



**FOCUS GROUP RESEARCH**

**EMPLOYEES' READINESS TO ADOPT  
VALUE-BASED BENEFIT DESIGN STRATEGIES**

**November 2008**



## CONTENTS

- **Setting the Stage ..... 3**
  - Project Overview ..... 3
  - Research Objectives ..... 3
  - Methodology ..... 4
  - Information Sources..... 4
  - Participating Employers..... 5
  - Participating Employees ..... 6
- **Key Findings ..... 7**
  - Definition of Health..... 7
  - Key Findings by Categories..... 7
  - Personal Health Management..... 8
  - Plan Design and Program Administration..... 9
  - Incentives..... 11
  - Health Care Purchasing Decisions..... 14
  - Communication ..... 16
  - MBGH Diabetes Challenge Participants..... 18
- **Recommendations .....19**
- **Appendix..... 24**
  - Focus Group Questions ..... 25
  - Participant Survey ..... 28
    - Overall Results..... 28
    - Management vs. Non-Management Results ..... 31



## SETTING THE STAGE

### Project Overview

The Midwest Business Group on Health (MBGH), with support from GlaxoSmithKline (GSK), surveyed employers across the United States to gauge employers' readiness to adopt value-based benefit designs. Focus groups with employees were conducted to complement the employer perspective. The ROC Group, an independent employee communications consulting firm, conducted the focus groups.

The project's phases included:

- Phase I: January – February 2008
  - Update of 2007 Employer Survey
  - Recruitment of employees for focus groups
  - Dissemination of 2008 Employer Survey
  - Conduct employee focus groups
- Phase II: March – July 2008
  - Collection and analysis of Employer Survey and employee focus group results
- Phase III: August – November 2008
  - Create presentation and report
  - Press release of findings and presentations to organizations

### Research Objectives

1. **Overall goal: Help employers design, administer and communicate benefit, incentive and wellness programs and activities for employees that:**
  - a. *Motivate* those covered to alter their behavior in a positive manner or engage in a health management activity;
  - b. *Encourage* the use of a provider or specific health care service, test or drug that is shown to be more effective or provide higher quality than other options; and/or
  - c. *Discourage* behaviors or the use of health care services, tests, drugs and providers when the evidence does not justify the cost or their use.
2. **Identify the level of understanding employees have with the rationale for value-based benefit design (VBBD) programs** — and their familiarity with the nomenclature used to communicate the programs or benefit design features.
3. **Learn what it would take to get employees to participate in programs with VBBD features** — and what would “turn them off” from participating. We will explore factors that encourage initial as well as *ongoing* participation.



## Methodology

- **Conduct planning meeting** to discuss research objectives and tie-in to VBBD survey research with employers.
- **Conduct session with the MBGH Readiness to Change Project Advisory Council** to fine-tune objectives and brainstorm questions.
- **Develop Focus Group Research Guide** for participating employers:
  - Objectives and research methodology
  - Role of participating employer
  - Participant selection process (including invitation letter and supervisor notification)
  - Focus group questions
  - Brief participant survey
- **Recruit participating employers** that are diverse in industry, size and employee demographics.
- **Conduct focus groups and administer paper survey:**
  - Conduct sessions via teleconference or face-to-face for duration of one hour. Teleconference groups are ideal for geographically dispersed population (e.g., field sales, individuals with chronic conditions).
  - Begin each face-to-face session by asking participants to complete a short survey. Distribute the survey via email prior to each teleconference session.
  - Choose participants based on the following demographic factors: managers/non-managers; high income/low income; high education/low education; male/female; rural/urban; Gen Y/Gen X/Baby Boomers; union/non-union; hourly/salaried; engaged wellness participants.
  - Supplement focus groups with session with MBGH's Diabetes Management Program participants.
- **Funding and research support provided by GlaxoSmithKline.**

**Three participating employers; nine focus groups; 54 participants**

## Information Sources

- MBGH Employer Readiness to Change Survey
- MBGH Readiness to Change Project Advisory Council
- MBGH Finding Doctors Project
- Employee focus group discussions (face-to-face and teleconference)
- Brief employee survey conducted at the start of each focus group

