



Healthy Worksite • Healthy Workforce • Healthy Communities

Workplace Health Incentives

May 20, 2013

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health



Agenda

- Background and Issues
 - David Anderson, PhD, LP



- Opportunities and Challenges
 - Sharon Covert, MS



- Questions and Answers

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention



Objectives

- Describe the types and uses of incentives
- Designing an incentives based program
- Laws, Regulations and Ethical guidelines

Incentive and Disincentives



Incentive

An anticipated positive or desirable reward designed to influence the performance of an individual or group.

Disincentive

An anticipated negative or undesirable consequence designed to influence the performance of an individual or group.

Carrots and Sticks

Carrots

Commonly viewed as positive rewards designed to influence the performance of an individual or a group. They are the most popular form of incentives for workplace health programs. These include merchandise, health premium reductions and cash.

Sticks

Disincentive commonly viewed as a negative or undesirable consequence designed to influence the performance of an individual or group. These typically involve some sort of penalty such as premium surcharges.



Types of incentives

Monetary	Non-monetary
<p>Money-based compensation such as:</p> <ul style="list-style-type: none">• Cash• Additional paid vacation• Gift Cards• Health Savings Account Contributions• Premium Differential	<p>Prospect-based compensation such as:</p> <ul style="list-style-type: none">• Verbal or visual recognition• Coveted parking space/office space• Flex time• Flexible work schedules• Merchandise• Gym membership

Non-monetary Incentives

- Non-monetary rewards can be a cost effective way to incentivize employees and sustain an incentive program over time.
- Programs with excellent non-monetary incentives can attract, motivate and retain participants.
- Employers typically rely on non-monetary incentives when economic limitations make it difficult to offer monetary incentives, but they can be a part of any worksite wellness design regardless of the economic situation.

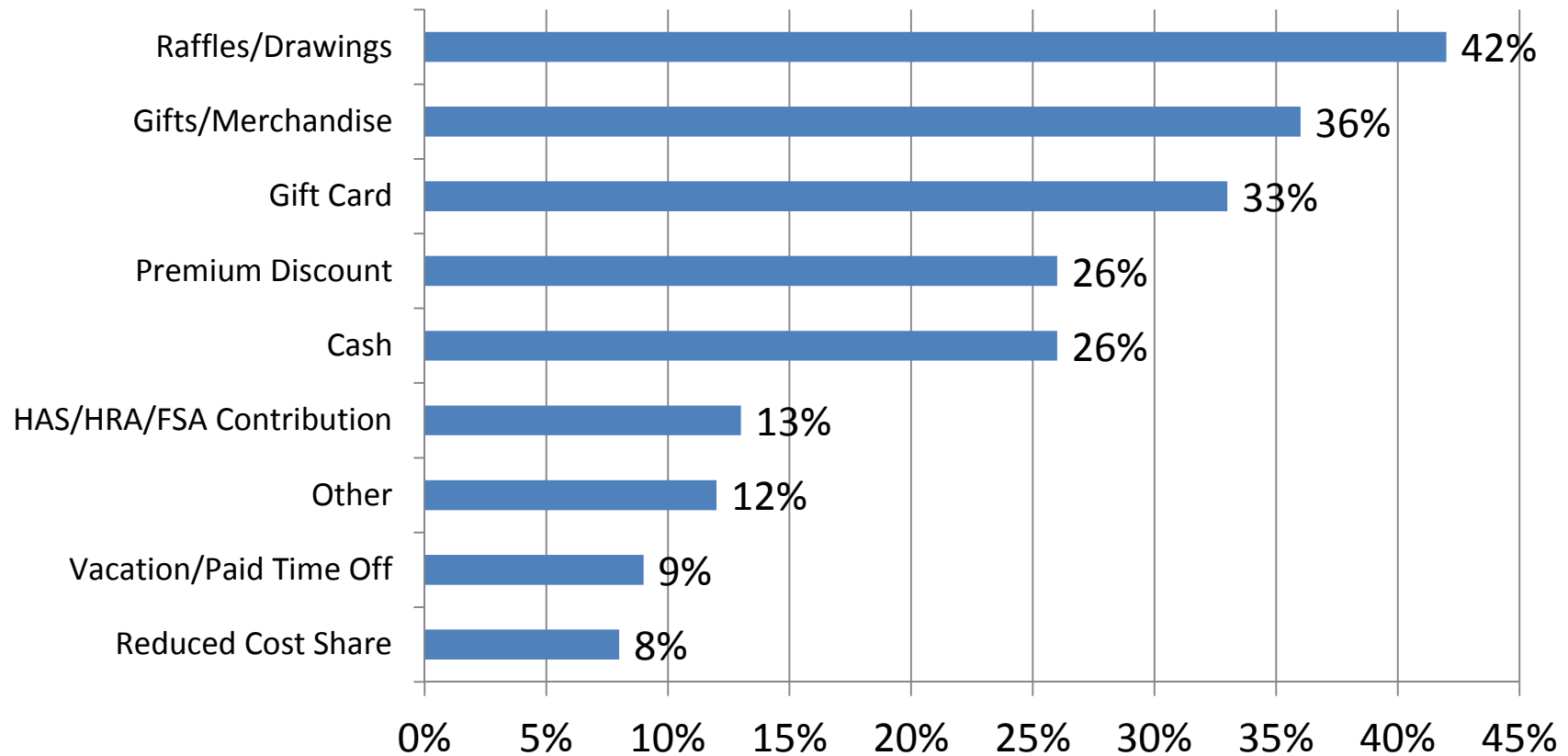
Source: Society for Human Resources Management
<http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/NoncashMotivator.aspx>

Non-monetary Incentives

- Incentives coveted by generation
 - Traditionalists
 - Flexible work hours
 - Transportation benefits to and from the workplace.
 - Baby Boomers
 - Paid tuition for college courses
 - Continuing education credits
 - Good retirement plan
 - Flexible work hours
 - Gen Y & Gen X
 - New technology
 - Recognition such as plaques or employee of the month
 - Continuing education benefits
 - Tickets to events
 - Merchandise (e.g. t-shirts, gym bags, and coolers)

Source: Society for Human Resources Management
<http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/NonfinancialRewards.aspx>

Incentives Offered



Percent of Employers Offering Incentives

Survey of 300 employers with <500-10,000+ employees

Source: Goldsmith C. Behavioral Economics Improve Workforce Health Decisions.

http://www.shrm.org/hrdisciplines/benefits/articles/pages/behavioraleconomics_health.aspx. January 3, 2012



Ways incentives can be used

- **Participation-based incentives** – financial incentive awarded for completing a task or participating in a health behavior program. They are an effective way to gain initial interest in a health program, but aren't designed for extended behavior change, which requires continued commitment.
 - Example: Cash incentive or premium reduction for completing an annual health risk assessment or biometric screening
- **Outcomes-based incentives** – awarded for achieving a health standard based on specific health outcomes. It is unknown if they will increase behavior change or transfer costs from employees who achieve the health standards to those who don't.
 - Example: Premium reduction for attaining and sustaining target ranges for their BMI, blood pressure and cholesterol levels.
- **Progress-based incentives** - awarded for making meaningful progress toward specific health goals. In this way, a progress-based incentive model offers every employee an opportunity to earn the incentive by achieving tailored health goals—regardless of their current health status.
 - Example: An employee with a BMI of 40 setting a weight-loss goal of 10% of their body weight instead of unrealistically trying to attain a BMI of 25 within a year.

