

HEALTHY OPPORTUNITIES

Envisioning the Future of Well-Being Programs in a Digital Age

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HEALTH





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Coming Soon: The Golden Age of Well-Being

The modern corporate well-being (or wellness) program has steadily evolved and expanded its mission since it was introduced to the American workplace more than 40 years ago. First offered by just a few visionary companies, wellness programs initially had a limited purpose and scope: to reduce work-related injuries and health-related risk factors such as obesity and stress. Today, almost 9 out of 10 large employers (200 or more employees) offer some sort of corporate well-being program, which now typically embraces a much more holistic approach that includes physical as well as emotional, financial, and behavioral health.¹

Though much has changed in the past four decades as well-being programs have evolved, the next five to 10 years promise to be a time of unprecedented innovation, with change occurring at a much more accelerated rate. The reasons are many. Advancements in consumer-engaging technologies, such as artificial intelligence (AI), virtual reality (VR), and the Internet of Things (IoT) are creating new opportunities to revolutionize the well-being experience, from group health challenges to mindful meditation. Digital resources are linking people to health experts, information, and wearable tracking tools on a global scale in a nearly seamless manner. The ever-expanding capabilities of data collection and analysis are creating a new level of personalization that precisely matches content, incentives, and motivation with each person's well-being goals, preferences, and needs.

At Onlife Health, we believe the confluence of these multiple factors is creating a new Golden Age for well-being programs in which the possibilities for innovation and consumer engagement are robust and manifold. In this paper, we provide a vision statement, a blueprint for where we think well-being is headed and how these possibilities will be realized in four key areas:

1. Behavioral Health
2. Social Determinants of Health
3. Hyper-Personalization
4. Home-Based Advanced Primary Care

1. Behavioral Health: Expanding the Definition of Well-Being

A person's health is not limited to his or her physical body; health is not merely the absence of disease or infirmity. The scientific evidence today is irrefutable. Mental, emotional, and physical health are inextricably connected. There is no physical health without emotional and mental health. There is no mental health without physical and emotional health.

It took many decades for the medical community to fully embrace this whole-person philosophy of well-being. And though the concept is now almost universally accepted, there remains the challenge of integrating the various scientific disciplines and practices that support this whole-person approach into the fabric of the health care delivery system.

One such discipline is behavioral health, the scientific study of how the mind and body work together, of how a person's behavior, thoughts and emotions affect their overall well-being. Behavioral health understands that well-being is intimately connected to human action, the choices people make, and the environment and circumstances in which they live. Seeing well-being through the lens of behavioral health provides a much more comprehensive understanding a person's life both in its entirety and at its various stages.

Behavioral health seeks to help people live life to the fullest by providing the right tools and resources for the responsibilities and tasks of each stage of life, both now and in the future. The scope of behavioral health is comprehensive, dealing with issues that involve a person's work, family and relationships as well as spiritual issues (such as strengthening resilience and finding purpose) and financial well-being.

Many well-being programs have already incorporated insights from behavioral health in order to engage people more effectively. For example, scientific concepts developed by Stanford University's Persuasive Technology Lab and B.J. Fogg's "Hooked" model are being used to drive permanent behavior change and form lifelong healthy habits. These techniques include:

- **Reduction:** Breaking down behaviors into smaller actions that are easily executed.
- **Tailoring:** Creating a customized experience based on inputs and actions by the user.
- **Aligning:** Matching internal triggers (emotional cues) with external triggers (emails) to prompt the user to take action.

THE NEXT GENERATION: PERSONALIZED FORECASTING

Here's another example of how well-being programs are incorporating behavioral health techniques. **Your Daily Forecast (YDF)** is a personalized forecasting tool being developed by Onlife Health to help members form a daily habit and build intrinsic motivation. After logging in, a member can score herself on a variety of health factors, such as sleep, stress, and relationships, and then immediately receive a "forecast," generated by artificial intelligence, that predicts her energy level for the following day.

The member's personalized prediction is made available after an initial tracking period of 10 to 14 days. This daily personal forecast also comes with a recommendation as to what activities would be most appropriate given the member's energy level—for example, taking a long walk for a high energy level or choosing mindfulness meditation if their energy level is low.

Through the process, members gain insights into the relationships between health factors and behaviors—for example, how stress, physical activity, and sleep affect each other. Customized feedback and recommendations based on each member's personalized predictive model help maximize energy level, mood and resilience. YDF will even use machine learning to combine member input with geolocation-based data sources to provide personalized recommendations that consider the local weather.