*See Appendix for focus group questions and survey results.*



**Midwest Business Group on Health**  
 Powerful Connections, Vital Solutions

**Participating Employers**

Company Description	Currently Offer Programs with VBBD Features?	Group Type	Method	# of Participants Total: 54
<b>Food &amp; Beverage industry</b> • 10,000 employees • Mostly rural locations	Yes	1. Managers	Face-to-face	8
		2. Union hourly	Face-to-face	9
		3. Non-union hourly	Face-to-face	7
<b>Banking industry</b> • 1,410 employees • Urban locations	No	4. Upper-level managers	Face-to-face	3
		5. Mid-level managers	Face-to-face	3
		6. Administrative/ clerical	Face-to-face	6
<b>Packaging industry</b> • 9,000 employees • Urban HDQs • Mostly rural plant locations	Yes	7. Field sales and managers	Teleconference	5
		8. Non-managers	Face-to-face	8
		9. Diabetes Management Program participants (employees & spouses)	Teleconference (\$25 gift card for participating and returning the survey)	5



**Midwest Business Group on Health**  
Powerful Connections, Vital Solutions

## Participating Employees

<b>Demographics of focus group participants (based on survey completion):</b>					
Red text indicates percentage in the general population, according to the U.S. Census Bureau, Year 2000 Census					
<b>Gender</b>	<b>Male:</b> 61% 48.9%	<b>Female:</b> 37% 51.1%			
<b>Age</b>	<b>Under 25:</b> 7% 35.3%	<b>25 – 50:</b> 72% 37.4%	<b>51 – 65:</b> 19% 14.8%	<b>Over 65:</b> 0% 12.4%	
<b>Marital Status</b>	<b>Single:</b> 44% 48%	<b>Married:</b> 54% 52%			
<b>Dependent Children</b>	<b>Yes:</b> 52% 52.2%	<b>No:</b> 43% 47.8%			
<b>Employees' Education Completed</b>	<b>Grade School:</b> 2% 19.3%	<b>High School:</b> 61% 51.1%	<b>Under-graduate:</b> 7% 21.8%	<b>Graduate/Post Graduate:</b> 28% 7.8%	
<b>Total Household Income (Before taxes)</b>	<b>Less than \$25,000:</b> 2% 28.7%	<b>\$25,000 – \$49,999:</b> 30% 29.4%	<b>\$50,000 – \$74,999:</b> 20% 19.4%	<b>\$75,000 – \$99,999:</b> 11% 10.2%	<b>\$100,000+:</b> 30% 12.3%
<b>General Health Status (Self-reported; participants may rate it higher than it is)</b>	<b>Poor:</b> 4%	<b>Average:</b> 15%	<b>Good:</b> 56%	<b>Excellent:</b> 22%	
	No comparable U.S. Census data; see the National Center for Health Statistics for more information.				



## KEY FINDINGS

### Definition of Health

- Health (helth) *n.*
  - *“Personal balance of body, mind and spirit”*
  - *“Not having an illness”*
  - *“Ability to function in your life”*
  - *“Being able to do the things you want to do”*
  - *“The body works the way it’s supposed to”*

### Key Findings by Categories

Category Explored	Research Objectives Addressed (See page 3 for reference)	Key Findings Summarized
<b>I. Personal Health Management</b>	1a, 3	Employees have the desire and confidence to play an active role in managing their health. However, their motivation to act is hindered by time, money and know-how.
<b>II. Plan Design and Program Administration</b>	1b, 1c, 2	Employees want flexibility to choose from different employer-provided programs to help them manage their health and the cost of health care...but they are skeptical of employer efforts to steer them either toward or away from a particular program. Employees want to be in the driver’s seat along with their doctor.
<b>III. Incentives</b>	1a, 1b, 1c, 3	Monetary incentives alone won’t get employees to participate in VBBD program features...however; monetary incentives combined with other motivating factors (notably, peer persuasion, management endorsement) can encourage both initial and ongoing participation.
<b>IV. Health Care Purchasing Decisions</b>	1a, 1b, 1c, 2, 3	The premise of VBBD programs (higher or equivalent quality = lower cost) is counterintuitive to employees’ perceptions of the consumer marketplace (higher quality = higher cost)...as a result, employees don’t trust the validity of the programs or their employer’s motivations for offering them.
<b>V. Communication</b>	2	Employee awareness and understanding of existing benefit programs, including those with VBBD features, is generally low...and misinformation from the “grapevine” adds to this confusion.