Source: Society for Human Resources Management
www.shrm.org/hrdisciplines/benefits/articles/pages/healthincentives.aspx

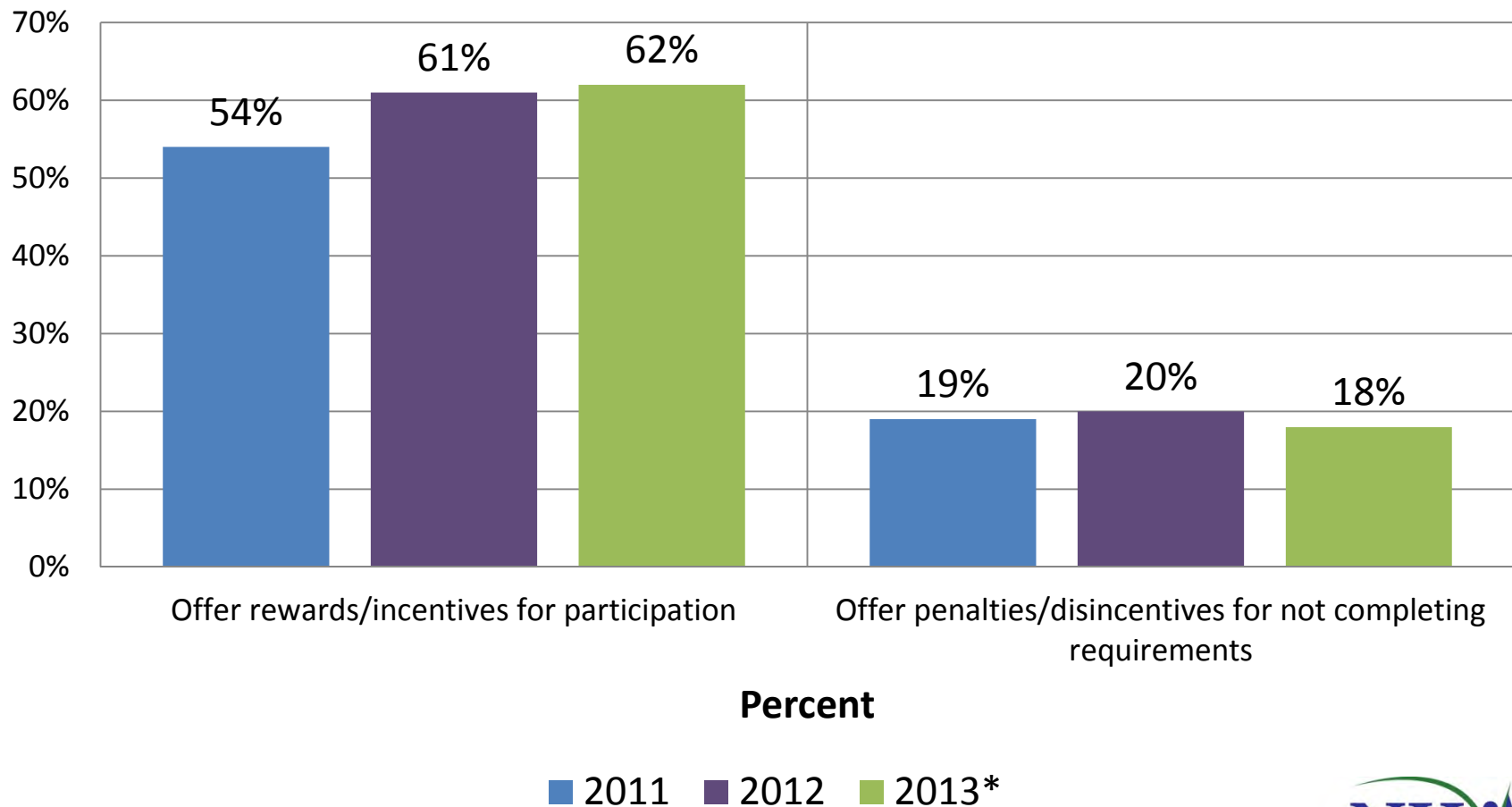
Employers Holding Employees Accountable

- 62% of employers plan on switching from participation-based incentives to outcomes-based incentives
- They view this method as a means to control rising health care costs

