

ASK THE EXPERT— Larry Chapman, MPH

Increasing Participation in Wellness Programs

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Editor's Note: Following are Larry Chapman's responses to a variety of excellent questions submitted by NWI members on how to increase participation in their wellness programs.



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NWI MEMBER: How can I reach male and female blue-collar worker on a 12-hour workday who are 20-35 years old? I have a company I provide wellness programs to and that age group hardly ever shows. The wellness programs are offered one hour immediately before they are to start or at the end their work shift. Do you have any suggestions on how to reach them?

LARRY CHAPMAN: The problem you ask about is very common. There are two possible solutions I might suggest that you consider. First, compose a focus group consisting of the most articulate of the group that is under-utilizing your wellness program and that you want to reach. When the focus group meets, ask them why they aren't participating and specifically explore what topics and content would appeal to them. Then you can ask the participants to help promote the activities you come up with.

The second possible solution is a more far-reaching one that is designed to affect overall participation in your wellness program and compliance with wellness behaviors that I refer to as "the incentive solution." It usually involves a two-pronged approach to participation using significant incentives. The first is either requiring as part of benefit coverage or providing a sizable economic reward for completion of a health risk assessment (HRA) in order to use it to help focus and target the program on specific individuals. The second part of this approach is to utilize a \$300 to \$600 health plan premium discount attached to meeting eight out of ten wellness criteria. The wellness criteria are selected based on what health and wellness behavioral issues you want to emphasize with your program. If you want to affect participation of all types of program activities, including educational sessions, you can use a criterion such as the following:

"I have participated in at least four (4) wellness program activities since January 1."

This will have the effect of increasing participation in all program activities by a substantial margin, and therefore, should take care of your problem. Some additional wellness criteria options include:

1. No tobacco use in the previous 6 months or participation in a smoking cessation program.
2. A minimum of two times a week use of our onsite fitness facility or an outside fitness center or completion of a web-based activity log during the previous six months.
3. Personal medical expenses (minus preventive services) of less than \$250 since January 1 or participation in a Consumer-Driven Health Plan.
4. No work-loss time due to an injury since January 1.
5. Body Mass Index (BMI) in a healthy range for age and gender or participation in weight management program or coaching.
6. Attendance at a two-hour consumer-health training workshop or completion of web-based version.
7. Completion of recommended preventive screening.
8. Participation in a resiliency education activity or completion of a web-based log.
9. Agreement to wear a seat belt 100 percent of time the individual is in a motor vehicle.

NWI MEMBER: Our company has seen growth in the last three to five years. As we get bigger, it seems employees participate less or feel less invested. Is that a common phenomena? And what to do about it?

CHAPMAN: Once the "newness" wears off, all programs usually see a decline in participation. The only successful remedy for this problem that I have found is the "incentive solution" mentioned above. I have found that employee ownership is difficult to sustain and has some inherent limitations. I have come across very few mature programs that have strong employee ownership that are also producing significant health improvement and economic return. This is usually because employee advisors usually get nervous when the program really starts dealing with the tougher health issues, such as obesity, high risk intervention, disease management, health plan design, etc. I believe they are often concerned about complaints from other employees about a program's "invasiveness" or proactivity. I would suggest that you designate a three-year trial period for an incentive program such as the one described above. You will definitely get a much higher level of employee "ownership" through increased involvement. The sense of ownership happens primarily as a result of desiring to get the "carrot" that is offered.

NWI MEMBER: What recommendations do you have for increasing participation at "lunch-and-learn" sessions beyond providing free food and/or drawings?

CHAPMAN: As you offer lunch-and-learn sessions, look for some additional merchandise items you can give to all attendees that are highly valued. My suggestion is don't limit the merchandise to health and fitness items, particularly if you want to appeal to those who do not perceive health and fitness goods as valuable or desirable. However, I have found that the best approach overall is to link the wellness program to employee benefits with a \$300 to \$600 financial reward and use a participation incentive such as the one identified above.

NWI MEMBER: What really motivates participants to join an employee wellness program?