## Personal Health Management

**KEY FINDINGS:** Employees have the desire and confidence to play an active role in managing their health. However, their motivation to *act* is hindered by *time, money* and — while they may not acknowledge it — *know-how*.

Across the board, 99.9% of participants say they want to play an active role in managing their health...and most participants are confident they can effectively manage their health status.

### High Confidence

Focus group participants rated their confidence level based on a scale from 1 – 10, with 10 being the most confident. Average rating: 7.75

Participants say they are most confident in their ability to choose their own doctor (#1); however they usually rely on word-of-mouth and rarely look at NCQA-recommended factors:

- *“I trust my friends and family.”*
- *“I don’t know where to go for that quality stuff [provider ratings].”*

### MBGH Employer Survey

Employers want to motivate employees to select quality providers, but they don’t believe there is sufficient information on doctors and hospitals to enable people to make informed decisions.

When asked “what are you least confident about when it comes to managing your and your family’s health status?” participants indicated they are least confident about their ability to anticipate and handle the cost of health care (premiums, co-pays, deductibles):

- *“Costs are going up every year: co-pays are now \$30; used to be \$10 six years ago.”*
- *“I wish I knew how to keep track of my out-of-pocket maximums.”*
- *“I’m pretty confident we will continue to have the same plans, but I don’t know about costs.”*
- *“I’m not confident the care will be covered by my plan. I find out when I get billed.”*

Participants also lack confidence about the accuracy of the charges they receive for health care:

- *“Waiting for the final bill feels like a crapshoot...I’m least confident I’m being charged correctly.”*

### MBGH Employer Survey

Employers believe employees need to know their out-of-pocket costs if they are to make good health care decisions and manage their health effectively.



Parents are a little less confident in making health care decisions for their children than for themselves – especially when faced with an immediate health concern:

- *“I never feel supremely confident as the parent of young kids. I have to rely on my pediatrician to tell me, for example, if the rash is something I can treat at the pharmacy or not.”*
- *“If your kid is sick, you have to take them in, but I’ll take the pill [pay the price] to be certain they’re okay.”*

Participants are “turned off” by health management programs that they perceive as requiring too much effort in relation to the results (e.g., complicated, time-consuming, costly):

- *“I stopped when the phone calls from [disease management vendor] took a long time and I kept getting the same information.”*
- *“If they [health coach] call you, it’s before dinner or at work when I don’t have all that time to talk with them.”*
- *“I stopped Weight Watchers due to cost and wondered why the company didn’t help with the cost and bring it to my location. I would participate.”*

## **Plan Design and Program Administration**

***KEY FINDINGS:*** Employees want flexibility to *choose* from different employer-provided programs to help them manage their health and the cost of health care...but they are skeptical of employer efforts to *steer* them either toward or away from a particular program.

Employees want to be in the driver’s seat along with trusting their doctor to help them make decisions:

- *“I’m very proactive. I start with preventive care to cover all the bases.”*
- *“My rapport with my doctor is important. I want to feel he cares about me and wants to resolve the issue from beginning to end.”*

Confidentiality concerns came up often, especially when employers begin to get “too involved.” Employees wonder how information will be used against them or worry that they and their situation won’t be respected:

- *“I didn’t take it because I don’t like someone prying into me.”*



### Participant Survey Says

- **Managers** who *don't* participate in the company-provided online health assessment (21%); health coach\* (16%); Health Savings Account (16%)
- **Non-managers** who *don't* participate in the company-provided online health assessment (34%); health coach\* (28%); Health Savings Account (31%)

*\*Throughout this report, “coach” refers to a health coach/health advocate. Usually, the coach is a registered nurse who provides confidential counseling to individuals with health or lifestyle risks to help them develop a personal health improvement plan.*

*See Appendix for more survey results.*

Management employees are more accepting of employers' involvement in their employees' health:

- *“Whatever the company can do to make people more productive and increase the bottom line is appropriate. You win/they win.”*

Non-management employees are more skeptical/more protective of their personal health situation:

- *“Employers are motivated to save costs – not to promote employees' well-being.”*
- *“I don't want to use the doctors the company tells me to use.”*
- *“I don't think my health is my company's business.”*

### MBGH Employer Survey

Employers view the ability to get employees back to work as a key factor in identifying quality providers.