Source: Towers Watson Survey



Employers Using Incentives and Disincentives

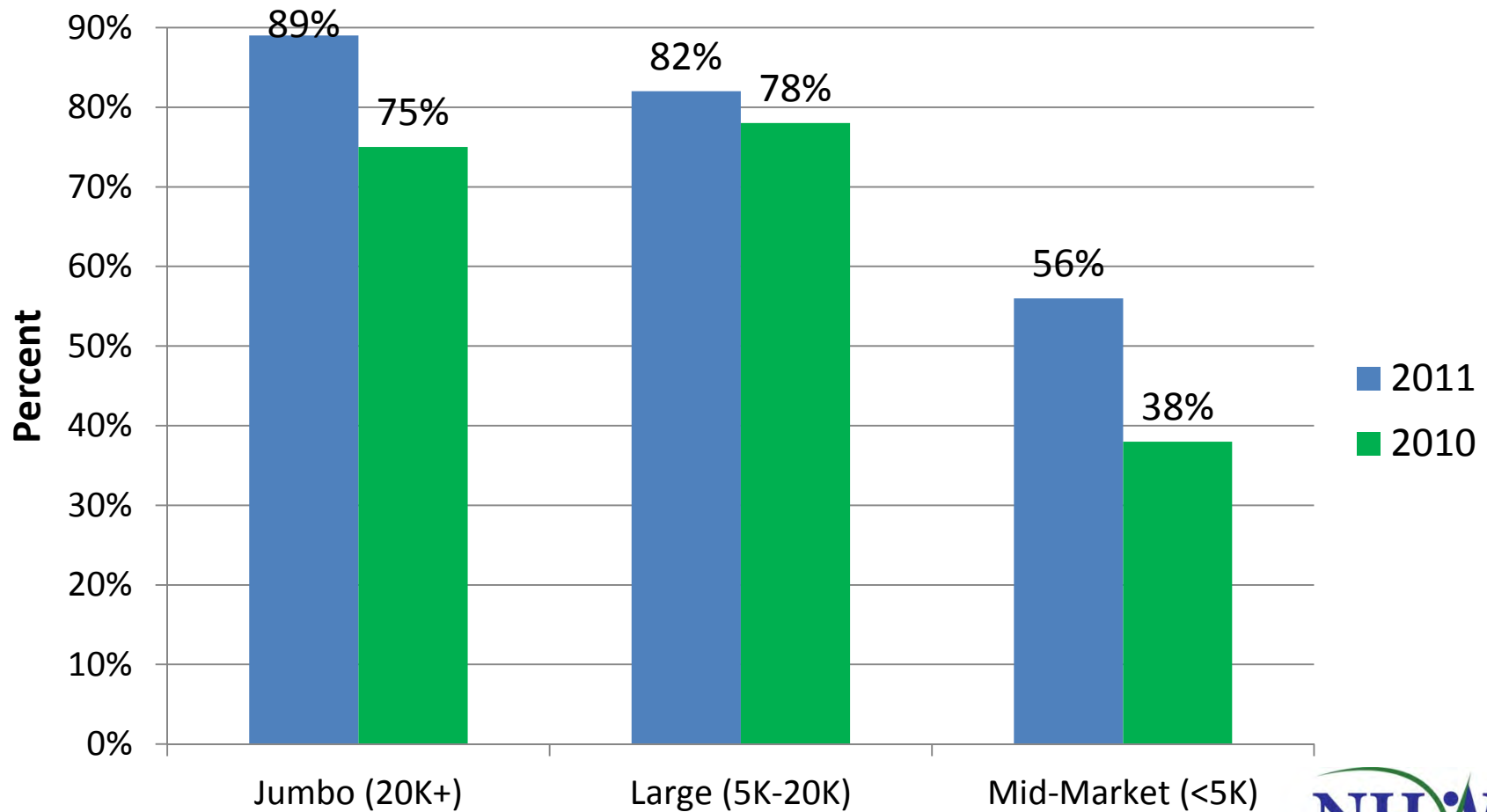


Survey of 583 employers with at least 1000 employees

Source: Towers Watson/NBGH Survey 2012 Reshaping Health Care: Best Performers Leading the Way



Offering Incentives by Size of Employer



Key Scientific Findings

Author	Findings
O'Donnell MP American Journal of Health Promotion (2010)	There is minimal evidence that financial incentives have a direct impact on improved health behaviors.
Dudley RA, et al. Agency for Healthcare Research and Quality Report (2007)	Incentives have minimal sustained effects on smoking cessation or weight loss, but can increase participation in smoking cessation or weight loss programs.
Paul-Ebhohimhen V and Avenell A Obesity Reviews (2008)	Financial incentives do not have a significant effect on weight loss or maintenance between 12 and 18 months.
Cochrane Collaboration Review (2011)	Results and success from incentivized programs dwindled after rewards were dispersed, with the exception of one recent trial.
Seaverson EL, et al. (2009) American Journal of Health Promotion	Supportive culture and comprehensive communications increase incentive effectiveness.
Volpp K, et al. (2009) New England Journal of Medicine	Incentives up to \$750 increased the rate of smoking cessation over 12 months.
Volpp K, et al. (2008) Journal of the American Medical Association	Weight loss during a 16 week intervention was encouraged with economic incentives. These results were not completely sustained.
Taitel MS, et al. (2008) Journal of Occupational and Environmental Medicine	Value of incentives was strongly tied to HRA completion rates.

Incentives and Smoking Cessation

- Of 878 participants, about half received incentives while the other half did not. The incentives were \$100 for completion of a smoking-cessation program, \$250 for cessation of smoking within 6 months after study enrollment, and \$400 for abstinence for an additional 6 months after the initial cessation.
 - Smoking cessation was confirmed by cotinine tests
- The incentive group had significantly higher rates of smoking cessation than did the control group 9 or 12 months after enrollment and 15 or 18 months after enrollment.
- Incentive-group also had significantly higher rates of enrollment in a smoking-cessation program, completion of a smoking-cessation program , and smoking cessation within the first 6 months after enrollment.

Source: Volpp KG, et al, N Engl J Med. 2009 Feb 12;360(7):699-709. doi: 10.1056/NEJMsa0806819

What are the benefits of incentives?

- Research shows that well designed worksite wellness programs are effective.
- Research also shows that 6 in 10 employees believe worksite wellness programs are a good idea. Of those who believe worksite wellness programs are a good idea, only 3 in 10 participate in worksite wellness programs.¹
- Incentives can help lead to a change or maintain a change in the current state of workplace health, help gain/ retain participation in a program, and support healthier behaviors.²

Source: 1. WELCOA Absolute Advantage 2008 www.welcoa.org
2. WELCOA Absolute Advantage Magazine 2005 Vol. 4(7) www.welcoa.org

Why do employers use incentives?

- Promote learning
- Encourage participation in programs
- Encourage improvement in fitness and other test scores
- Encourage behavior changes in health service use
- Encourage compliance with professional health advice
- Encourage initiation and maintenance of specific health behaviors
- Encourage accomplishment of personal health enhancement objectives

Source: WELCOA Absolute Advantage Magazine 2005 Vol. 4(7) www.welcoa.org

What motivates employees?

