



SmartHealth Effectiveness

Final Quarterly Report

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June 30, 2017





SmartHealth Effectiveness

Acknowledgments

This series of reports, and the ongoing assessment of SmartHealth effectiveness, is the result of a collaboration between the Health Care Authority (HCA); the Washington State Institute for Public Policy; the Office of Financial Management; and Limeade, the SmartHealth portal vendor. HCA appreciates the contributions of its public and private partners in providing data, analysis, and evidence-based research on employee health and well-being efforts.

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Executive Summary

In 2016, the Legislature directed the Health Care Authority (HCA) to provide quarterly reports on the effectiveness of the SmartHealth program, with the first report due on June 30, 2016. Over the past year HCA has worked collaboratively with the Office of Financial Management (OFM), the Washington State Institute for Public Policy (WSIPP), and Limeade (the SmartHealth portal vendor) to determine appropriate metrics, conduct the evaluation, and produce the quarterly reports. Although this is the fifth and final quarterly report required by the proviso, HCA will continue to produce an annual report on the SmartHealth program with the first annual report to be completed in 2018.

Participation in the SmartHealth program has varied since its start in January 2015. The novelty of the program, combined with some high-profile incentives (e.g. Seahawks tickets), resulted in a large number of registrations in the first year. In 2015, registrations quickly jumped to 38 percent of eligible members, a rate that appears to have leveled off at 43 percent of eligible members by the first quarter of 2017. Nevertheless, first-quarter 2017 participation is higher than in the same quarter the previous year, possibly reflecting a more targeted promotional approach and more engagement by wellness coordinators in promoting SmartHealth.

A barrier to participating in SmartHealth, and worksite wellness programs in general, is a concern about privacy, and in particular, a concern about an employer having information about one's personal health information. The SmartHealth program and Limeade are careful to ensure that Well-being Assessment (WBA) data is not available to the Public Employee Benefits Board (PEBB) in a way in which an individual's data could be identified. The data is only used to improve the design of the program itself. This creates issues for researchers, for example, who want to identify if certain aspects of the program have resulted in better health or lower costs. By requiring a number of safeguards, such as third-party data analysis, it is possible to analyze the data while still maintaining individual privacy. Privacy is something the SmartHealth program will continue to review—and the Health Care Authority will be mindful of—in the coming years as we gain experience with this worksite wellness program.

In October 2016 Limeade released an online survey to 18,794 SmartHealth participants. Approximately 2,500 participants who had achieved the incentive level responded to the survey—a response rate of 13 percent.

Of those responding:

- 72 percent (1,838) said they agreed or strongly agreed with the statement “I would recommend SmartHealth to a co-worker,” while 8 percent (213) said they disagreed or strongly disagreed.
- 62 percent (1,586) reported that the primary barrier to program participation was “time,” 11 percent (292) said “privacy,” and 10 percent (253) reported that “confidentiality” was the key barrier.



In addition, respondents were asked to share their “success stories”; a few of these statements are reported later in this report. They serve as examples of how this benefit is being valued by those who choose to use it.

A team from the University of Washington Health Promotion Research Center spent the last year researching the impact of managers on the effectiveness of worksite wellness programs.

The researchers proposed a number of recommendations for increasing the role of managers in supporting worksite wellness activities, including:

- Ensuring the managers’ role in supporting agency wellness efforts;
- Providing incentives and rewards, such as recognition, for supporting their employees in participating in wellness activities;
- Providing training on how to support the agency’s wellness efforts; and
- Providing managers with targeted messages regarding the wellness program.

Additional reporting on the SmartHealth program will be done on an annual basis, after the close of each program year. If funding is available, a more in-depth cost effectiveness analysis can be conducted that analyzes cohorts over time.

About these Reports

In 2016, the Legislature directed HCA to provide quarterly reports on the effectiveness of the SmartHealth program, with the first report due on June 30, 2016. Over the past year HCA has worked collaboratively with the Office of Financial Management (OFM), the Washington State Institute for Public Policy (WSIPP), and Limeade to determine appropriate metrics, conduct the evaluation, and produce the quarterly reports. Although this is the fifth and final quarterly report required by the proviso, HCA will continue to produce an annual report on the SmartHealth program, with the first annual report to be completed in 2018.

In June 2016, HCA submitted the first of five legislative reports on the effectiveness of the SmartHealth program. Each report has shown SmartHealth participation data broken out by age, gender, and work organization; the last two reports included year-to-year comparisons. In addition, the reports highlighted information on various topics related to the wellness program including:

- The history of the Washington State Wellness Program, spanning:
 - The period prior to 2006 when the Uniform Medical Plan operated the Health Counts program;
 - The launch of Washington Wellness by former Governor Christine Gregoire in January 2006;



- Governor Jay Inslee’s issuance of Executive Order 13-06 in October 2013, directing the creation of the State Employee Health and Wellness Steering Committee to develop a comprehensive wellness program for state employees; and
 - The January 2015 launch of the SmartHealth online portal to the overall PEBB program population.
- The cost of the program in the first year, which included payments to Limeade and the incentive costs paid out the following year in the form of reduced deductibles and deposits to health savings accounts through consumer directed health plans.
 - The communication strategies employed during the first year of the program and the known program barriers to communicating and promoting the program to PEBB members.
 - A literature review tracing the evolution of employer-based wellness programs and the effectiveness of wellness interventions in the workplace including research limitations on wellness programs in general.
 - An overview of the evaluation methodology, including the metrics for the baseline year (2015), additional metrics that could be included in future reports, and a discussion of the potential issues and considerations in using these metrics to evaluate the program.
 - An overview of the participation metrics during the baseline year (2015).
 - Highlights of the communications approach for the baseline year.
 - A discussion of future plans and next steps for the evaluation process including a roadmap for assessing and reporting on the cost-effectiveness of the program, outlined below.
 - Year One (2015): During the first year, the main goals were to collect baseline data, commence health and well-being engagement activities, and optimize program design.
 - Year Two (2016): During the second year, the focus shifted to understanding subpopulation profiles, what their needs and interests are, and how to engage them through the portal and through a tighter connection with their organizational leaders.
 - Year Three (2017): By the end of the third year, there may be enough data to start examining initial outcomes and charting trends in behavior and risk profiles which can be used to guide further program modifications.
 - Fourth and fifth years (2018-2019): After three years, most wellness program designs allow for a comprehensive program value analysis. Change in behavior and risk are evaluated and trends examined.