Non-management employees don't want to be told what to do by “corporate”; grass roots efforts – especially ones involving a team challenge – are best:

- *“The weight loss challenge didn't come from corporate. It started here with this guy collecting the money.”*



Employees say they are interested in wellness programs that are interactive (as opposed to static reading materials).

#### Participant Survey Says (in rank order)

- Classes covering various health topics: 44.4%
- Access to a physician or a nurse to ask private questions by phone or by email: 40.7%
- Online self-training tools: 38.9%
- Onsite weight management programs such as Weight Watchers, Jenny Craig, etc.: 31.5%
- Hands-on classes such as healthy cooking: 31.5%
- Onsite personal trainer/health coach: 27.8%
- Onsite group exercise classes: 16.7%
- Tobacco cessation support: 13%\*

*\*MBGH Employer Survey reports 2/3 of employers have not considered or are unwilling to use incentives tied to premiums to reduce smoking.*

#### Incentives

**KEY FINDINGS:** Monetary incentives alone won't get employees to participate in VBBD program features . . . however, monetary incentives combined with other motivating factors can encourage both initial and ongoing participation.

Monetary incentives can encourage employees to get started/take the first step toward managing their health:

- “\$200 off your premium for Health Risk Assessment; it was the reason that got me to do it.”
- “Ten minutes on the computer is worth \$200 [taking the Health Assessment].”
- “Flu shots – I do those every year. The fact that it's free is the incentive.”

#### Participant Survey Says

Money talks when it comes to generic drugs and mail-order service for maintenance prescriptions: 39% of respondents use generics and 26% participate in a mail-order service because of the monetary incentive.



While a monetary incentive may encourage initial participation, it is not essential for *ongoing* participation in health management programs:

- *“I took the Health Risk Assessment because of the incentive and I also wanted to see what they provided, but once I got into it, my health became the incentive.”*
- *“The Health Assessment brings things to light, but after the initial coach’s call, it’s no longer about the incentive; it’s about what you want to get out of it – I want to stay healthy for my kids.”*
- *“If it’s a serious thing, an incentive is not going to make a difference. If it’s something more minor, then I would probably do it for the incentive.”*
- *“I would not need an incentive to use the disease management program.”*
- *“You should offer incentives for things we can control. There are some things you can’t help like genetic predispositions.”*

#### **Participant Survey Says**

Only 6% of respondents participate in a disease management program because of the monetary incentive.

Monetary incentives don’t always illicit the right attitude:

- *“You could BS your way through it and still get the \$200. I would have taken it for \$100.”*
- *“I would do the Health Assessment for a reduction in premium, not because of the benefit I would get out of it.”*

Some employees questioned the effectiveness of the online Health Assessment:

- *“Why not just offer [the incentive] if I go to the doctor once a year? Why do I have to fill something out online?”*
- *“I don’t think I would get very much from an online survey. I would rather sit down with my doctor and go over my health. I think incentives along those lines would be much more useful.”*

#### **MBGH Employer Survey**

Increasing number of employers will provide strong incentives for completing Health Assessments.

Employees need to see that incentives are in place because employers really do care about their health. They also want to see that the incentives make sense:

- *“As long as the incentives are aligned properly, I think it’s fine. If they are doing it based on quality, then okay. If it’s based on the employer cutting costs alone, then it’s not okay.”*



The most powerful motivator can be a new diagnosis or the death of a friend or relative:

- *“I lost a dad who was an alcoholic, so that affected me. You take time to assess yourself when something happens to someone else in your life. I have kids to take care of.”*
- *“I think people need something in their life to affect them in order to want to make this change. I don’t think anything from corporate would do this for me.”*
- *“Both of my parents died from cancer before age 70 due to unhealthy lifestyles. My goal is to be a 92-year-old great-grandmother!”*

