

Health Promotion Practitioner

Practical solutions for health enhancement programming

Is Good Health No Longer Its Own Reward?

Not if you accept results presented at the recent *Rewarding Healthy Behaviors* conference in San Francisco. In fact, among presenters the sentiment is almost universal: for best results, pay people — either in the form of premium discounts or cash — to take an HRA, then aggressively manage the high risks.

It's hard to argue against a formula that appears to be working. Without exception, organizations are reporting a return on investment of 3:1 or better. And the numbers aren't fluff: actual expenses, particularly for management of chronic conditions, are cut in half in many instances.

An Entitlement by Any Other Name...

Near the end of the conference an attendee asked these questions of the panel: *By paying people to take a risk appraisal, or participate in a screening, aren't we just creating another entitlement? Won't people come to expect payment for participation? At what point does self-responsibility come into play?*

Fair questions. And ones the panelists couldn't really answer, other than to say that paying people to participate is working today. Organizations are seeing 90%+ compliance for HRA completion with reward values of \$200-\$500. Some are offering tiered programs where individuals receive an incentive for completing the HRA, then a further incentive for entering an intervention. Some are even experimenting with rewarding outcomes — lose X pounds and get another incentive.

Reality Check

The day after returning from the conference we received

a call from a participant in one of our online health improvement programs; he wanted to know what he had to do to get his premium reimbursement. Our customer support person started to explain how the intervention worked — you have to exercise a minimum of 4 days a week for 30 minutes or more, and record your progress... at which point the participant interrupted and said “No, I just want to know what forms I need to fill out to get the money — I don't care about exercising, just tell me what to do to get the money.” Clearly, this individual had skipped over the reward's intent, and gone right to the technicalities of reimbursement.

This anecdotal account doesn't prove anything. But it does highlight something to be aware of: The higher the reward, the greater the risk that the spirit of the reward process will be compromised. Will those who join just to get the money, without actually achieving enhanced health, continue to pollute the process by going through the motions without considering health improvement? And will the number of people doing that grow as they learn to play the system?

The Next Step on a Slippery Slope

Multiple presenters at the conference indicated the next step in their efforts would be to reward outcomes — decreased BMI, reduced cholesterol, lowered blood pressure, etc. They suggested this was a logical progression, in part to keep the population “honest,” but also to reward the ultimate desired result of controlling risk. Given their success to this point, it seems to make sense; however, it's an idea fraught with peril.

Every reader of this article can cite examples of the obese individual in their organization who shows up every day, does exceptional work, and never makes a health insurance claim.

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Conversely, there's the 5-day-a-week jogger with a normal BMI who's had 2 knee scopes to repair a torn meniscus. Who is costing the organization more money? Who should be rewarded for their outcomes? You don't have to look far for a dozen other examples that demonstrate the difficulty in administering an outcomes-based rewards program that's truly "fair."

Organizations need to proceed with caution when it comes to rewarding behavior and outcomes. The payback is potentially significant, but as rewards escalate, the risk goes up as well. When you start messing with people's income — and make no mistake, people *will* come to view these "rewards" as part of their regular income — you want to be on very solid ground.

Attorneys and risk managers will advise checks and balances to avoid legal challenges. Those checks and balances will likely add complexity to

the process for both the participant and the employer.

The (Un)Easy Button

Unfortunately, the recent swing toward cash rewards is the equivalent of the easy button: do this, get \$100, do that, get another \$100; It's easy. It works. But health promoters and organizations need to take a longer view. What will happen 5 years from now when the cost of motivating the population exceeds the payback to the organization? Will we take away the incentive? Good luck with that... it's a guaranteed recipe for ill will.

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Incentives Work

If you're a longtime reader of the *Practitioner* you know we believe in incentives — but as a means to a different end than what's gained favor the last couple of years. Incentives should help encourage individuals to engage in a health improvement long enough *to experience the positive physical and emotional results of that behavior, not the financial.* It's the only way they'll make it their own and continue the healthy behavior. As you develop and tweak your reward system, make sure you're aiming toward the goal of good health being its own reward over the long term. 📖



Dean Witherspoon is President of Health Enhancement Systems, a leader in behavior change innovation serving organizations in North America and throughout the world. With 20+ years experience, Dean has served on the Board of the Association for Worksite Health Promotion, spoken at more than 70 conferences, and published hundreds of articles. Before founding Health Enhancement Systems he held health promotion management positions with Kimberly-Clark Corporation, Presbyterian Hospital of Dallas, and The Dow Chemical Company. You can reach Dean at deanw@hesonline.com.