CHAPMAN: I wish I could say "their desire to improve their health and well-being," but I'm afraid it wouldn't be accurate. I have found that about half of most working populations will participate for this reason, but it seems that the other half of most working populations (and often the people who need it most) won't participate for the exact opposite reason. For a mixture of these and other reasons, they don't want to have any thing to do with the program unless there is something of value attached to participation. My best program results have always happened when the employer "shows them the money." Here again we are back to the "incentive solution," where significant financial rewards are attached to participation. I wish everybody saw the intrinsic rewards of wellness as sufficient for participating, but that doesn't line up with my experience.

NWI MEMBER: What are effective ways to work with a union to get union employees participating in wellness programs?

CHAPMAN: The first step is usually to engage union leadership and then rank and file members in a dialogue about why wellness makes sense. Usually this involves addressing the issue of the legal protections that exist for employees against the use of wellness information to harm an employee, such as HIPAA, ADA, ADEA, ERISA, state laws, etc. Second, the long-term economic effects on benefits and wages need to be discussed. Third, the union leadership needs to be formally or informally involved in the program planning. They need to see that the wellness program will not be used to accomplish unethical or unfair practices against union members. Fourth, there needs to be an ongoing process that formally solicits satisfaction responses and support from program users and that information needs to be shared with union leadership and union members directly. Most of the work with unions needs to be done at the beginning of the program. Once the union leadership and members see that wellness is really a benefit rather than a devious plot by management to harm workers, they will generally become very supportive. The final stage is when unions begin putting wellness into their collective bargaining contracts and fully value its contribution to all employees and their family members.

NWI MEMBER: Must incentives be offered to have successful program participation and if so what are the incentives that result in the most success?

CHAPMAN: The short answer is "yes." The long answer is also "yes," but with some caveats. In incentive design there are a large number of different types of rewards that can be utilized. However, if you want the highest level of participation (what we call the amount of "motive force" of the incentive program) you need to offer significant financial rewards (i.e., \$300 to \$600 or more). You can then expand the reward options by allowing the cash to be translated into vacation time, adding recognition, personal achievement, or a number of other "pay value" areas. But, bottom line ..."cash is king" and the more cash the more the participation response.

NWI MEMBER: I am the health promotion coordinator and the only health educator on staff for a large health care system that includes 3 hospitals and 13 clinics. We are looking to expand our department to better serve this large employee base. What strategies would you recommend to health educators working in a hospital or workplace setting whose primary audience and employee base are healthcare workers that work various shifts (24 hrs), have limited opportunity to leave work station to participate in education or fitness classes due to patient care demands, and staff multiple locations. I recently ended a six-month employee wellness program and had 1,000 of the 3,000 employees participate. A lot of the feedback I received from the final evaluation was regarding communication (most healthcare workers do not have access to email or Intranet/Internet as their computers are for patient care use only) and involving all employees for all shifts at each locations. I had set up the program so that I would have team captains and managers in all sites to help with the communication, but wasn't always successful in ensuring the message was communicated. We also have internal newsletters, but timing was often a barrier. Do you have any ideas for how to reach more employees so everyone has the opportunity to participate and get involved other than hiring more staff to help??

CHAPMAN: The challenge of remote sites and limited budgets is a very significant one. The only approach that I have found that works in situations like yours is to use a mix of "virtual" program components along with some site-based components as appropriate. "Virtual" means wellness activities that utilize home telephone, mailings, and emails if possible, such as wellness newsletters, telephone coaching, and wellness criteria that are not connected to the worksite. The really effective programs are also usually strongly linked to benefits (sound familiar?). I would have a health risk appraisal (HRA) completed as part of annual benefit enrollment and use the information to provide more personalized interventions to employees and their spouses, targeting individuals based on readiness, health status impact and/or economic impact.

You can also try and take your programs out to the work groups or floors involved using volunteer trainers/facilitators. Also work group competitions and links to consumer-driven health plans are other possibilities. However, it usually takes a more customized and extensive set of interventions to powerfully integrate wellness into complex organizations such as yours. In one of the answers below, I will share a process for getting to this kind of solution.