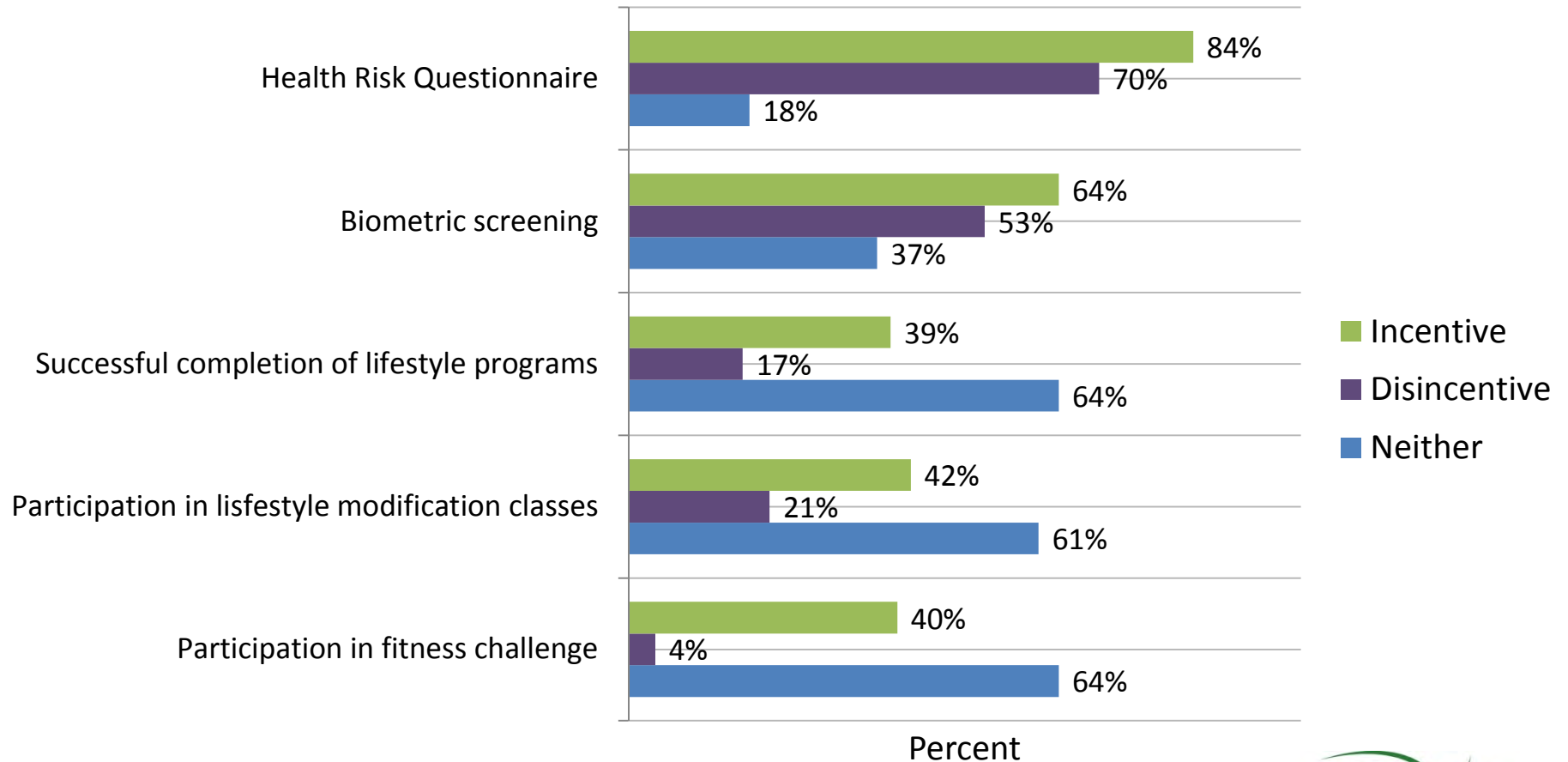
- Intrinsic – taking action out of genuine interest with no consideration of rewards, goals, or outcomes.
- Extrinsic – taking action for compensation or to avoid penalties.

Intrinsic vs. Extrinsic

- Incentives have been shown to increase rates of simple behaviors that do not require sustained motivation.
- However, long-term behavior change requires sustained motivation for an extended period of time.
- Significant amounts of external or “extrinsic” motivation may decrease internal or “intrinsic” motivation.
- Extrinsic motivators, such as modest incentives, may help develop intrinsic motivation by prompting employees to learn about health and wellness, engage in wellness program components, and begin selected behavior changes.¹
- Research remains inconclusive regarding the effects of incentives on encouraging sustained health behavior changes.

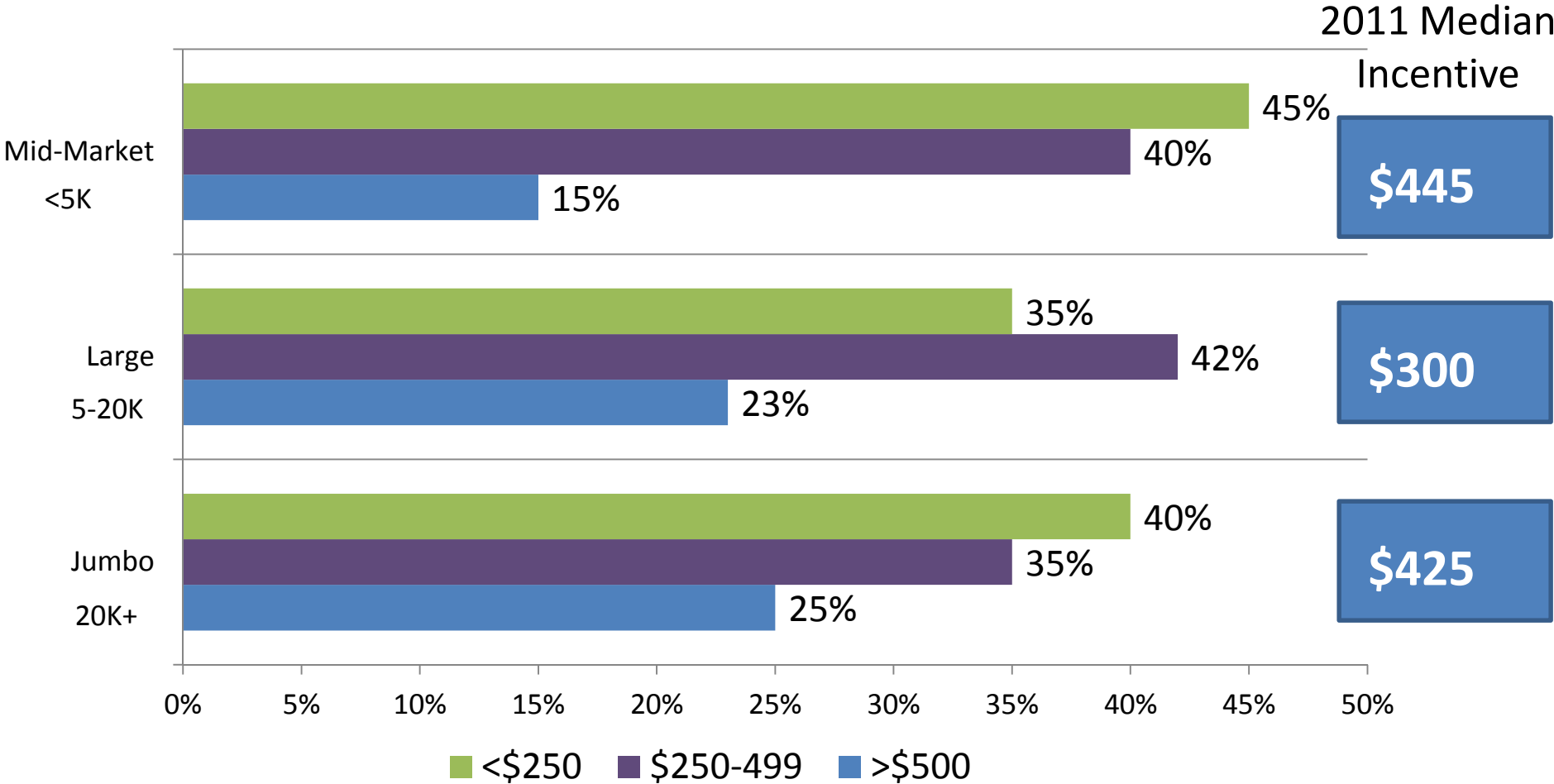
Source: 1. Exploring the Role of Financial Incentives in Worksite Wellness Programs by Dr. Alan Balch, VP of Preventive Health Partnership, April 10, 2012

Incentive or Disincentive Tied to Participation or Results Achieved



Source: Aon Hewitt 2012 Health Care Survey

Annual Incentive Values by Employer Size



Source: Nation Business Group on Health/Fidelity Investments Survey 2012



Pros and Cons of Incentives

Pros	Cons
<ul style="list-style-type: none">• Can influence healthy behaviors• Can be adjusted easily• Easy to implement• Multiple rewards can be given• Part of an overall engagement strategy	<ul style="list-style-type: none">• Difficulty choosing the reward you think is right• Chance of rewarding poor health habits• May have unintended consequences• Employees can abuse the system• Employees become accustomed to the reward

Incentives can be **PART** of your overall employee health strategy, but **NOT** the whole strategy.