Incentives tied to team challenges can encourage employees to participate with added effort (element of competition):

- *“The Biggest Loser works: It’s not handed down by Corporate. We’re all putting money into it [\$25] and have skin in the game. We’re a very competitive bunch. It’s good for team building.”*
- *“Having money to win keeps me going harder at it.”*

Employees are not as comfortable with employers’ efforts to penalize them for non-compliance. Rather, peer pressure has worked to get coworkers to stop smoking/lose weight:

- *“I have a big problem with making it mandatory...I could smoke for 30 years but you could get cancer before I do!”*
- *“You can’t force...voluntary is okay.”*
- *“Get one guy to quit, then I will.”*
- *“Team competition gets us motivated...and it’s fun.”*

Having the support of a health coach can be key to motivating employees and engaging them in desired behaviors...if process is not complicated:

- *“I’m in a program where a health coach calls me once a month to see if I’m losing weight, how I’m feeling... they helped me to stop smoking.”*
- *“Someone calls you to keep you honest...And that’s good. But it comes down to you to take the lead.”*
- *“Health Coach was helpful. They made themselves available for questions.”*



Most employees are okay if their colleagues receive an incentive for a behavior change (e.g., quitting smoking) but also want the opportunity to receive an incentive for consistent healthy behavior:

- *“I maintain my health and I think I should be rewarded for that. Don’t just reward people who already have negative health.”*

#### **Participant Survey Says**

Here’s how respondents feel if their colleagues receive an incentive for behavior change:

**48%:** *It’s okay, but I hope I also get the chance to earn some extra money or reduce my health costs.*

**24%:** *It’s okay. Some folks need more motivation to get healthy.*

**13%:** *It’s okay. I don’t need the incentive. Personal motivation works for me.*

**13%:** *It’s not fair that they get a bonus for lifestyle behaviors that I already practice.*

#### **Health Care Purchasing Decisions**

**KEY FINDINGS:** The premise of VBBD programs (higher quality = lower cost) is counterintuitive to employees’ perceptions of the consumer marketplace (higher quality = higher cost)...as a result, many employees don’t trust the validity of the programs or their employer’s motivations for offering them.

VBBD programs seem to go against the paradigm that higher quality equals higher cost:

- *“It sounds like an inverse relationship because how can you pay less with a better physician/ service? The term ‘better’ implies higher cost.”*
- *“I would be skeptical because how can lower cost equal better care?”*
- *“Why is the better doctor cheaper?”*

Factors employees consider in choosing a benefits program: cost, coverage, flexibility and accessibility:

- *“I would never be in a plan where I don’t have full control of what doctor I go to or hospital.”*
- *“I look at coverage and flexibility.”*



Factors employees consider in choosing a doctor: Word of mouth, recommendation from colleagues, family or friends, location, hours of operation, doctor's bedside manner (note these factors are consistent with the MBGH Finding Doctors Project):

- *"Location is always a big issue."*
- *"Doctor brushed me off. Gave me the diagnosis and that was that."*

#### Participant Survey Says

- **Doctor's recommendation** is the most important factor for **57%** of respondents in making a decision on a health care service.
- **Cost** is the most important factor for **32%** of respondents in making a decision on a health care service.

In small towns, "word of mouth" from friends and family will always be #1. It's like the doctor's/hospital's brand:

- *"It's a small community; everyone knows who the best doctors are."*
- *"It takes time to get used to a doctor. I want the doctor I grew up with."*

Employees have strong concerns on reliability of the information around costs and quality:

- *"Who decides?!"*
- *"I think I would do a better job of research than my employer."*

Males often turn to their female spouses for help in making health care-related decisions:

- *"If our wives were in this room, you would have a different conversation."*

#### MBGH Finding Doctors Project

*"I prefer referrals, but when I have to go online, I want a way to know that the information is credible." – Consumer Focus Group Participants*

According to consumers, the most credible sites (in rank order) for physician information are: medical society, hospital/health system, not-for-profit organization, health care plans (HMO, PPO), government, physician's own site.

And consumers prefer to use these sites to *validate* information they have received through referrals – not to *find* a doctor.