NWI MEMBER: Within a first-phase wellness program, where the aim is wellness awareness, how does one create sustained participation while participants are not fully aware or educated about methods of change. (First month or so) They experience the success of short-term change due to excitement of program start-up-just to drop back again after "reality" kicks in.

CHAPMAN: I believe one of the solutions to the "reality" effect is to move quickly into behavior change and cultural change programming. To do that effectively I believe that you have to connect wellness to benefits in some fashion. You really need to put wellness "on the map" for the average employee-with a clear statement of its value in the form of a \$300 to \$600 linkage. Part of this process is also to say to employees..."wellness will be here for the long term, so you might as well participate and get the benefit." If wellness is just a passing fad and the employer has had lots of "fads," then don't expect a lot of people to take it seriously. This is also a good time to mention the emerging approach that uses a health and productivity management (HPM) perspective to help shape the wellness efforts. This perspective is captured below in a definition developed by the Institute of Health and Productivity Management of Scottsdale, AZ.

Definition of health and productivity management (HPM)-

"The integrated management of health risks, chronic illness, and disability to reduce employees' total health-related costs including direct medical expenditures, unnecessary absence from work, and lost performance at work (i.e., presenteeism)."

I believe this perspective, combined with the comprehensive use of virtual program interventions, good database tools, benefit linkages guided by an HPM perspective are the best ways of overcoming many of the inherent limitations of traditional worksite wellness efforts.

NWI MEMBER: Even though we have good participation in our wellness programs and wellness center serving a retirement community, I am always looking for new ways to increase participation. Any information you can give me I would appreciate!

CHAPMAN: You have some very unique programming challenges working with residents in a retirement setting. Some potential ideas for you include integrating a stronger quality-of-life focus into the program along with a stronger age-related medical self-care emphasis. If there are financial issues for residents or employees in their access to health care resources that may represent an additional approach issue worth considering under the topic of health care consumerism. This can take the form of encouraging improved consumerism in the use of health care resources through workshops and sharing of experiences. Finally there may be some other leading issues that need to be identified through some focus group techniques that would provide more motive force for participation among your population.

NWI MEMBER: As a motivator for the rest of the workforce, how do you maximize senior management's active and visible participation in wellness programs? Administrative and financial buy-in is one thing, but "voting with their feet" is something else.

CHAPMAN: My opinion is active participation of several senior managers in the program is not always necessary for a program's overall success. It's helpful and does support the success of the program granted, but it's not a "make or break" issue in my thinking. If you can get one senior manager to be your highly visible program "champion" that

usually suffices. My experience has been when you can demonstrate in a credible way that the program saves the organization money you usually get all the senior management support you need.

NWI MEMBER: We are looking at ways to link our wellness program with health insurance benefits to increase participation and would like to hear from someone who has used consumer- driven health plan features. Are there any case studies of programs that have used either the Flexible Spending Account or the Health Reimbursement Account and what types of outcomes they had? Any other thoughts on linking wellness with health insurance benefits would be appreciated.

CHAPMAN: There are a few examples of wellness activities connected to Consumer-Driven Health Plans (CDHPs), but due to the relative newness of the CDHP concept, there is not a lot of experience that has found its way into the literature. A couple references are listed below.

Stein AD, Karel T, Zuidema R. (1999) Carrots and sticks: impact of an incentive/disincentive employee flexible credit benefit plan on health status and medical costs. *American Journal of Health Promotion*, May-June; 13(5):260-7.

Stein, A.D., Shakour, S.K., Zuidema, R.A. (2000, December). Financial incentives, participation in employer-sponsored health promotion, and changes in employee health and productivity: HealthPlus Health Quotient Program. *Journal of Occupational & Environmental Medicine*; 42, (12) 1148-55.

In addition, some colleagues and I have developed something called "Health Plan for Life" which is a CDHP and a set of virtual wellness interventions. You can review the proposal and its backup documentation on the following website www.effwa.org.

I appreciate your question, and I, too, firmly believe that these are very promising directions for benefit design and the future of wellness.

NWI MEMBER: Do most companies use incentives to increase participation in wellness programs in the first year of implementation and if so, what is the "average" incentive given?