Source: WELCOA Absolute Advantage Magazine 2005 Vol. 4(7) www.welcoa.org

Summarizing Current Evidence

- Employers should carefully consider the pros and cons associated with incentives and disincentives.¹
- Behavioral economics research suggests that employees may work harder to stop loss than to make similar gains.¹
- Reward programs are more likely than penalty programs to convey a culture of shared accountability between employer and employee in seeking a mutually beneficial goal —employees' health.²
- Determining which reward to use depends heavily on the company's culture and leadership style.¹
- Incentives can be **PART** of your overall employee health strategy, but **NOT** the whole strategy.

1.Exploring the Role of Financial Incentives in Worksite Wellness Programs by Dr. Alan Balch, VP of Preventive Health Partnership, April 10, 2012

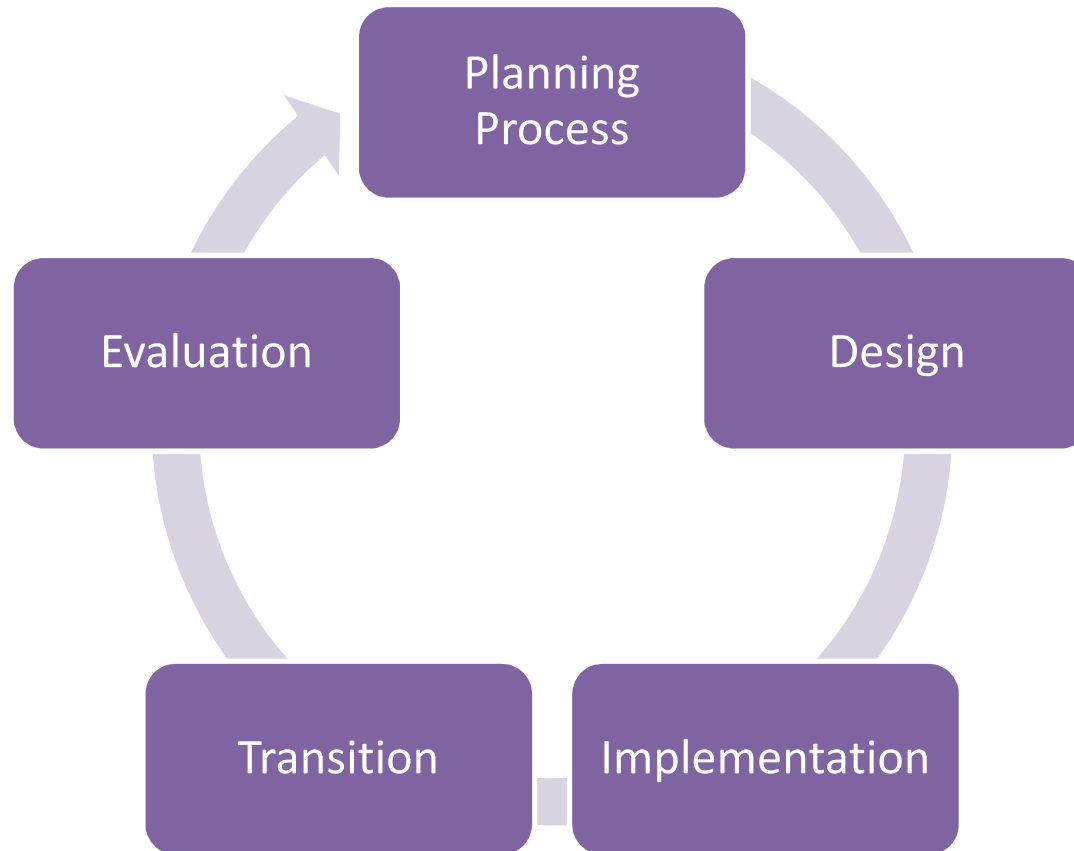
2.Volpp KG, et al, N Engl J Med. 2009 Feb 12;360(7):699-709. doi: 10.1056/NEJMsa0806819

Characteristics of an Incentive-Based Program

- Integrates with other wellness program offerings
- Incentives tie to all program offerings
- Makes the goal of the program helping each participant earn the incentive reward
- Reduces program activity that is not connected to the required behavioral activity
- Simplifies the range of wellness issues that the program usually addresses
- Streamlines much of the conventional wellness activity by linking it to the reward
- Keeps the focus of the program positive and emphasizes how to earn the reward
- Usually has a much more effective evaluation process

Source: WELCOA Absolute Advantage Magazine 2005 Vol. 4(7) www.welcoa.org

Guidelines for Incentive Based Program Design



Source: WELCOA Absolute Advantage Magazine 2005 Vol. 4(7) www.welcoa.org

Planning Process

- Consistent with and supported by the type of work culture
- Prior knowledge of incentives should be positive
- Expectations should be clear
- The purpose for the incentive program is logically supportable
- Time designated to implement the incentive program
- A simple set of rules needs to be augmented by a more detailed set of operating rules
- Pilot test the incentive
- Test for the potential of system abuse
- Test for unintended consequences
- Make sure rules meet HIPAA requirements
- Create the expectation that employees will become intrinsically motivated

Design

- Rewards used are highly valued by employees and large enough to motivate
- Market research is used to confirm the types and size of rewards to be used
- Multiple forms of rewards are better
- Employees deem reward requirement and required behaviors reasonable and attainable
- Limit the number of qualifying behaviors used in a major incentive program
- The behavioral requirements benefits to the employee should be emphasized
- A “core” or major incentive program can be used over a long period of time and augmented with short-term incentive features
- Care must be taken to avoid negative unintended consequences, such as having unlimited weight loss goals per week leading to an employee using unhealthy methods to lose weight resulting in illness
- Provide several ways of qualifying for each major behavior
- Linked required behavior or criteria to the purpose of the incentive program

Implementation

- Rules of the incentive must be clear and easy to convey and understand
- The incentive program should be strongly endorsed by the most senior manager
- Record keeping requirements should not be burdensome
- Multiple promotion opportunities of the incentive program work better
- Reminders are used frequently
- Reminders as to the individual's status in more complex incentive programs are used at least every six months
- Provide some reward to those who don't qualify for the big reward
- Reaction should be positive for the majority of eligible employees
- The shorter the time between the required behavior and the reward the better
- The reward is given when and how participants expect it
- Rewards are never eliminated after the qualifying behaviors have been completed
- Protective features are used to minimize "self-report errors" or scams