This final report provides data on participation during the first quarter of calendar year (CY) 2016 and the first quarter of CY 2017; discusses privacy concerns, a key issue that affects participation in

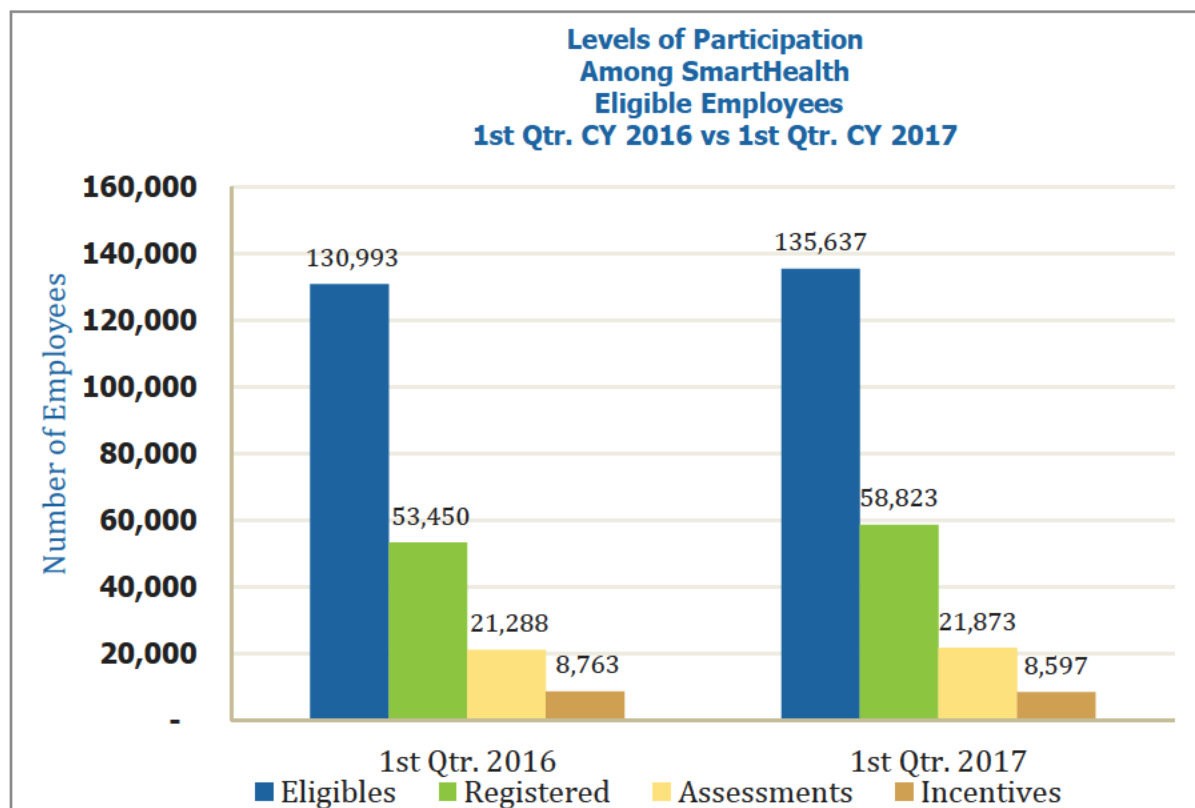


all employee wellness programs; and shares some organizations' strategies for supporting employee wellness as well as participants' comments about the program from a recent survey.

SmartHealth Participation

Participation in the SmartHealth program has varied since its start in January 2015. The novelty of the program, combined with some high-profile incentives (e.g. Seahawks tickets), resulted in a large number of registrations in the first year. In 2015, registrations jumped to 38 percent of eligible members, a rate that appears to have leveled off at 43 percent by the first quarter of CY 2017. Nevertheless, participation in the first quarter of CY 2017 is higher than in the same quarter the previous year, possibly reflecting a more targeted promotional approach and more engagement by wellness coordinators in promoting SmartHealth.

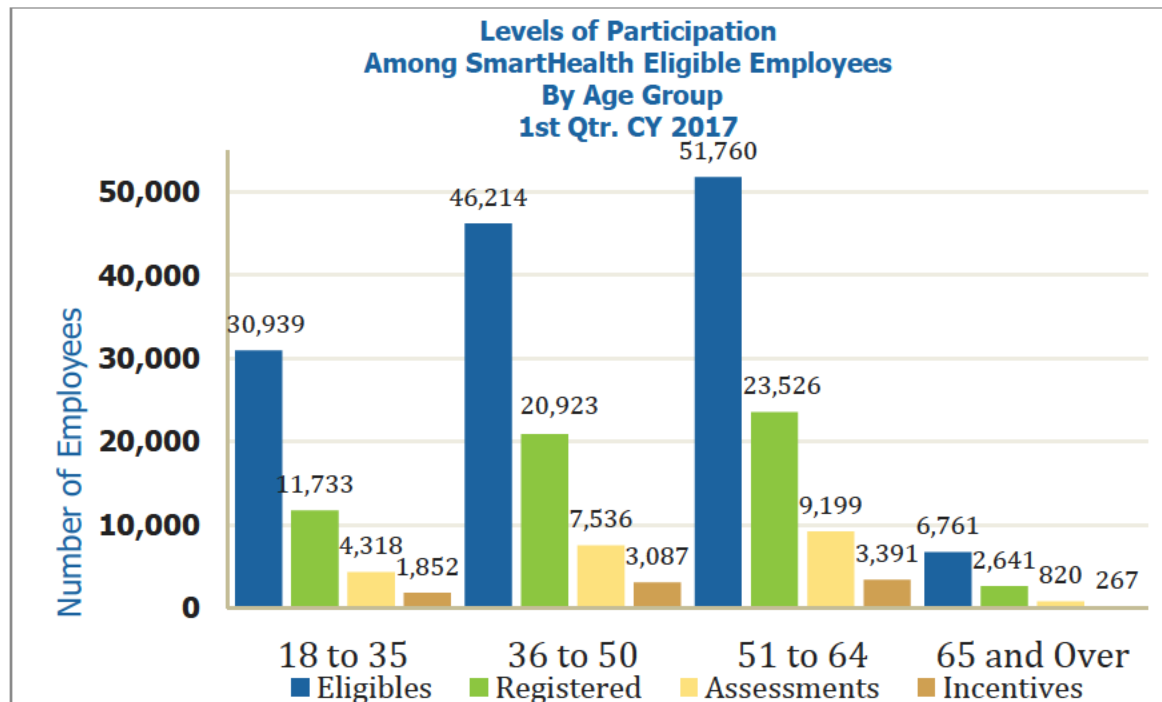
Chart 1: Levels of participation among SmartHealth-eligible employees



At the end of the first quarter of CY 2017, in the third year of the program, there were 4,644 additional employees who were eligible for SmartHealth than in the prior year, an increase of 3 percent in the eligible population. Registrations were 9 percent higher than in the previous year, and 3 percent more eligible employees completed the WBA than in the same period in 2016.