## Communication

**KEY FINDINGS:** Employee awareness and understanding of existing benefits programs, including those with VBBD features, is generally low...and misinformation from the “grapevine” can add to this confusion

Word about one employee’s “bad” experience with a benefits program (e.g., using up a Health Savings Account (HSA) sooner than expected) can spread and influence many other employees’ decisions on whether or not to participate:

- *“The HSA Plan is only good if you are healthy.”*
- *“The HSA Plan is a gamble, especially if you have kids...you don’t get as good doctors as with the PPO.”*  
[Author’s Note: While both plans have the same network, employees’ perceptions of the plans differ.]

### Participant Survey Says

- **30%** of respondents don’t know about preventive care services or online health assessments.
- **33%** of respondents don’t know about disease management programs or medical plans with a Health Reimbursement Account (HRA).

If something is important, employees want the level of communication to reflect that:

- *“If saving costs is so critical to the company, then invest in having a person to answer our questions face-to-face.”*

With ready online access, information accessibility is not really a stumbling block these days:

- *“I can always find information on the Internet.”*
- *“I think the best way to communicate with us is by email.”*

Employees are very interested in using good sources that measure provider quality:

- *“I’m extremely interested in better ratings for doctors, but I don’t feel like most of the sites provide useful information.”*
- *“[Online doctor rating service] is not useful.”*

### MBGH Employer Survey

Major employer concern: Lack of quality and cost data on providers.



Employees want information pertinent to their life stage (e.g., preventive care communications targeted by age and gender):

- *“Show me different options at different stages of life.”*
- *“Turning 40 changed my behavior significantly. I got a high cholesterol test...I changed my diet and exercise significantly.”*

Third parties are most credible for value-based benefits information:

- *“I trust my doctor most. I would use Mayo, WebMD and AMA sites after first talking with my doctor.”*
- *“I like talking with my pharmacist, who has the latest information.”*
- *“I want multiple resources.”*

Employees want their employer to provide more “traditional” communications to support the push to online information in recent years. The most effective “traditional” mediums are face-to-face meetings, with print pieces playing a secondary support role:

- *“Company used to have a meeting and explain everything. That was great.”*

Employees believe the *types of benefit programs* a company offers can affect employee morale. Discounts on gym memberships, for example, would be seen as going above and beyond the norm:

- *“These programs show the company is concerned about my well-being.”*

The camaraderie associated with team competitions can positively impact both employee motivation and morale:

- *“I did the Biggest Loser competition for the health aspect and teambuilding.”*

However, employees expect a certain level of benefits coverage as a condition of employment, so employers should avoid “overselling” the impact on employee morale:

- *“People would not come/would leave if a medical plan was not available.”*

Employees see a conflict between poor work/life balance and employer messages regarding wellness:

- *“My life is too hectic to participate. Most of us work 75+ hours during the summer.”*
- *“Your employer should help you manage your health status by helping you find work/life balance, defining good boundaries.”*



## MBGH Diabetes Challenge Participants

### ***KEY FINDINGS:***

- Feel most confident in understanding the disease.
- Do *not* feel confident in knowing where to go to get help (e.g., which specialist to see) and relying on primary doctor for information.
- Difference in reasons for joining the program:
  - **Newly diagnosed:** For the information and resources; access to the pharmacist; to learn how to manage the condition.
  - **Long-term chronic condition:** Monetary incentives (free insulin and supplies).
- Newly diagnosed participants are very engaged with the program (and very appreciative of their employer for providing it):
  - *“You need to publicize this program better!”*
  - *“I’ve been with the company 30 years. This is one of the best things they’ve offered!”*
  - *“I look forward to meetings with the pharmacist; my blood numbers are showing it’s doing the right thing.”*

### **Participant Survey Says**

80% of the MBGH Diabetes Challenge Participants are willing to use Centers of Excellence (special hospitals for treatment of certain health conditions), even though this feature is not offered by their employer. This compares to approximately 19% of all other focus group participants.

The MBGH Diabetes Challenge Participants believe the following resources are equally effective in helping them to manage their and their family’s health. Each resource was listed by 60% of the participants:

- Online self-training tools.
- Onsite weight management programs.
- Educational materials sent via email. (Notably, only 24% of all other focus group participants indicated this resource would be helpful to them.)
- Access to a physician or nurse to ask private questions by phone or email.