2. Social Determinants of Health: Well-Being at the Grassroots

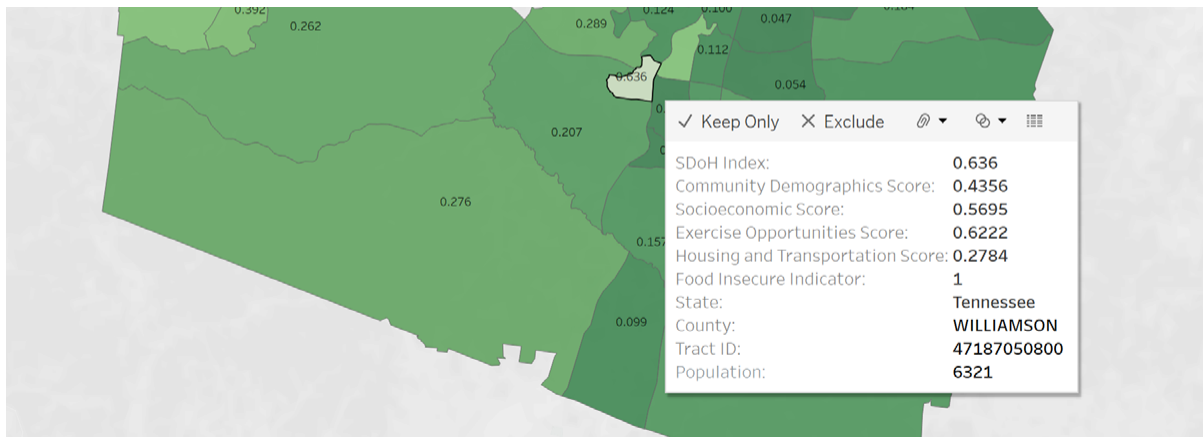
Social Determinants of Health (SDoH) are the socio-economic conditions and physical environment of the communities where people live, learn, work, and play. In recent years, there's been growing recognition about the importance of addressing SDoH, which can influence up to 80 percent of health outcomes. As a result, more health plans are implementing new strategies to address SDoH. Indeed, 80 percent of payers believe that addressing SDoH should be a high priority to improve their population health programs.²

PUTTING SDOH ON THE MAP

But if these initiatives are to succeed, they need to be precisely targeted and deliver the right resources to the right community. To meet that end, Onlife Health developed its SDoH Community-Based Index, a sophisticated mapping tool and data analyzer that provides detailed information about the multiple social dynamics that impact health and well-being. The Index identifies and analyzes the SDoH vulnerabilities for communities and neighborhoods across the United States. It provides an in-depth, data-based understanding of which communities and neighborhoods are adversely affected by SDoH and the specific risk factors that need to be addressed within those communities.

The Index ranks each census tract in the country and assigns it a percentile ranking (0 to 1, with 0 being the least vulnerable and 1 being the most vulnerable to SDoH risk factors). A census tract is a small statistical subdivision of a county. It contains on average about 4,000 people and provides the most granular level of data available on a national scale for the purposes of the Index.

The following illustration shows Census Tract 47187050800 in Williamson County, Tennessee. Rolling a cursor over a Census Tract immediately reveals its score in these five categories.



Overall SDoH Score

- The percentile ranking when each of the other categories are averaged together

Community Demographics Score, determined by the following publicly available data:

- % Population Over 65
- % Single Parent Households
- % Population with Disability
- Social Associations

Socioeconomic Score, determined by the following publicly available data:

- % Did Not Graduate High School
- % Unemployment
- Median Household Income
- % Population with No Health Insurance
- % Households Receiving SNAP Benefits

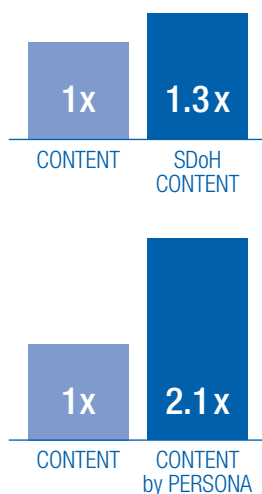
Housing and Transportation Score, determined by the following publicly available data:

- Average Household Size
- % Households with No Vehicle
- % Rental Units Where Gross Rent >35% of Income

Exercise Opportunity Score, determined by the following publicly available data:

- Access to Exercise Opportunities
- National Walkability Index Score
- In addition to these five categories, the Index also measures the Food Insecurity of each Census Tract (1 = Food Insecure, 0 = Not Food Insecure).