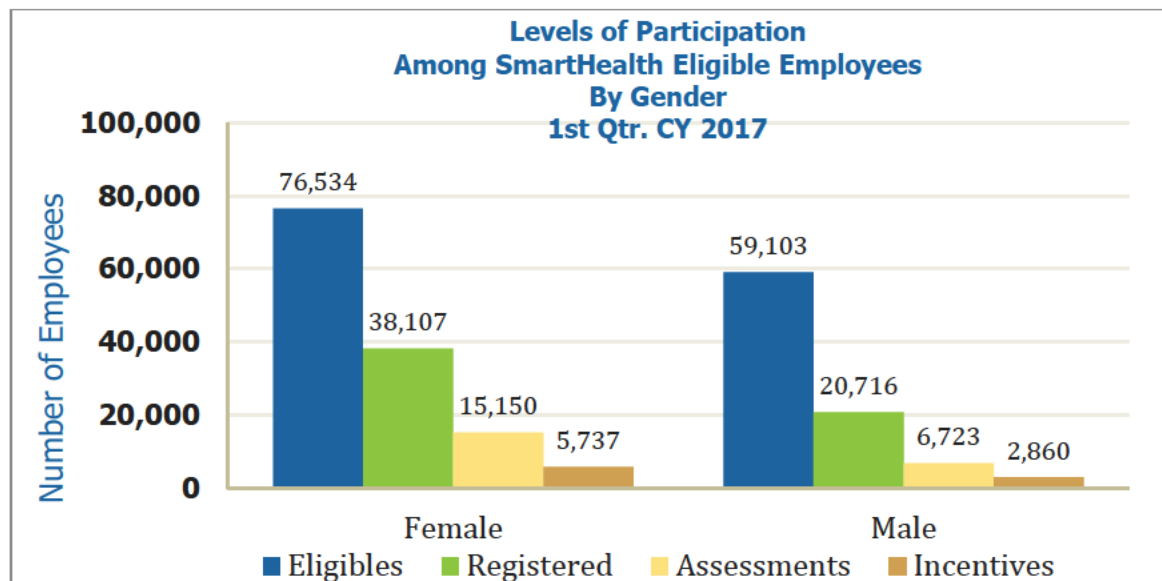


Chart 2: Participation by age group



As in previous years, the highest participation (45 percent registered) is among eligible employees between the ages of 36 and 64 years of age.

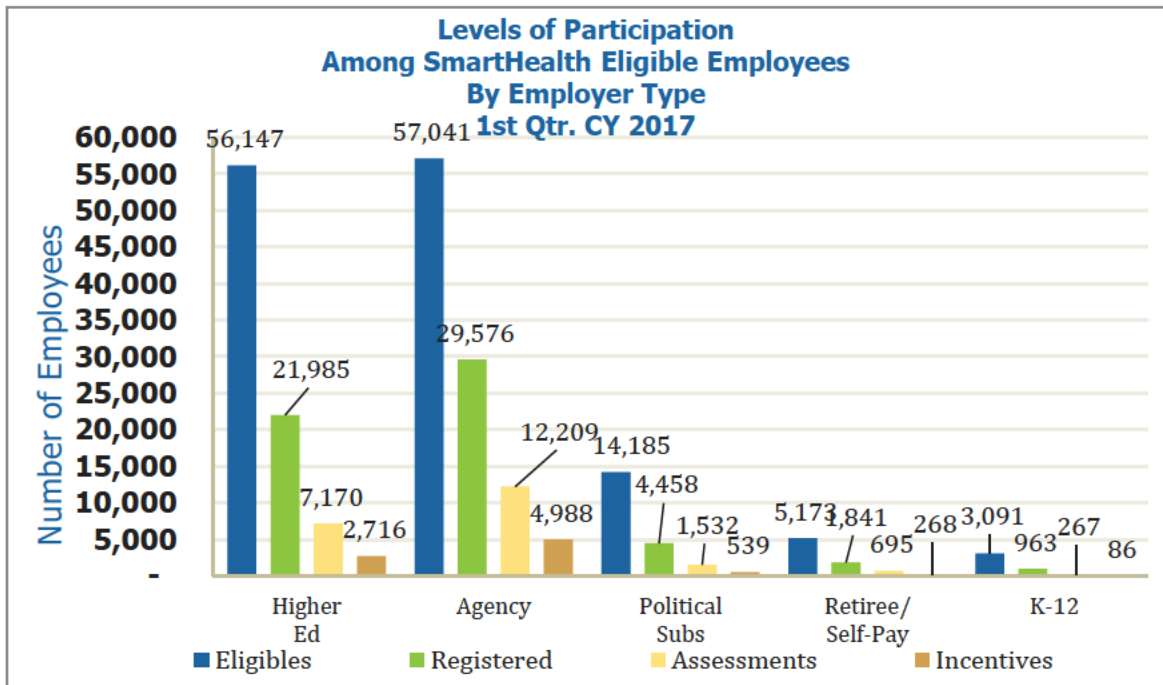
Chart 3: Participation by gender



Of the 135,637 SmartHealth-eligible employees in the first quarter of 2017, 56 percent were female and 44 percent were male. Women participated at significantly higher rates than men in the first quarter of CY 2017; 50 percent of eligible women and 35 percent of eligible men registered.



Chart 4: Participation by employer type



As in previous years, employees within agencies participated at a higher rate (52 percent of eligible employees) than those in higher education (39 percent of eligible employees). Thirty-one percent of eligible employees within the political subdivisions participated during the first quarter of 2017.