The Diabetes Challenge Participants consider onsite classes (e.g., exercise and cooking) to be *least* effective in helping them manage their health.



## RECOMMENDATIONS

### General Recommendations

- **Design and administer health management programs with the *real lives* of your employees in mind:**
  - **Understand the pressures and limitations your employees face** by spending time out in the field with them. Know what keeps them up at night.
  - **Keep things simple.** Make it easy, yet worthwhile, for them to participate (i.e., the effort and required resources are in line with the perceived payoff).
  - **Know how your employees want to receive information** about programs.
  - **Give employees a sense of control** by helping them understand “where to go for what.”
  - **Consider what your employees will or won’t “give up”** (e.g., if you’re introducing a tiered physician program, how willing will they be to change doctors, especially if most already have a primary care physician?).
- **Once you understand what your employees need *and* value, partner with vendors who will tailor their programs accordingly.**
- **Offer “choice” in benefit program design** to increase acceptance of VBBD programs and features.
- **Raise awareness** of VBBD design features and the rationale behind them.
- **Reframe employees’ perceptions of the health care marketplace** (higher quality can equal lower cost).
- **Use the power of persuasion:**
  - Provide tools and resources so plants/branches can organize local team challenges (e.g., weight loss, exercising).
  - Appeal to employees’ desire “to belong.” Incorporate peer pressure into programs (e.g., local competitions, group walks at lunch).
  - “Walk the talk” with management participation in programs designed to help employees manage their health and costs. Recognize that line managers, in particular, are influential in promoting such programs and tie their involvement to their job evaluation.



### **Example: Promoting Local Fitness at Navistar**

Navistar's Vital Lives wellness programs are *tailored to local needs by volunteer teams* at 26 facilities. Incentive-based programs include Spring Tune-Up, a six-week nutrition program in which participants earn prizes...and Trucking Across North America, a 13-week competition that encourages employees to log their weekly exercise miles via pedometer.

Demonstrating these programs' impact, 291 employees at [the] Springfield, Ohio, truck assembly plant collectively lost 2,417 pounds while reducing their risk of diabetes by 41 percent, heart disease by 22 percent, and stroke by 29 percent. This translates to a projected five-year cost avoidance of \$170,000 for just this group for just these conditions.

[Source: [navistar.com](http://navistar.com)]

### **Incentive Recommendations**

- **Consider monetary incentives to get employees “in the store”** (e.g., take online health assessment, get preventive care), but consider the human side of motivation for ongoing participation:
  - Team challenges at local level (need local management to promote competition).
  - The power of peer persuasion.
  - Social networks of support (e.g., for smoking cessation, weight loss, fitness).
- **Consider factors other than incentives** (e.g., quality of the Health Risk Assessment and how well it's communicated) that may be impacting program participation.
- **Use testimonials** from colleagues to resonate with and motivate employees.
- **Align the right incentive with the right message at the right time** (e.g., target the newly diagnosed as soon as possible when they are eager for information and support).



## Communication Recommendations

- **Provide real-life examples** of “cost” and “quality” in health care settings, with an emphasis on the reliability of information. This will help to counter the myths about benefit programs, including those with VBBD features.
  - Conduct classes and use posters and other educational materials to increase understanding of health care quality.
- **Stress cost, coverage, flexibility and accessibility** when promoting VBBD programs and features.
- **Reach the audience at various life stages** with benefit features that may be pertinent to them (e.g., age/gender based screenings, mail-order prescription service).
- **Reach the audience based upon current health status** (e.g., when you’re healthy and in “consumer mode” you can more effectively look for a doctor versus when you’re sick and in a more urgent, reactive “patient mode”).
- **Make sure spouses are targeted**, especially when the majority of the workforce is male.
- **Adopt terminology** that encourages employees to be active participants in their health care (e.g., *coach* rather than *counselor*; *value* rather than *cost*; *health* as a way of being not just the absence of disease).
  - Publish comprehensive glossaries with these terms. Note this is also a recommendation of the MBGH Finding Doctors Project.
- **Use a broad array of media and tactics** (e.g., user-friendly website, face-to-face meetings, guest speakers, materials mailed to the home) to raise awareness, understanding and appreciation of existing programs.
- **Stress confidentiality of programs** and that Personal Health Information is protected by [HIPAA] law (e.g., use a recognizable icon, such as the one at right, to convey this message).
- **Use “word of mouth” marketing to reframe the conversation** about how to choose health care providers and services (e.g., leverage Yelp and other websites that post reviews/recommendations).