CHAPMAN: I am not sure about first-year wellness program use of incentives, but most employer surveys generally show that about two thirds of employers who do wellness use incentives. My guess would be that the typical incentive reward for employers who are just introducing wellness programming is likely to be low-cost (i.e., \$5 to \$25) merchandise rewards. However, your incentive budget needs to be much more substantial in order to be fully effective in achieving maximum health and economic return. I would put the incentive budget at \$100 to \$600 per employee per year in order to get much more optimum results. It also should be recognized that there are several ways to create these resources. For example, employees can be charged a premium contribution for their health plan that is greater than the actual cost and then that contribution can be "forgiven" through their participation in wellness. This is what we call a "Play or Pay" philosophy of wellness.

NWI MEMBER: How do we increase participation in an environment that leaves very little discretionary time for fitness activities. Longer hours, more work, more demands at home, etc.? How often do you recommend changing programs and activities to motivate participants?

CHAPMAN: In answer to the first part of your question, the primary approach to high work and home demands with limited discretionary time for fitness is to move to the "incentive solution" and incent people to do wellness on their own terms and their own time. The substantial financial reward of a premium discount such as a \$300 to \$600 amount, creates the "necessity" that catalyzes people's efforts at meeting the wellness criteria and doing wellness,

The second part of your question is harder to answer. I would suggest that when you have a high level of response or compliance/attainment to a particular criterion or set of criteria you may want to consider "raising the bar" or adding new criteria, but it is primarily a judgment call. Here is where program staff usually have great insight into what is feasible and appropriate for a given work group.

NWI MEMBER: How best can we serve those participants who don't feel that they can participate in wellness programming because their supervisors/managers do not support the programming?

CHAPMAN: Probably one of the best ways is to go and talk with the supervisor involved and try to help that individual understand what the program is attempting to accomplish. If this fails to change the situation, you may want to talk with that supervisor's supervisor. Another option is to move into the program models that utilize more of the virtual interventions along with benefit-linked rewards. Another caution is that sometimes employees will blame their supervisor for their own lack of motivation. So always verify the situation as best you can before going forward.

NWI MEMBER: Are many employers out there are using health premium discounts to drive healthy behaviors, and are they having success? Is there a paper on this?

CHAPMAN: There are more and more employers that are using premium discounts connected to meeting wellness criteria. The Stein papers mentioned above are peer-reviewed articles on one group's experience with this approach. Also, remember there are lots of options as to how these incentives are designed and implemented.

NWI MEMBER: What do you believe is one of the most important factors determining an individual's ability to stick to a "resolution" or decision to make a positive change in his or her lifestyle to become more well (balanced) and on the other side, what do you believe is one of the most important reasons why people cannot keep to their own personal commitment to make a positive change in their habits?

CHAPMAN: I believe that one of the most important factors that can support a long-term health behavior change is the perceived sustained value or benefit associated with the change. On the other hand, I also believe that one of the major reasons why individuals don't follow-through on an initial change is insufficient perceived value for the amount of effort the change requires and no follow-up or coaching type supporting intervention. The "incentive solution" described above is intended to help address these factors in a tangible way.

NWI MEMBER: Do you have any recommendations for healthcare facilities as to how we can embrace integrative medicine (holistic health) to renew wellness interest among our staff and community?

CHAPMAN: In answer to your question I would use the following techniques:

1. First, define what integrative medicine is and is not.
2. Provide educational and experiential opportunities for people to gain firsthand knowledge of complementary or alternative medicine (CAM) therapies; the more comfortable you can make the experience, the better.
3. Write up vignettes in the employee newsletter or the organization's website that show how CAM can be integrated with traditional allopathic medicine.
4. Survey use of CAM services among employees and feed this information back to employees.
5. Provide updates in the employee newsletter or on the organization's website from the publications of the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health. <http://nccam.nih.gov>.
6. Invite credible proponents in to address in-service and continuing education programs.
7. Begin compiling clinical situations (i.e., diagnoses and conditions) where CAM has been shown to be effective and make this available to employees and provider staff.