Chart 5: Dental care (2015)

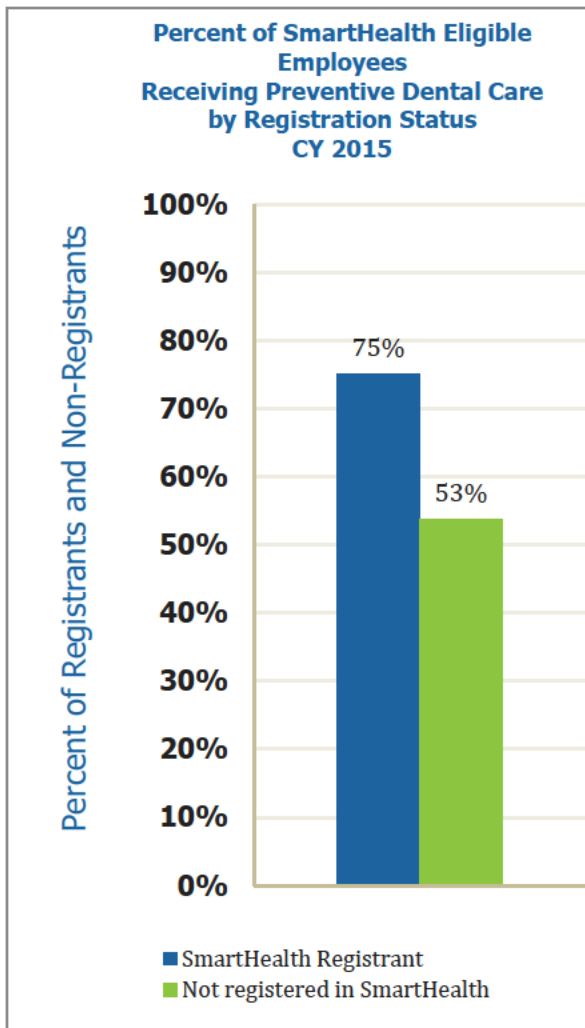
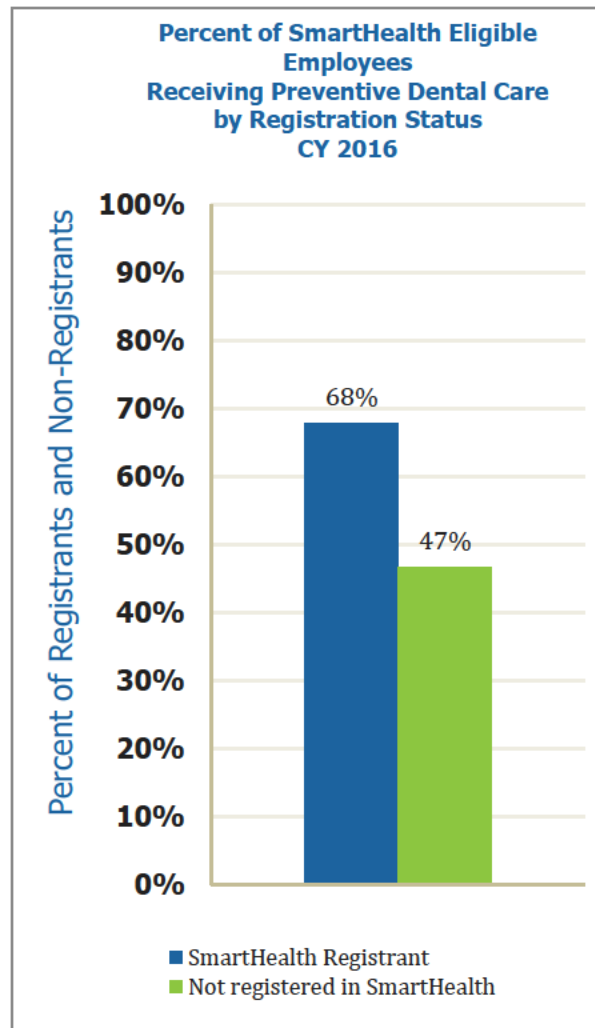


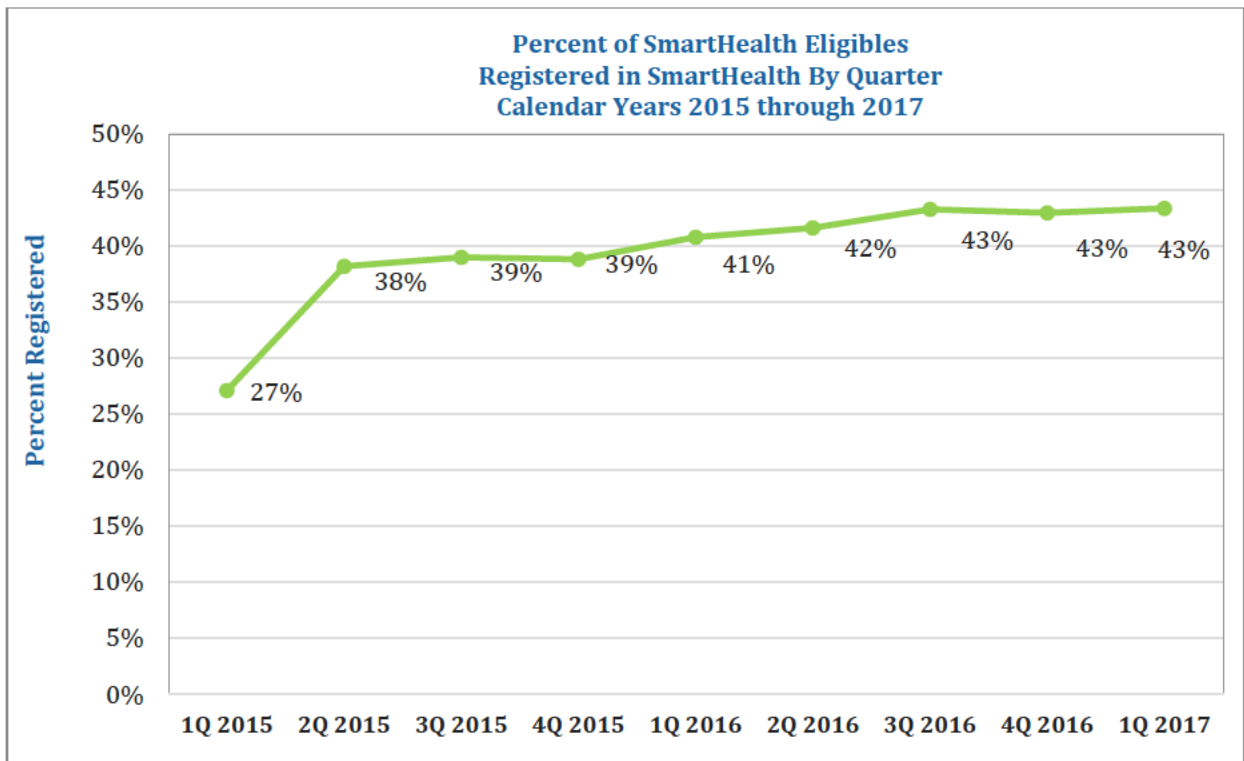
Chart: 6: Dental care (2016)



An earlier report included the finding that, in 2015, SmartHealth participants were more likely to receive a preventive dental visit than non-participants. This held true in 2016 as well, although the overall use of the dental benefit was lower in both cohorts than in 2015. While the actual driver for the higher rate of preventive visits among SmartHealth participants is unclear, it is possible the SmartHealth incentive positively impacts employee use of the dental benefit.