Transition

- Make improvements and modifications each cycle
- The new program is rolled out with some level of fanfare
- Use an efficient and accurate record keeping system between cycles
- Adhere to the timeline
- Minimize intervals between incentive cycles
- Emphasis is continually placed on participating and directed at non-participants

Evaluation

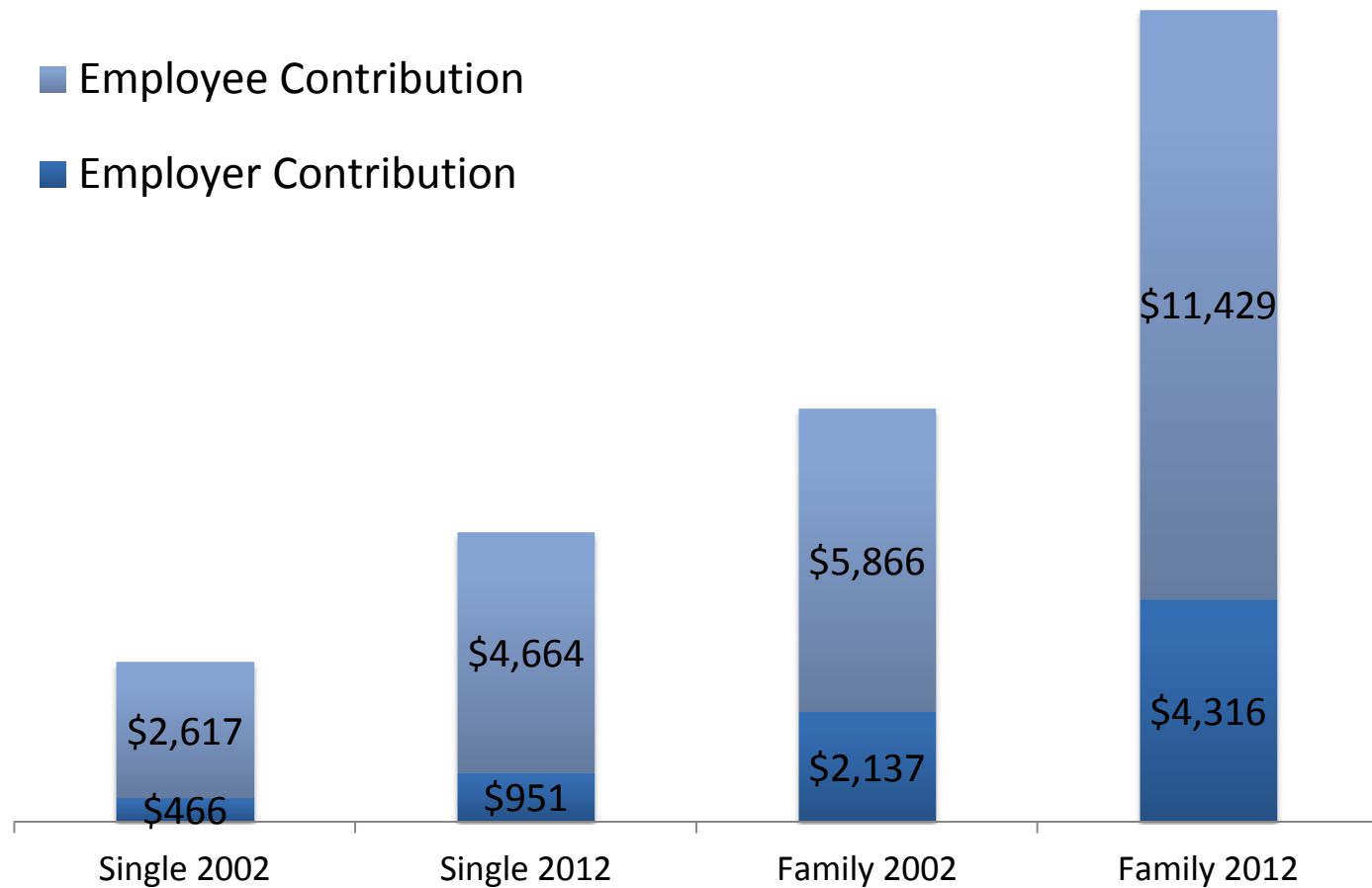
- Annual evaluation of the incentive feature or program
- Clear goals of the incentive make for an easier evaluation process
- Use a consistent set of metrics that measure various aspects of the incentive's performance from year to year
- Measure incentive's economic return each year
- Issue a formal annual evaluation report each year with recommended modifications

Considerations for Incentives Program Design

- Employees who work toward a goal but fall short can be treated the same as those who make no effort.
- Significant incentives could be used as part of a cost shifting and underwriting strategy.
- Employers ignoring employees' physician recommendations when it comes to issues like selecting an alternative standard

Source: Exploring the Role of Financial Incentives in Worksite Wellness Programs by Dr. Alan Balch, VP of Preventive Health Partnership, April 10, 2012

Increase in Employer Sponsored Insurance (ESI) for Single and Family



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2002–2012.

Impact of Increased Health Plan Costs

- Research shows that individuals sacrifice needed health care because of costs associated with it.
- High health plan deductibles may lead to higher medical costs because cost-sharing may create obstacles to seeking preventive care and disease management.

Source: Hall, JP. Carroll SL. Moore JM. Health care behaviors and decision-making processes among enrollees in a state high-risk insurance pool: focus group findings. *American Journal of Health Promotion*. May/June 2010. 24(1)

Public Health Service Act

Nondiscrimination in Health Insurance

- “...a group health plan...may not require any individual (as a condition of enrollment or continued enrollment under the plan) to pay a premium or contribution which is greater than [that] for a similarly situated individual enrolled in the plan on the basis of any health status related factor...
- [This rule] shall not prevent a group health plan...from establishing premium discounts or rebates...in return for adherence to programs of health promotion and disease prevention.”

Source: Public Health Service Act, Section 2703(b)

Genetic Information Nondiscrimination Act (GINA)

- Title II of GINA prohibits employers and other covered entities from requesting, requiring, or purchasing genetic information, subject to six limited exceptions. One exception allows a covered entity to acquire genetic information about an employee or his or her family members when it offers health or genetic services, including wellness programs, on a voluntary basis.
- The individual receiving the services must give prior voluntary, knowing, and written authorization. While individualized genetic information may be provided to the individual receiving the services and to his or her health or genetic service providers, genetic information may only be provided to the employer or other covered entity in aggregate form.
- The final rule of GINA for the Acquisition of Genetic Information makes clear that covered entities may not offer financial inducements for individuals to provide genetic information as part of a wellness program.