8. Consider adding selected CAM service coverage to your health benefit plan(s). As a caution, I would not recommend adding any CAM service to your benefit plan whose health effects have not been independently documented by well-designed and controlled, multiple peer-reviewed articles.
9. Revise your organizational mission statement, vision and strategic plans to address the role and value of integrative medicine.
10. Integrate into staff meetings some experiential elements of CAM such as guided relaxation, pressure-point therapy, mind-body dynamics, etc.

NWI MEMBER: I have been running wellness programs for corporate and community members for 20 years and it seems that attendance is at an all-time low. In my current position, I offer corporations free early detection programs on the major cancers as well as lifestyle programs on activity and nutrition. Even in large corporations, with much publicity for the programs and incentives to boot, attendance can still be a problem. Suggestions please...

CHAPMAN: I have also noticed a general drop-off in attendance at many employer wellness events. It is a challenge for all of us. The only response I have is the "incentive solution" with one of the criteria being .."completion of any preventive screening requirement recommended by your most recent HRA or primary care provider." I also think we need to generally do a better job of targeting our screening programs on those who can benefit the most from screening. This will help minimize the sense of "screening saturation" that happens in some populations.

NWI MEMBERS: Our wellness program is based on a point system in which employees can earn points for activities they complete and receive a monetary payout at the end of the year. Although this is a great system to maintain participation, I have found that it is increasingly difficult to intrinsically motivate employees and the fundamental goal of improving health is being lost in some individuals. How do you intrinsically motivate employees to participate and how do you get the employees that aren't enticed by money/prizes to participate?

CHAPMAN: Your incentive program probably needs a re-design and an upgrade. You have to put enough money on the table to reach those who aren't motivated by the current level of rewards. This probably is a good time for some focus group activity and some "out of the box" solutions.

NWI MEMBER: We have used incentives for employees (\$50 each for employees and spouses) to participate in a company-wide health screening which consisted of the completion of an HRA and participation in an on-site screening (BP, cholesterol, glucose, BMI). We are now considering further rewarding folks for not just participation but also results. We are considering cash rewards gift cards for having normal/good biometric results for BP, cholesterol and BMI. Maybe \$100-\$200 for each desirable biometric result. In addition to this, we are considering rewarding effort for those who do not have the normal/good numbers. Participation in a "Lower Your Blood Pressure Workshop" - two hours of class instruction (mandatory) with six weeks of recording fruits, veggies and exercise (honors) - would win you a \$25 gift card. "Improve Your Cholesterol" workshop (similar format) would reward individuals with another \$25 gift card. Etc. My question is what do you think of this idea and are there HIPPA and ADA issues that would prevent us from doing this?? (We have elected to not change health insurance premiums based on results but rather keep the rewards for results a separate entity.)

CHAPMAN: My experience has reinforced the position that it's better to utilize "whole" approaches to incentives rather than piecemeal approaches. I would opt for meeting any eight out of ten wellness criteria connected to a \$300 to \$600 cash or 401(k) contribution (since you don't want to use a premium discount, which is always my first choice). Another option would be provision of the amount into a "Health Reimbursement Arrangement" account. I would also provide a "nice try" reward for those who meet five to seven criteria. The "nice-try" reward can be \$25 to \$100 in value. By the way, keep in mind that the economic value of worker health is in the area of \$10,000 to \$15,000 per

employee per year so that these incentives are only a small fraction of the real economics involved and therefore rationally defensible.

NWI MEMBER: "Are the flexible savings accounts (FSA) and health reimbursement arrangement (HRA) accounts designed to be incentives to increase participation in wellness programs or to reduce health care costs by encouraging more judicious use of health care services?" I realize the FSA and HRA accounts are fairly new, so there may not be a lot of organizations using them yet or much data on their effectiveness.

CHAPMAN: There is a great deal of experimentation with the newer health care accounts and the use of Consumer-Driven Health Plans (CDHPs). These include Health Reimbursement Arrangements (HReAs), Health Savings Accounts (HSAs) and an older option, the Flexible Savings Account (FSA) for use with health care expenses. The first two are usually used for both their participation effects and their improved consumerism effects. FSAs are not good vehicles for consumerism because of their "use it or lose it" nature under current tax laws. However, they can be used together to create "stacked" benefit designs that can help improve participation and consumerism. These are really excellent tools for integrating wellness into any organization, and the HSA will likely be the vehicle of choice for the future of wellness.