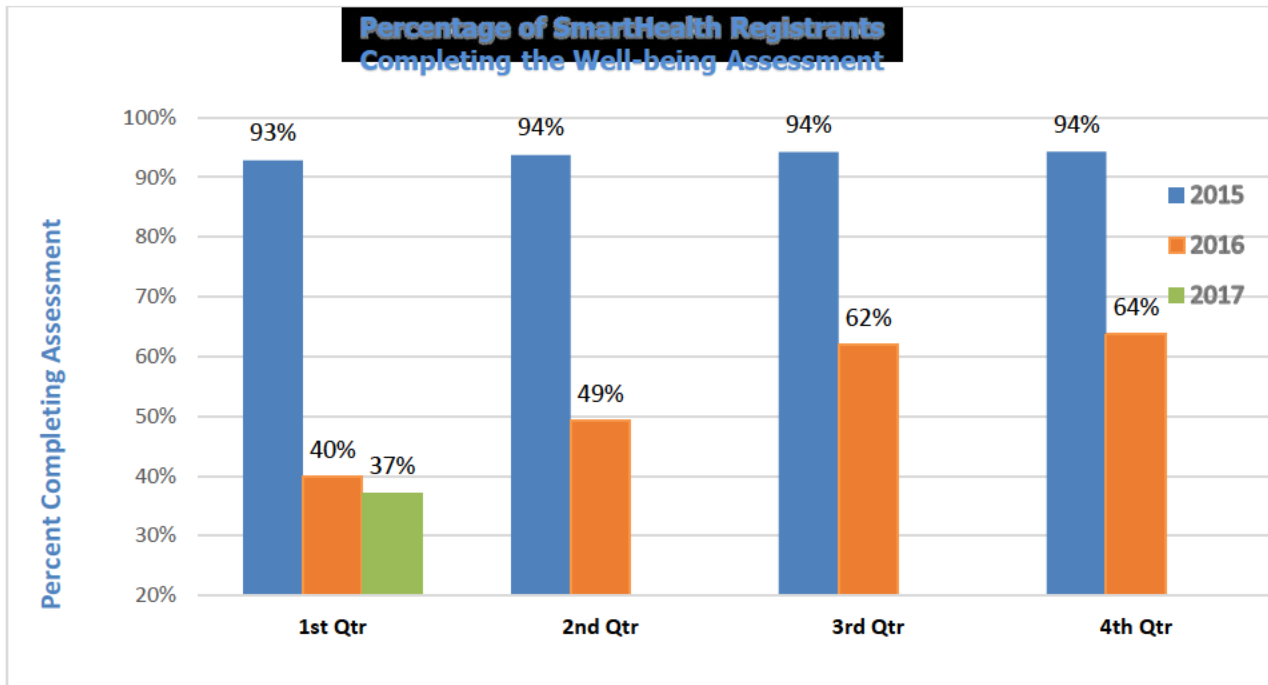
Chart 7: SmartHealth registration from Q1 2015 through Q1 2017



Because the number of SmartHealth-eligible employees tends to change each month as employees leave or join state service, it can be challenging to determine if participation is growing. For example, while it looks like SmartHealth added only 440 new registrants in the first quarter of 2017, using the absolute numbers for registrations from January 8, 2017 and April 2, 2017 (58,564 and 59,004, respectively) reveal that the program actually added 2,413 new employees. By looking at the percent of eligible employees who registered, it is evident that participation has been fairly stable over the past year with around 43 percent of SmartHealth-eligible employees registering.



Chart 8: Percentage of registrants who completed the WBA



Another participation marker is the percentage of registrants who actually go on to complete the Well-being Assessment. In the initial year, 94 percent of those who registered completed their WBA. In 2016, that percentage declined considerably to 64 percent of those registered completing the WBA. It is important to note that once someone is registered, they remain registered and do not need to sign up again to be counted. It would appear that a number of those who registered and completed their WBA in the first year did not participate in the second year. It is fairly common with wellness programs to initially attract participants who later disengage when the novelty of a new benefit fades. The January 2015 drawing for National Football Conference championship playoff tickets also likely attributed to a one-time surge in registrants. In response to this tendency SmartHealth deploys both short-term extrinsic incentives (e.g. \$125 incentive, gift card drawings) and long-term intrinsic incentives (e.g. identifying the purpose for wanting well-being in one's life) to gain and hold subscriber attention.



A Barrier to Participation and Mitigation Strategies

A barrier to participating in SmartHealth, and worksite wellness programs in general, is a concern about privacy and, in particular, a concern about an employer having information about one's personal health information.

According to a 2017 Kaiser Family Foundation (KFF) issue brief, the U.S. Congress is considering pending legislation that “would substantially change federal rules governing workplace wellness programs.” Under House Resolution 1313, “for the vast majority of workplace wellness programs, there would be no limit on inducements that could be used to encourage workers and their family members to provide personal health information, including genetic information.”¹

It is important to note that SmartHealth's employee incentive is based on participation instead of meeting certain targets such as BMI or blood glucose levels. Additionally, worksite wellness programs are subject to regulation by the Affordable Care Act (ACA), the Equal Employment Opportunity Commission (EEOC), the Americans with Disabilities Act (ADA), and the Genetic Information Nondiscrimination Act (GINA).

According to the KFF article, overall in 2016, 41 percent of workers at large firms offering worksite wellness programs with a health risk assessment actually participated in the screening. One commonly cited reason for not participating was concern for the privacy of personal health information. Health risk assessments, including the SmartHealth WBA, commonly ask sensitive questions such as whether and to what extent participants feel stress, anxiety, or depression. Participants' privacy concerns may increase when they are asked about conditions that are commonly stigmatized and where discrimination may result. Some of these stigmatized conditions include: mental health disorders, alcohol and substance abuse, HIV and other sexually transmitted diseases, and diabetes. The 2015 National Survey of Drug Use and Health collects data on the incidence of a range of health conditions. According to this survey, almost three in ten adults with job-based coverage reported having one or more of these health conditions. Many employees have concerns about their employer collecting biometric and health information, and those with a stigmatized health condition may have even stronger concerns.