Source: http://www.eeoc.gov/eeoc/foia/letters/2011/ada_gina_incentives.html 06/24/2011

Guidance on GINA

- The Equal Employment Opportunity Commission (EEOC)'s guidance states:

“Covered entities may use the genetic information voluntarily provided by an individual to guide that individual into an appropriate disease management program. However, if that program offers financial incentives for participation and/or for achieving certain health outcomes, the program must also be open to employees with current health conditions and/or to individuals whose lifestyle choices put them at increased risk of developing a condition.”

Source: http://www.eeoc.gov/eeoc/foia/letters/2011/ada_gina_incentives.html 06/24/2011

Americans With Disabilities Act (ADA)

- Title I of the ADA allows employers to conduct voluntary medical examinations and activities, including obtaining information from voluntary medical histories, as part of an employee wellness program as long as any medical information acquired as part of the program is kept confidential and separate from personnel records.

Source: http://www.eeoc.gov/eeoc/foia/letters/2011/ada_gina_incentives.html 06/24/2011

Guidance on ADA

- EEOC guidance states that a wellness program is “voluntary” as long as the employer neither requires participation nor penalizes employees who do not participate.
- The EEOC has not taken a position on whether, and to what extent, Title I of the ADA permits an employer to offer financial incentives for employees to participate in wellness programs that include disability-related inquiries (such as questions about current health status asked as part of a health risk assessment) or medical examinations (such as blood pressure and cholesterol screening to determine whether an employee has achieved certain health outcomes).

Source: http://www.eeoc.gov/eeoc/foia/letters/2011/ada_gina_incentives.html 06/24/2011

HIPAA 2006 Wellness Provisions

- Wellness program categories:
 - **Participatory Wellness Programs**
 - Made available to all similarly situated individuals and that either do not provide a reward or do not include any conditions for obtaining a reward that are based on an individual satisfying a standard that is related to a health factor¹
 - Not required to meet five requirements outlined in the next slide¹
 - Financial reward is not limited by HIPAA¹
 - Commonly referred to as **Participation-Based** incentives²
 - **Health-Contingent Wellness Program**
 - Require an individual to satisfy a standard related to a health factor to obtain a reward (or require an individual to do more than a similarly situated individual based on a health factor in order to obtain the same reward)¹
 - Required to meet five requirements¹
 - Commonly referred to as **Outcomes-Based** incentives²

Source: 1. Federal Register Notice for Incentives for Nondiscriminatory Wellness Programs in Group Health Plans
<https://www.federalregister.gov/articles/2012/11/26/2012-28361/incentives-for-nondiscriminatory-wellness-programs-in-group-health-plans>

2. Noyce J, CEO of HERO. AHIP Fall forum 2012 Wellness Programs and Compliance considerations

Overview of HIPAA Outcomes-Based Incentive Requirements

1. Total amount of incentives or penalties cannot exceed 20% of total cost of employer sponsored insurance coverage (increases to 30% in 2014)
2. Incentives can only be used as part of a wellness program that is “reasonably designed to promote health and wellness”
3. Opportunities to qualify for incentives given at least once per year
4. Employers must offer a waiver or “reasonable alternative standard” if the employee is unable to meet the standard due to a medical condition or doctor’s recommendation
5. Reasonable alternative standards or waivers must be defined in marketing materials that contain incentive qualifications

Source: Federal Register Notice for Incentives for Nondiscriminatory Wellness Programs in Group Health Plans
<https://www.federalregister.gov/articles/2012/11/26/2012-28361/incentives-for-nondiscriminatory-wellness-programs-in-group-health-plans>

ACA 2010

- Raises the maximum premium discount differential that is currently allowed under HIPAA for employees that achieve specified health outcomes in accordance with a worksite wellness program (beginning in January 2014, increases to 30%, or up to 50% for employers offering programs that help prevent or reduce tobacco use)
- Clarifies how “reasonable designs” and “reasonable alternatives” to wellness programs should be administered in order to avoid discrimination

Source: Federal Register Notice for Incentives for Nondiscriminatory Wellness Programs in Group Health Plans
<https://www.federalregister.gov/articles/2012/11/26/2012-28361/incentives-for-nondiscriminatory-wellness-programs-in-group-health-plans>

ESI Wellness Program Incentives

HIPAA Premium Variation				
Annual Cost of ESI		20%	30%	50%*
Single	\$5,615	\$1,123	\$1,684	\$2,807
Family	\$15,745	\$3,149	\$4,723	\$7,872

Source: Average premiums for single and family coverage in 2012 based on Kaiser/HRET Survey of Employer-Sponsored Health Benefits

*Tobacco Use Prevention or Reduction Programs



Areas requiring further interpretation

- Definition of “Health status factor”
- Defined standard for a “reasonably designed” wellness program or the “reasonable alternative standard” for employees who cannot meet health metrics

Source: 1. Noyce J, CEO of HERO. AHIP Fall forum 2012 Wellness Programs and Compliance considerations
2. Exploring the Role of Financial Incentives in Worksite Wellness Programs by Dr. Alan Balch, VP of Preventive Health Partnership, April 10, 2012

Joint Consensus

- The American Heart Association, the American Cancer Society, American Cancer Society Cancer Action Network and the American Diabetes Association joined with the Health Enhancement Research Organization (HERO) and the American College of Occupational and Environmental Medicine to develop consensus guidance to employers, **Guidance for a Reasonably Designed, Employer-Sponsored Wellness Program Using Outcomes-Based Incentives**
 - Joint consensus discusses suggestions for a reasonably designed program and a reasonable alternative standard for wellness programs
- This consensus was created to provide guidance to employers implementing the proposed rules for Incentives for Nondiscriminatory Wellness Programs in Group Health Plans released by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department in the November 2012.

Source: Noyce J, CEO of HERO. AHIP Fall forum 2012 Wellness Programs and Compliance considerations

Proposed Rule Provisions for Reasonably Designed Programs

- Created to promote and improve health or prevent disease
- Cannot be excessively difficult
- Cannot be a ploy for discrimination based on a health factor
- The program selected to promote and improve health or prevent disease should be science based

Source: Federal Register Notice for Incentives for Nondiscriminatory Wellness Programs in Group Health Plans
<https://www.federalregister.gov/articles/2012/11/26/2012-28361/incentives-for-nondiscriminatory-wellness-programs-in-group-health-plans>

Recommendations for Elements of a Reasonably Designed Wellness Program from Joint Consensus

- Strategic Planning
- Cultural and Organizational Support
- Programs for
 - Assessment and Screening
 - Behavior Change Interventions (programs, activities, information)
- Engagement Methods
 - Communications
 - Incentives
- Measurement and Evaluation

Source: Noyce J, CEO of HERO. AHIP Fall forum 2012 Wellness Programs and Compliance considerations



