapse	
THEORETICAL APPROACH TO SHIFT INDIVIDUALS	Consciousness Raising (knowledge, learning) Risk Communication		Self-Liberation (belief + commitment) Goal Setting Social Support	Relationships - Support & Accountability Counter-Conditioning - Learning behaviors Contingency Management – Reinforcement Insight into patterns of activity		100% Self-Efficacy (ideal state)
RESTORE HEALTH TACTIC	Campaign Development	Biometric Screenings Onsite enrollment teams	Biometric Screenings Onsite enrollment teams Welcome Specialists	(Personal, 1:1 relationship) Lessons & Activities (Simple, Easy, Personalized) Devices & pattern-based dashboards (Integrated) Resources		

Figure 2: Stages of Change and How RestoreHealth’s Program Maintains Engagement

Retention

Our retention rates also separate the RestoreHealth program from typical wellness programs. Once an individual enrolls in the RestoreHealth program, we see much higher retention rates than what is typically seen in the industry. Figure 3 shows that by the end of the first four months, RestoreHealth has 95% Monthly Active Users (MAU) and by the end of 12 months this figure is still north of 80%. Typical wellness programs, on the other hand, see rapid drop-off rates that usually hover around 10% towards month 12. (see Figure 3) The overall drop-offs demonstrate the substantial difference in the two models:



⁵ <https://www.ncbi.nlm.nih.gov/pubmed/20739325> - How to promote healthy behaviours in patients? An overview of evidence for behaviour change techniques

Figure 3: MAU Rates by Program Months: RestoreHealth vs. Standard Wellness Retention

The different MAU rates result from core differences between our program and traditional wellness programs. Standard programs do *not* have real human support and accountability, are *not* personalized, and are *not* easy. Each of these components is important to generate and retain meaningful engagement, as described below.

- **Human Support:** Many wellness programs today do include coaches to support member retention. However, the majority use these coaches to moderate *group* sessions (not work with individuals) or to deliver engagements only when escalation protocols deem interactions appropriate. We have found that when coaches are given the freedom and resources to help participants problem-solve at the individual level, they begin to build real relationships with their members. Only then, by knowing each member's specific situation, can coaches provide the required professional support and accountability to keep someone in the action phase of change. (see Figure 2)
- **Personalization:** The majority of wellness programs are designed to deliver pre-approved content with strict pathing and pacing (e.g., the member is forced to fit into the cycle of the curriculum). When you allow the coaches to manipulate the program pathing, pacing, and content, they can actually personalize the program based on member needs. Although personalization is not explicitly listed in Figure 2, it is an implicit requirement of both the coaching and content. If programs cannot personalize the relationship with a coach, there will be no real sense of accountability for the member. Additionally, if members are forced to sit through lessons that are not applicable to them (e.g., sitting through a 45-minute lesson on the risk of tobacco if one doesn't smoke), the program will not seem relevant. In these cases, members will become disillusioned and will subsequently disengage as shown in Figure 3. This is the primary issue with "robo-coaches" in programs driven by automation: canned content from an impersonal source does not engage members and therefore does not generate behavior change. In fact, it violates many of the rules laid out in Figure 2.
- **Ease of Use:** Finally, many programs force members to adhere to a curriculum or set of activities that is not easily incorporated into their daily routine; they are expected to read long articles, count calories, or attend required group sessions at pre-defined times. Time-consuming required activities paired with scheduling conflicts make adoption difficult. It's no surprise that, across the board, the industry is struggling with poor adoption. By making things easier for participants, we are shrinking the barriers to entry. By breaking our engagements into manageable pieces, we help members form habits that overcome lack of internal motivation, provide ample opportunities for frequent positive reinforcement, and set the table to establish persistent activation.^{6,7} This is another place where personalization shines through: by understanding a person's routine, the coaches can personalize the program allow it to be incorporated into members' lives.

Defining Meaningful Engagements

The aforementioned describes the key differences between standard wellness programs and the RestoreHealth program. While we have alluded to meaningful engagements, what exactly do we mean?

Meaningful engagement is the consumption and/or employment of a program or framework in a manner that contributes to participant behavior change [meaningful interaction].

In our program, a combination of many different actions over a sustained period of time contributes to members' success. Therefore, we do not narrowly focus on any one single action, such as how many times a member steps on a scale. This is where we leverage the concept of persistent activation in our program: by using a mobile app with notifications, we are able to have visible reminders within the member's daily life. The notifications act as an

⁶ Tiny Habits - <http://tinyhabits.com/>

⁷ Using Mobile & Personal Sensing Technologies to Support Health Behavior Change in Everyday Life: Lessons Learned (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815473/>)

environmental cue to remind members of the program and the goals they have defined with their coach. Per, Klasnja et al., “goals can be activated through environmental cues, and that such ‘primed’ goals can effectively guide goal-directed behavior⁸.” With that in mind, we find that frequent and simple actions keep members in a persistently activated state, enabling effective adoption and behavior change.