With the SDoH Community-Based Index, health plans and employers now have a data-driven understanding of the social vulnerabilities that exist within each local community. By combining member-level information with the Index score for a particular community, they can deliver targeted communications and offer the specific services that address the most likely SDoH vulnerabilities for each member. For example, if a member lives in a community with a high Walkability Index score and/or a high score for % of Households with No Vehicle, making it difficult to visit a park or gym, that issue can be addressed by populating the member's wellness home page with information about exercise programs that can be done at home.



Another effective method to provide members with personalized information about their SDoH is to leverage its intrinsic popularity. Members who engage with the Onlife platform are **1.3x more likely to click on SDoH content** compared to other subject matter. Applying SDoH-based personas significantly increases this click rate. These personas are representations of subgroups of users who share certain values, behaviors, goals, and other characteristics as indicated by the SDoH data outlined above. When custom content is created specifically for a member's personas and tagged accordingly, our engagement metrics reveal that members are **more than twice (2.1x) as likely to click** on the information compared to other content.

3. Personalization: One Size Fits One

The unprecedented amounts of consumer data now available, combined with the ever-increasing computational power to analyze that data, has laid the groundwork for a new type of consumer experience. Instead of using a cookie-cutter approach, businesses and organizations can now speak directly to each consumer by addressing his or her specific needs, goals and situation, providing exactly the right resources at exactly the right time. All of this creates a one-to-one connection with each consumer that makes each interaction more helpful and engaging.

Well-being programs that already embrace this kind of hyper-personalization are forging a new level of engagement that today's consumers not only expect but demand. At Onlife Health, we define hyper-personalization as a consumer experience in which all interactions are specifically tailored to match and dynamically respond to each individual's health goals and needs, preferences, demographics, and interests.



A NEW LEVEL OF SCIENTIFIC PRECISION

An analogy with the precision medicine model, an emerging approach for the treatment and prevention of disease, might be helpful here. Precision medicine takes into account each person's variability in genes, environment and lifestyle.³ As an example, consider cancer treatment. Most cancers are caused by abnormal genes or gene regulation. By identifying these altered genes, drugs can then be developed to target and attack the disease at the genetic and cellular level. Instead of a “one-size-fits-all” approach that treats all cancers in a generalized manner, physicians can match a specific therapy with each individual patient, a “one-size-fits-one” approach.

Similarly, well-being programs have the opportunity to provide a hyper-personalized “one-size-fits-one” experience for each person. For example, addressing mental health is often hindered by the lack of large-scale quantifiable data. But imagine if members could voluntarily sign up for a new kind of mental health program that combines subjective evaluations, such as a member's mood, stress level, etc., with objective data about sleep quality, physical activity, and other variables. Artificial Intelligence is then employed to identify mental health issues, such as depression, at their earliest stage. Before the disease is fully manifested, the program can provide mitigating therapies and activities and even help the patient adhere to these personalized solutions.

A Short History of Well-Being Programs

To understand where well-being programs are headed, it's helpful to look back and see how these programs have evolved.

POST-WORLD WAR II

A few innovative companies, such as Xerox, Texas Instruments, and Rockwell, introduce employee fitness centers in the 1940s. With the advent of Employee Assistance Programs (EAPs) in the 1950s, companies began to offer wellness interventions primarily focused on alcoholism and mental health issues. Still, wellness programs remain primarily mainly concerned with keeping people from getting sick rather than enhancing their overall health, focusing their efforts on that small percentage of the population with the highest risk for health issues.

1970S THROUGH THE 1990S

The first modern well-being programs begin to take shape as new research reveals that these programs can reduce absenteeism and other costs related to illness as well as potentially attract better talent.

Considered the prototype for the corporate worksite wellness program, Johnson & Johnson's **Live for Life program** begins in 1979. Programs that focus on smoking cessation, weight reduction, and stress management start to become more common. In 1984, Boeing becomes the first American company to ban smoking in the workplace at some of its facilities. By the late 1980s, more major corporations began implementing workplace wellness, although many are focused on providing onsite fitness centers.