Proposed Rule Provisions for Reasonable Alternative Standard

- Employers must offer a waiver or “reasonable alternative standard” if health care provider’s advisement or a medical condition prohibits the participant from achieving the health standard within the time assigned for the program
 - Employers can use the recommendations of an employee’s health care provider for setting reasonable alternative standard or providing a waiver for those with medical conditions.
- Incentives must be offered to individuals who meet qualifications through the reasonable alternative standard

Source: Federal Register Notice for Incentives for Nondiscriminatory Wellness Programs in Group Health Plans
<https://www.federalregister.gov/articles/2012/11/26/2012-28361/incentives-for-nondiscriminatory-wellness-programs-in-group-health-plans>

Recommendations for Reasonable Alternative Standards from Joint Consensus

- Create an incentive design that considers individual goal attainment rather than “ideal” health targets.
 - Reward participants for progress toward the goals.
 - This may help individuals with higher health risks improve their general health and behavior incrementally.
- Alternative standard opportunities for attaining incentives can be provided to all employees rather than offering it only to those with a medical condition.
 - This can help those with afflictions, other than medical, that make it harder to attain a preferred health behavior

Source: Noyce J, CEO of HERO. AHIP Fall forum 2012 Wellness Programs and Compliance considerations

Recommendations for Reasonable Alternative Standards from Joint Consensus

- Ideally employers would create tailored, individualized programs that would help employees integrate behavior change approaches they deem valuable. This approach promotes intrinsic motivation which results in a greater chance of sustained behavior change over time.

Source: Noyce J, CEO of HERO. AHIP Fall forum 2012 Wellness Programs and Compliance considerations

Ethical Considerations

Ethical Concern	Example
Measured targets are failures to take voluntary actions to improve health behavior.	Example: Employees received information of health benefits of smoking cessation and encouraged take action and adopt changes. The measured goal should be taking action, such as not entering a smoking cessation program results in a penalty. Employers should not measure strictly for the presence of nicotine in the body. This would penalize those making attempts to quit smoking.
Biometric outcomes are not the measured target for penalties	Example: Employees should not be penalized for high cholesterol levels, because some are genetically predisposed to high cholesterol

Source: Pearson S and Lieber S. 2009 Health Affairs. Vol 1. 28(38) DOI 10.1377/hlthaff.28.3.845

Ethical Considerations

Ethical Concern	Example
<p>No discrimination:</p> <ul style="list-style-type: none">• Behavior selected leads to poor health outcomes and increased health care costs• Selection not based on stigmatization of the behavior or of individuals prone to the behavior	<p>Transparency: selection process and justification for selection made public</p> <p>Evidence-based: behavior selection supported by robust empirical data</p>
Accommodation for fundamental behavior	Examples: child bearing, outdoor sports, and recreation

Source: Pearson S and Lieber S. 2009 Health Affairs. Vol 1. 28(38) DOI 10.1377/hlthaff.28.3.845

Summary

- Creating a healthy culture and work environment is a fundamental best practice for increasing employee participation leading to potential health improvement.
- Various types of financial and other incentives may help motivate employees to learn about health and wellness, engage in wellness program components, and to begin selected behavior changes, particularly when supported by a healthy culture.
- Incentives have been shown to increase rates of simple behaviors that do not require sustained motivation.
- Long-term behavior change requires sustained motivation for an extended period of time.
- Incentives research is an evolving field and more study is needed.
- Support throughout the organization is needed for program success.

Source: Exploring the Role of Financial Incentives in Worksite Wellness Programs by Dr. Alan Balch, VP of Preventive Health Partnership, April 10, 2012



CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion

www.cdc.gov/NationalHealthyWorksite/

CDC Home
Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Workplace Health Promotion

The workplace and the health of the workers within it are inextricably linked. Ideally, workplaces should not only protect the safety and wellbeing of employees but also provide them opportunities for better long-term health and enhanced quality of life. Effective workplace programs, policies, and environments which are health-focused and worker-centered have the potential to significantly benefit employers, employees, their families, and communities. This site is a toolkit for workplace health protection and promotion. It provides information, tools, resources, and guidance to practitioners interested in establishing or enhancing workplace health and safety programs.

Recommendations and Guidelines

A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage
Developed in collaboration with the Centers for Disease Control and Prevention (CDC), the Purchaser's Guide translates clinical guidelines and medical evidence, providing large employers with the information they need to select, define, and implement preventive medical benefits such as colorectal cancer screening and tobacco use treatment.

Workplace Health Toolkit Model
A coordinated approach to workplace health promotion results in an organized and comprehensive set of programs, policies, benefits, and environmental supports designed to meet the health and safety needs of all employees. This toolkit involves a stepwise process that includes assessment, planning, implementation, and evaluation of workplace health activities.

Contact Us:
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
800-CDC-INFO (800-232-4636)
TTY: (888) 232-6348
24 Hours/Every Day
cdcinfo@cdc.gov

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.

National Healthy Worksite Program

Become a Healthy Worksite

- Program Overview**
Information on CDC's Role. How CDC is creating sustainable workplace health programs. Other FAQ Resources, ...
- Resources**
CDC and program resources as well as Regional, State, and County Health and Worksite Health Resources
- Training**
Worksite health training for non-health professionals to assist in the delivery of a comprehensive, evidence-based wellness program
- Toolkit**
Assessment Tools, Implementation Guides, Tools, and other Resources...

Program News

- Worksite Health 101**
Training Manual (PDF - 4,352KB)
- Webinar: The Case for Worksite Health, Leadership and Culture**
June 18, 1-2:30 p.m. EDT
Making the Case (PDF - 3,296KB)
Leadership and Culture (PDF - 993KB)
- Webinar: Aging in the Workforce**
July 19, 1-2:00 p.m. EDT Register!
- Webinar: Assessment and Data Collection**
Sept. 12, 1-2:30 p.m. EDT Register!
- Webinars: More Information**
Click here.

Questions?
E-mail: NationalHealthyWork@cdc.gov

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24 Hours/Every Day
cdcinfo@cdc.gov

NHWP Communities
Local and State Resources, Training Opportunities, Participating Employers and Contacts.

National Healthy Worksite

Contact Information

Name	Organization	Email
David Anderson	StayWell Health Management	david.anderson@staywell.com
Sharon Covert	Viridian Health Management	scovert@viridianhealth.com

Upcoming Event

- **Worksite Health 101 Training**

- Topic: Program Evaluation (Part 5 of 5)

- Date/Time: July 15, 2013 from 1:00-2:30pm

- Speakers:

- Laurie Cluff, PhD – RTI International
- James Hersey, PhD – RTI International

- Registration Link:

<https://www4.gotomeeting.com/register/627555247>

Continuing Education Credit Redemption

- **IACET CEU:** The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer **0.2** ANSI/IACET CEU's for this program.
- **CECH:** Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to **1.5 total** Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are **0**. CDC provider number **GA0082**.

– Evaluation link: www.cdc.gov/tceonline/