According to Alex Alben, the Washington State Chief Privacy Officer, organizations that are involved in the collection of an individual's personal data should be careful to collect that information only for specific purposes, and only to render a service to an individual. Additionally, the data should only be kept as long as it is needed for that service and with the consent of the individual. The SmartHealth program and Limeade are careful to ensure that WBA data is not available to PEBB in a way in which an individual's data could be identified. The data is only used to improve the design of

¹ Pollitz, K., & Rae, M. (2017). *Changing rules for workplace wellness programs: Implications for sensitive health conditions*. The Henry J. Kaiser Family Foundation. <http://files.kff.org/attachment/Issue-Brief-Changing-Rules-for-Workplace-Wellness-Programs>.

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the program itself. This creates issues for researchers, for example, who want to identify if certain aspects of the program have resulted in better health or lower costs. By requiring a number of safeguards, such as third-party data analysis, it is possible to analyze the data while still maintaining individual privacy. Privacy is something the SmartHealth program will continue to review—and the Health Care Authority will be mindful of—in the coming years as we gain experience with this worksite wellness program.

Promoting Worksite Wellness: Organizations Share their Successes

There are a number of organizations with higher than average participation in the SmartHealth program that have found creative ways to engage employees in health improvement, often without access to significant financial resources.

One of those is **Aging & Long Term Care of Eastern Washington (ALTCEW)**, an organization that promotes well-being, independence, dignity, and choice for older persons and for individuals needing long-term care in Ferry, Stevens, Pend Oreille, Spokane, and Whitman counties.

ALTCEW's executive director is a champion of wellness and an active member of the wellness committee she helped launch in November 2015. ALTCEW currently has 71 SmartHealth-eligible employees. Through a combination of full leadership support and the creative efforts of the volunteer wellness team, ALTCEW in one year doubled the amount of eligible employees who qualified for the SmartHealth wellness incentive from 28 percent in 2015 to 55 percent in 2016.

To promote well-being, ALTCEW coordinated the following activities in 2016:

- Holding monthly “Lunch and Learns” featuring topics such as financial wellness and nutrition.
- Collaborating with the YMCA to offer onsite fitness activities.
- Participating in community events, such as The Walk to End Alzheimer's and The Walk to Defeat ALS.
- Introducing new staff to the agency's wellness program and SmartHealth.

Finally, to improve SmartHealth engagement for 2017, the ALTCEW wellness coordinator collaborated with their Washington Wellness consultant to create custom SmartHealth activities for their staff.

The **Spokane Regional Health District's (SRHD)** mission as a leader and partner in public health is to protect, improve, and promote the health and well-being of their communities.

SRHD's commitment to employee well-being stems from total support from the agency's executive leadership team, demonstrated through annual approval of the agency's wellness committee



budget and executive leadership representation on the committee. SRHD has aligned their organization's strategic plan and the goals of their wellness program to support the overall health and well-being of staff. The three actions they implemented to support this goal were:

2. Understanding and addressing staff stress as it impacts the work environment;
3. Exploring opportunities to support a healthy work/life balance; and
4. Evaluating access to opportunities to improve health and wellness, regardless of program or location.

SRHD currently has 209 SmartHealth-eligible employees. In 2016, 73 percent of eligible employees registered for SmartHealth and 37 percent qualified for the \$125 wellness incentive. SRHD's wellness committee works closely with human resources and the division heads doing the most hiring to ensure everyone is aware of SmartHealth's resources and incentives. The wellness committee has ambassadors representing each division who are responsible for introducing new hires and existing employees to the benefits of SmartHealth.

These two agencies—as well as many others throughout state government—are making great strides in encouraging a workplace that promotes wellness among its employees through Washington Wellness and SmartHealth. The Washington Wellness program encourages and supports local wellness program capacity-building activities for all PEBB member organizations. A mature wellness program aims to help employees and their family members feel their best through positive, voluntary behavior changes. These changes focus on reducing health and injury risks, improving health consumer skills, and enhancing well-being. Washington Wellness provides an online worksite wellness roadmap that guides organizations through the process of building a sustainable worksite wellness program. It covers these eight steps:

1. Getting leadership support
2. Forming a team
3. Collecting information
4. Making a plan
5. Promoting activities
6. Creating policies
7. Evaluating progress
8. Sharing results

Organizations that complete this worksite wellness roadmap are awarded a *Zo8* award, which recognizes their wellness program dedication and accomplishments. Learn more about the *Zo8* award at <https://www.hca.wa.gov/about-hca/washington-wellness/tracking-success>.



What Motivates People to Make Changes

The primary objectives of a workplace wellness program are to improve the risk profile of all employees, keep low-risk people at low risk, and manage chronic disease. To accomplish these objectives, a significant portion of employees need to be engaged by the program, attend to the behavior change messages they receive, respond positively to these messages, and modify unhealthy behaviors.

While there are several behavior change models and theories that have general application in addressing employee health risk, researchers Strecher and Krueter have acknowledged the potential to develop health risk assessments (HRAs) as effective behavior change tools by using the Health Belief Model. The Health Belief Model, a psychological health behavior theory used to explain health-seeking or health-avoiding behavior, is based on the assumption that attitude and belief motivate action. The model proposes that an individual considering health-related behavior change considers:

- The perceived threat/likelihood of risk;
- The perceived negative outcome—the gravity of the health risk;
- The perceived value of changing health behavior that will reduce the health risk; and
- The perceived costs or challenges to changing health behavior.

In addition to health behavior change being a function of perception, health-benefiting behaviors are also more likely to take place when cues and reminders to take action are present, and the individual is confident that they can achieve the health actions needed to reduce the risk (self-efficacy).

Using the Health Belief Model principles, Strecher and Krueter make three recommendations for designing behaviorally focused HRAs:

1. Provide feedback designed to give users an accurate perception of their own risk.
2. Provide feedback that establishes behavior change priorities when multiple risk factors exist.
3. Provide feedback that increases the user's ability to make recommended behavior changes.

The SmartHealth Well-being Assessment (WBA) design integrates these recommendations to increase its effectiveness as a stand-alone behavior change intervention:

- Upon completion of the WBA, users immediately receive their risk scores based on a scale of 1-5 in six life dimension areas.
- The three highest health risks are presented as priorities to focus on for improving their health and well-being.
- Multiple guided activities are recommended for the user to choose from, along with additional information, resources, and tools to support their behavior change efforts.



This allows users to choose wellness activities based on an accurate perception of their health risks.