Demonstrating the Difference

As a result of our behavior-change-focused delivery methods, we are seeing incredible levels of sustained engagement in the RestoreHealth program. In fact, our engagement levels look more like a social media platform than a wellness program, with members performing an average of **four meaningful interactions per day** during the first four months of the program and a 56% daily active user rate over the first year (see Figure 4). This level of daily interaction is important because it serves as an indicator of members being in a persistently active state. This is where it all comes together for the member. At this point, we have established a personal relationship with a coach who is providing support and accountability, we have personalized the program experience to fit their individual needs, and we have designed the lessons, tasks, activities, and user experience to be incredibly easy and simple. As a result, our members keep coming back on a daily basis which suggests we have the opportunity to truly affect change.

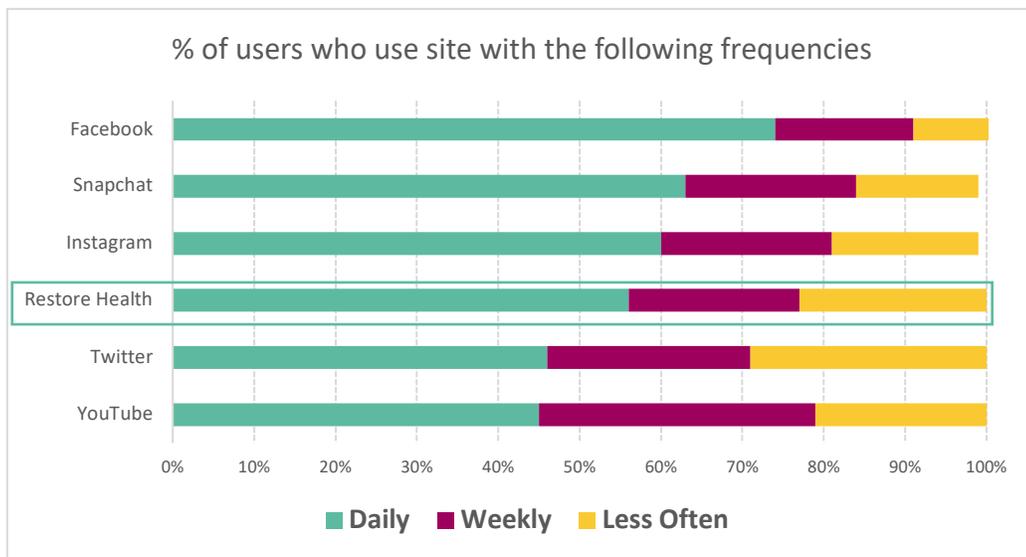


Figure 4: RestoreHealth Engagement vs. Common Social Media Platforms⁹

Much like the social platforms in Figure 4, we employ data-driven learning loops and are constantly analyzing our engagement data to iterate on and improve our program. Similarly, we provide our coaches with data-driven tools that present them with engagement metrics, enabling the real-time identification of members who are at-risk of not succeeding in the program. This enables our coaches to proactively reach out and individually work with said members to understand their challenges and dynamically adjust the program to meet their individual needs: conducting data-driven learning loops of their own.

⁸ Using Mobile & Personal Sensing Technologies to Support Health Behavior Change in Everyday Life: Lessons Learned (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2815473/>)

⁹ <http://www.pewinternet.org/fact-sheet/social-media/> - social media fact sheet – Social Media Fact Sheet

CONCLUSION

Participation does not equal engagement. The market today is filled with grandiose claims of engagement levels and outcomes. However, most wellness companies report on their participation metrics, masking their low engagement and retention rates. At RestoreHealth, we believe that reportable metrics need to be transparent and that other organizations are incorrectly defining engagement. We define *meaningful engagement* as the consumption and/or employment of a program or framework in a manner that contributes to behavior change.

Behavior change is the key to generating real clinical results. Wellness and other health-oriented programs need to be focused on generating measurable outcomes. In order to do this, programs should be created to target the root cause of the issue. As referenced above, the WHO claims that behavior is the number one cause of death due to chronic diseases. By changing behaviors for the better, we can actually curb the impact of chronic disease.

RestoreHealth, like its underlying Zillion Platform, was architected specifically to drive behavior change. We believe that we should no longer live in the age of managing symptoms; instead, we should be defining and targeting root causes. In the realm of lifestyle improvement and chronic disease management, our program is one of the few (if not the only one) that specifically focuses behavior change to address root causes.

Behavior change programs like RestoreHealth drive more, lasting engagement, reportable clinical outcomes, and real ROI. By altering the delivery of programs to drive behavior change via real engagement, we generate real, reportable outcomes and subsequent return on investment (ROI).

For more information on the RestoreHealth Solution, feel free to reach out to sales@restorehealth.com.