(Editor's Note: for more information on CDHPs and health promotion see Mr. Chapman's article in The Art of Health Promotion newsletter edition for July/August, 2002, published by the American Journal of Health Promotion. Their number is (248) 682-0707 or see website <http://www.healthpromotionjournal.com>.)

NWI MEMBER: Typically those who participate in planned wellness events/programs already have a "healthy lifestyle." How do we capture those that are in the pre-contemplative stage and don't really care about health?

CHAPMAN: This is going to sound like a broken record, but the only way I have found to attract the "pre-contemplators" is to get their attention with money. My position is if we can get the "pre-contemplators" to become "contemplators," then "in preparation," then "action," we have a better chance to move them into "maintenance." Again, I haven't found any approach or combination of interventions that does better than the possibility of significant personal financial gain.

NWI MEMBER: Our stress management class participation rate is none or maybe one or two. Surveys have indicated that the stress level by the community is high. How do we increase interest and participation in the classes?

CHAPMAN: My advice is to conduct some focus groups and reframe the issue of stress into "resiliency." Add a variety of issues under the resiliency banner: relationships, connectivity, self-care, sleep, recreation, stressor control, stress management, positive attitude, understanding others, communication skills, to create a new area of focus for your program. Bring together the research and practical insights around these areas and emphasize improvement in quality of life. I believe this is the best way to address the common concern that exists in most organizations for life and job stress. You can even build participation in a resiliency event into a wellness incentive program to further improve participation.

NWI MEMBER: We are a 3000+ employee health system (three hospitals) that is self-funded for health care benefits and workers compensation. Presently, our employee health promotion programs are provided by employee health and a committee representing various hospital departments. Can you provide any successful models for coordinating health promotion, benefits, absence, worker compensation for hospital systems? What would be your first step in trying to reduce cost/utilization for health care benefits?

CHAPMAN: The short answer is "no." However, there is a general process that I use to develop institution-specific approaches that design, develop and allow implementation of a health and productivity management initiative in almost any medium size or large organization such as yours. The main elements of the process are:

1. Secure a mandate to perform the planning from senior management
2. Compose a design team
3. Conduct research, discovery and education
4. Collect and analyze key data on organizational and population health
5. Hold a planning retreat with the design team to formulate goals, program interventions, metrics, incentives, roll-out strategies and integration points
6. Develop a draft proposal (usually for a three year project period)
7. Revise the draft proposal into a final with the design team
8. Present the final proposal to senior management
9. Get approval for the proposal
10. Implement the proposal
11. Conduct an evaluation of the resulting program
12. Revise the program for the next cycle

I have generally found that no one model fits all the organizational and population differences that exist in the real world. I believe that the model has to be adapted to the organization. I have used the process more than a hundred times to identify and develop the "right" program model that fits the organization and population involved.

NWI MEMBER: In your experience, what are the most successful and beneficial wellness programs for getting participation in small companies and organizations? I work with small companies ranging from manufacturing to head start teachers.

CHAPMAN: It is generally not possible to provide large organization-style wellness programs for small employers unless you can somehow get them together in some way. Innovative insurers, managed care organizations, multiple employer trusts and plans are beginning to provide more comprehensive wellness programs to small employers. "Virtual" style wellness programs are also a good option that often includes health risk assessment-(HRA-)guided programming, telephone coaching, home mailings, website provided health information and health plan incentives. Again "virtual" simply means that it does not have to take place in the worksite, but provides a "virtual" support system for wellness behaviors interacting with people in their home or in any location they happen to be in at the moment.

Also you need to find out what issues are the most important to a small business owner or operator. Maybe the business manager just wants to do something that is perceived as an expression of concern or "caring" toward their employees. I usually have found that some well-timed and carefully crafted market research usually leads to the best ideas for successful programming.

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