- Users also receive the top three life dimensions they scored well in, emphasizing their current participation in healthy behaviors in a celebratory manner, thus contributing to their sense of self-efficacy in participating in additional healthy activities to lower their risks.

With this behavioral model as a framework, it is useful to review what SmartHealth participants are saying about how this tool is helping them to change their health behaviors.

SmartHealth Participants Share Their Experiences

In October 2016, Limeade released an online survey to 18,794 SmartHealth participants. Approximately 2,500 participants who had achieved the incentive level responded to the survey—a response rate of 13 percent.

Of those responding:

- 72 percent (1,838) said they agreed or strongly agreed with the statement “I would recommend SmartHealth to a co-worker,” while 8 percent (213) said they disagreed or strongly disagreed.
- 62 percent (1,586) reported that the primary barrier to program participation was “time,” 11 percent (292) said “privacy,” and 10 percent (253) reported that “confidentiality was the key barrier.”

Additionally, respondents were asked to share their “success stories”; a few of these statements are reported below. They serve as examples of how participants valued this benefit.

For those who reported that they were “challenged to lead a healthy lifestyle”, **SmartHealth provided awareness** of healthy behaviors, inspiration to start making changes, and the motivation to maintain those healthy behaviors.

“It has helped me realize I need to lose 10 pounds of weight and eat even healthier than I do.”

“My wife and I are now swimming an hour per day for five days each week. We also stay away from red meat and sugary products. Also, we watch our portions.”

“I think it definitely made me more aware of things I could do to take better care of myself. I appreciate the incentive to reduce my medical costs wherever I can.”



"It was interesting to see how often I did or did not do something. The mere act of tracking something opens a whole new awareness of it."

"It has helped me think more about how much exercise I get daily and what I eat. I am slowly beginning to modify my lifestyle."

Many **SmartHealth participants reported successfully losing weight** or improving their biometric scores as a result of participating in the program.

"In August 2016 I made a life change. Working on having a better relationship with food and my personal health. I added some of the SmartHealth ideas to my life. I am currently down 33 pounds from the initial change and feeling so much better about myself and also have a lot more energy and look forward to continuing improving."

"Lost 40 pounds so far! On my way to my goal of an additional 30-40. Good reminders, suggestions—keeps fitness on the front burner! Reminders come to my work email. Validating and encouraging."

"Yes, I dropped 31 lbs. between SmartHealth and my physician and dietician. In addition my AIC [a diabetes measure] went from an average of 6.7 down to 6.1. For the first time in years my sedimentation rate [a measure of inflammatory activity in the body] was normal so the arthritis was in good shape as well."

"SmartHealth was extremely useful as one of the tools I used to lose over 60 pounds and to keep it off over the last two years. In doing so and remaining active I have reversed many of the health issues I was facing to include hypertension, high cholesterol and metabolic syndrome."

"I have changed to low carb living. I have lost 50 lbs. and this helps keep me focused and on track. I still have times that I fail, but like that this has an opportunity to keep me on track."

"When the wellness incentive was implemented I took my commitment seriously. I said I would eat healthy and exercise for 10 weeks. I did that and it helped me make a life style change. I've lost 60 pounds since the original wellness incentive. I've struggled with keeping it from coming back, but when I need motivation starting a new activity can help keep me on track."

Participants commented on the fact that **SmartHealth provided them with a way to establish goals** for their health and keep track of their progress on those goals.

"...entering information into my profile and completing activities, it provided me a sense of accomplishment. Like, "Yeah, I made my goal." I also liked the information provided in activities, learning."

"SmartHealth has helped me to stay focused [and] on target, and to set attainable goals over a wide range of fitness targets."

"I had been injured on the job last year and was slowly regaining the use of one of my arms. I did too much too fast and suffered severe health consequences. I started back at work this April with the goal of regaining my health and plans on how to get there. I started using SmartHealth initially to earn my financial incentive. I was already working out and changing my diet so many of the activities were easy to complete. The e-mails and notices from SmartHealth kept my goals in constant focus. I would receive an e-mail alert and think, why not just do this now. I believe I probably would have slacked off quite a bit more if I hadn't been using the SmartHealth program. My health has improved a great deal and I keep pushing towards my goals."

"For me, the more I looked into the different aspects of well-being the better I saw the whole picture. I started eating better, working out with a purpose, and surrounding myself with people who were also doing the same things. For this year, I have found biking very enjoyable, starting at 6 mile rides in May to a 52 mile ride in November. I eat better, take vitamins and am no longer 266 pounds but am leaning out somewhat at 220. I have more to go but I feel good about my life style; one that I can, and want to, maintain."

Many participants reported that **SmartHealth inspired them to make positive changes** in their lives.

"I quit smoking after smoking for 50 years."

"SmartHealth is a great program that helps me get more active at a time of year when I am not getting as much exercise. The several months it takes me to earn the financial incentive are just enough to bridge between the holidays and spring, when I start spending more time outside working and enjoying the outdoors. It helps me get motivated to do things that increase my health at a time of year when it is easy to back off and just hibernate."

"I started eating better, bought a Fitbit and started walking more...down 10 pounds but the best part was the relaxing before bed and all the de-stressing technique. I sleep better and most nights thru the night! This is a big change from waking up at 2:20 or 3:00 am!"

"I used SmartHealth as part of [an] overhaul of my belief about who I thought I was (an old, fat man). As a result, I feel better, lost 40 lbs. and have a lot more energy. The weekly SmartHealth emails (early in the week, which is good) were a great reminder to stay on course that week."

"A coworker and I decided to use SmartHealth to motivate us to get out and walk. We went from walking about a mile a day twice a week to 4-6 miles a day three times a week. We even walked 20 miles together on one occasion and 15 miles another. Thanks for the motivation!"

Some participants commented that it was helpful that **SmartHealth provided them with reminders** to maintain their healthy habits.

"The email reminders DO help as incentive because I liked going online to actually "give myself credit" for being smarter at my health. A pat on the back for myself. Because of SmartHealth I



am on a consistent track of using the treadmill and paying attention to ways to keep healthier.”

“Serves as a weekly or bi-weekly reminder of individual goals I have established for myself. Helps me keep on task.”

“SmartHealth was a useful tool for me. I could track my activities and my progress on my journey to get healthier. I liked having a private place to go and record my efforts. I liked the incentives of receiving points for the work. I read and learned a lot on the website.”