During the 1990s, health-risk assessments become increasingly popular. Unfortunately, they only focus on high-risk employees. Participation is low as employees believe they are being targeted and possibly punished for their health status.

2000s

Groundbreaking research by Dee Edington, founder of the University of Michigan Health Management Research Center, reveals that people naturally move back and forth between low, medium, and high risk and incline to a high-risk status as they age. As a result, well-being programs shift their focus to encouraging everyone to engage in healthy behaviors, not just high-risk individuals, and begin offering monetary incentives to reward members for their participation.

2010s

Well-being programs expand their focus to address a person's overall well-being, including their mental, emotional, and financial health. Promoting disease prevention, lifestyle changes, and mental wellness becomes the norm. More and more large companies offer onsite workplace wellness centers that can be seamlessly integrated with offsite resources.

4. Home-Based Advanced Primary Care: Supplementing SDoH Data with Local Knowledge

Marketers today have an unprecedented ability to collect and analyze data that can generate an increasingly detailed and accurate portrait of each consumer. But there are limits to what data can achieve. Data is, after all, an abstraction. Just as a map is not the territory, data is not the actual person. It is only a digital synopsis.

There are some types of information about each individual that can only be acquired in person by a doctor or other health care professionals. This is especially true for Social Determinants of Health (SDoH). Here's but one example. According to the available SDoH data, Jane lives in a neighborhood with a high percentage of car ownership. As a result, it's expected that she will have no difficulty in traveling to and from a medical appointment. In reality, however, Jane does not own or have access to a car or public transportation. She has an SDoH risk factor that is undetected.

To supplement the publicly available SDoH data with the local knowledge that would know Jane needs assistance with transportation requires a more “boots-on-the-ground” approach. For example, community health workers can provide the local knowledge about SDoH risks and vulnerabilities for the neighborhood and the individuals they serve.

Another way to obtain this local knowledge is the modern-day house call, which is making a comeback. Increasingly, home-based advanced primary care is serving as an extension of the PCP to care for persistent high-care patients with medically complex needs, including behavioral health. For example, PopHealthCare, a sister company of Onlife Health, uses a multi-disciplinary team of physicians, nurses, nurse practitioners, physician assistants, community health workers, care coordination, and social workers to provide medical, behavioral, social, and emotional support and assessment. In addition, the team can also provide specific information about each patient's SDoH risk factors and report medical observations that can only be made in person.

Footnotes

1 Karen Pollitz and Matthew Rae Follow @matthew_t_rae on Twitter Published: Jun 09, 2. (2020, June 09). Trends in Workplace Wellness Programs and Evolving Federal Standards. Retrieved December 18, 2020, from <https://www.kff.org/private-insurance/issue-brief/trends-in-workplace-wellness-programs-and-evolving-federal-standards/>

2 Health Payer Intelligence. (2018, February 13). 80% of Payers Aim to Address Social Determinants of Health. Retrieved December 18, 2020, from <https://healthpayerintelligence.com/news/80-of-payers-aim-to-address-social-determinants-of-health>

3 Terry, S., FS. Collins, H., Vieta, E., Dance, A., Bernard, C., RL. Perlman, D., . . . ES. Fisher, S. (2017, April 13). The new field of 'precision psychiatry'. Retrieved December 18, 2020, from <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-017-0849-x>

Key Takeaways

- A confluence of multiple technologies, such as artificial intelligence (AI) and machine learning, is creating multiple opportunities for well-being programs to create a new level of personalization that precisely matches content, incentives and motivation with each person's well-being goals, preferences, and needs.
- To take advantage of this opportunity, health plans and employers need to see themselves as wellness entrepreneurs who have the commitment to innovation that's required to re-imagine well-being programs.
- Incorporating these new concepts and technologies in the health care system will create a new level of hyper-personalization where well-being activities are seamlessly integrated into the everyday lives of people, radically transforming how they engage with and take responsibility for their well-being.

Onlife Health

Onlife Health, a GuideWell company, brings end-to-end simplicity to population health and wellness, connecting and integrating people, technology, and benefit design through our user-friendly engagement platform, guiding members on the “next right thing to do” in their healthcare journey. Our unique approach – personalized, supported, connected – drives engagement and delivers value. With its built-in agility, the Onlife platform can be quickly and easily configured and scaled to serve any market, from commercial health insurance to Medicare Advantage and Individual (ACA) lines of business.

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