“The most valuable thing that SmartHealth does for me is to keep the thoughts in my conscious mind about my actions related to my health. For example, I used to drive around the mall parking lot to find the “closest” spot to the door. Now, I often park further out and use the extra walking as an incentive for better health. I battled cancer this last year and SmartHealth was a catalyst to remind me to continue doing healthy things to feel better through the process. Keeping active also directed my mind on other things rather than obsess on my body situation.”

For people who already lead a relatively healthy lifestyle, **SmartHealth can serve as a way to reinforce existing healthy behaviors** through reward and recognition. Many say they appreciate being able to save \$125 on their deductible for things they already do to improve their health.

“I was already practicing a healthy lifestyle, according to the program guidelines. I’m physically active with multiple activities and am very mindful of diet and rest and stress management. I primarily participated for the financial incentive, which was extremely meaningful to me.”

Managers’ Perspectives on Wellness Programs

While there is well-accepted research on the influence organizational leaders have on the adoption of worksite wellness programs, little research has been done on the influence of middle managers. The University of Washington Health Promotion Research Center last year researched the impact of managers on worksite wellness program effectiveness.² They conducted interviews with 5 to 6

² Passey, D., Hammerback, K., Hannon P., & Harris, J. (2016). *Manager’s perspectives on wellness programs in four Washington state agencies*. Health Promotion Research Center, University of Washington School of Public Health. Internal HCA report: unpublished.

Passey, D., Kavanagh, L., Harris, J., & Hannon, P. (2016). *Manager and supervisor support for worksite health promotion programs*. Health Promotion Research Center, University of Washington School of Public Health. Internal HCA report: unpublished.

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managers at each of four Washington State agencies: the Department of Health (DOH), Labor and Industries (L&I), the Office of Financial Management (OFM), and the Health Care Authority (HCA).³

Overall, the managers at the four agencies were supportive of having a wellness program and saw many benefits to offering wellness activities and resources to employees. Managers value the regular communications they receive regarding the wellness program but would welcome more. Managers generally see SmartHealth as a separate program from their agency's onsite wellness program and activities. Although most managers experience their unit as having a supportive culture, some question whether this is true across the entire agency. Managers emphasize the importance of serving as a role model for their employees, and some managers wish their own managers were better role models for them. Employee buy-in is also perceived as key to employee participation, and some managers doubt they can increase this buy-in.

Based on the interview results, the researchers designed an online survey to gather quantitative data. This survey was emailed to 936 managers at four state agencies. Six hundred and nine people responded for a 65 percent response rate. Respondents reported that they support their employees' wellness efforts and try to accommodate participation in wellness activities; however, there are still more opportunities to work with managers to increase their support for wellness. For example, most managers believe their agency's policies and culture support participation in wellness activities, but they also report difficulties accommodating participation due to employees' schedules and workload. Most managers believe they are expected to support their employees' participation in wellness activities, yet fewer managers reported receiving encouragement from their direct supervisor, and very few have training on employee wellness. Although managers read the wellness communications, many do not share the information with their employees since they all receive the same communications. Finally, only half the managers reported encouraging their employees to complete the WBA and participate in SmartHealth activities.⁴

The researchers proposed a number of recommendations for increasing the role of managers in supporting worksite wellness activities, including:

- Ensuring the managers' role in supporting agency wellness efforts;
- Providing incentives and rewards for managers, such as recognition, for supporting their employees in participating in wellness activities;
- Providing training on how to support the agency's wellness efforts; and
- Providing managers with targeted messages regarding the wellness program.

³ Passey, D., Hammerback, K., Kavanagh, L., Harris, J., & Hannon P. (2016). *Agency wellness landscape interviews*. Health Promotion Research Center, University of Washington School of Public Health. Internal HCA report: unpublished.

⁴ Passey, D., Hammerback, K., Hannon P., & Harris, J. (2016). *Wellness programs in four Washington state agencies: Manager survey results*. Health Promotion Research Center, University of Washington School of Public Health. Internal HCA report: unpublished.



Revisiting the Initial SmartHealth Report Roadmap

In the initial SmartHealth Legislative Report (June 30, 2016), the data analysis team identified a number of effectiveness measures and an approach for assessing and reporting on cost-effectiveness and determining timing and resource needs.

The following is an overview of these plans.

- Year One (2015): During the first year, the main goal was to collect baseline data, commence health and well-being engagement activities, and optimize program design.
- Year Two (2016): During the second year, the focus shifted to understanding subpopulation profiles, what their needs and interests are, and how to engage them more through the portal and through a tighter connection with their organizational leaders.
- Year Three (2017): By the end of the third year (current program year), there may be enough data to start examining initial outcomes and charting trends in behavior and risk profiles which can be used to guide further program modifications.
- Fourth and fifth years (2018 – 2019): After three years, most wellness program designs allow for a comprehensive program value analysis. Changes in behavior and risk are evaluated and trends are examined.

Limeade normally conducts these types of analyses by combining Limeade program data with data from their customers related to medical and pharmaceutical claims data, paid time off, vacation, sick time usage, turnover/tenure, workers compensation/disability claims, and employee engagement surveys.

Having a third party conduct the cost-effectiveness analysis would ensure independence and objectivity in the analyses, as well as guarantee compliance with privacy and legal requirements. HCA would be able to link eligibility data, well-being assessment data, and productivity and claims data for the participant cohort and compare it with the non-participant cohort. This would make it possible to evaluate outcomes such as productivity and sick leave usage, biometric data (currently self-reported, not collected through onsite screening or directly from labs), health improvement among people at risk, engagement of general and at-risk populations in wellness activities, utilization of medical services by participants vs. non-participants around total cost, preventive visits, preventable emergency room visits, etc., and benefits of preventive screenings (such as percentages of employees diagnosed with colon cancer after a colonoscopy). Additional resources would be required to conduct this type of sophisticated, statistical analysis of cost-effectiveness. If undertaken, this analysis could be conducted at the end of Year 3.



Conclusion

In January 2015, the PEBB program began offering the SmartHealth program—a new worksite wellness benefit for PEBB members. Designed to educate members in healthy behaviors and to encourage engagement in wellness activities, the SmartHealth program is now in its third year of operation and has attracted close to half of all SmartHealth eligible members to register and participate in some way. The program has been well received; of those who participate, most would recommend the program to others although they cite “time” as the primary barrier to participation. Many who participate have found it an effective motivator to encourage healthy behaviors and have lost weight, started exercising, stopped smoking, and are eating healthier diets. Additional research on the effectiveness of the SmartHealth program is proposed but will require additional resources and the use of an outside entity to protect individuals’ privacy.