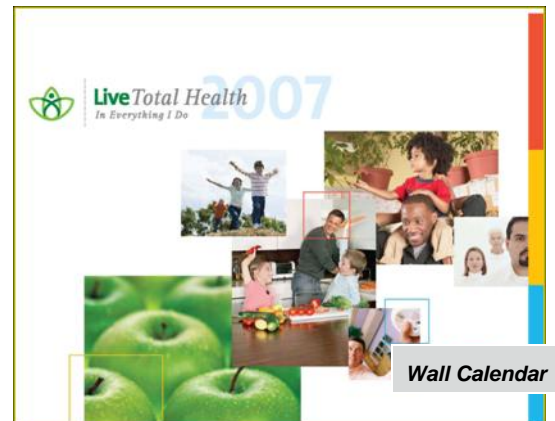


**Example: Branding Total Health**

An industry-leading provider of outdoor living products and services used a **multi-media branding campaign – coupled with incentives and disincentives** – to change employee behavior.

The comprehensive campaign encouraged employees to adopt *LiveTotal Health* as a way of life and take responsibility for their physical, financial and personal health.

To avoid a surcharge on their medical premiums, for example, 92% of employees took a health risk appraisal as a first step to committing to living a healthier life.



**Example: Creating a Culture of Wellness**

A global health care/medical research company developed a marketing campaign to introduce its new wellness brand (*LiveLifeWell*) and to position the new **health assessment as a vital part of the corporate culture.**

As a result of the campaign, 60% of the U.S. workforce participated in the initial health risk assessment, well above the ROI target of 50%. Enrollment in the follow-up health coaching program was 41%, well above the ROI target of 30%.



**Examples provided by The ROC Group**



*“My incentive is to stay healthy and live as long as possible.”*



## **APPENDIX**

### **Focus Group Questions Participant Survey**



## Focus Group Questions

### ***Personal Health Management***

- How do you define “health”?
- Who plays a role in helping you manage your health?
- What should be the role of your employer in helping you to manage your health status?
- Who makes the health care decisions in your household (e.g., which plans to participate in, which doctors to see)?
- To what extent do you **want** to play an active role in managing your health status (even if you’re not sure how)?
- How confident are you that you can effectively manage your and your family’s health status?  
*[Facilitator: Ask each participant to reply based on a scale of 1 to 10, with 10 being most confident.]*
  - What are you **most** confident about when it comes to managing your and your family’s health status?
  - What are you **least** confident about when it comes to managing your and your family’s health status?
- What has triggered you in the past to make a decision to change your behavior or lifestyle in order to improve your health (start or stop)?
  - Have you been motivated by an incentive to make a change? If so, what sort of incentive was it?
- What if you or your family member were diagnosed with a condition (e.g., diabetes), would you know what to do? Would you know where to go for information?
- If your company provided resources to help you manage your condition, would you use them?  
*[Facilitator: Probe for resources.]*
  - Would you need an incentive to use these resources? If so, what kind of incentive would get you to participate?
  - What would “turn you off” or keep you from participating?

### ***Plan Design & Program Administration***

- What company programs have you participated in to manage ***your health and the health of your family?***
  - *[Facilitator: If needed, provide examples such as health risk assessments, health coaches, tiered prescription drugs, tiered provider structure, preventive services, Centers of Excellence, disease management programs.]*
- What company programs have you participated in to manage ***the cost of health care?***



### ***Incentives***

- What motivates you to continue to participate in these programs (i.e., wellness programs and other programs to manage your health and the cost of care)?
  - Do you need an incentive to continue to participate? If so, what kind of incentive?
- Have you ever stopped following a health regimen or program? If so, why?
  - If you've stopped a health program, what would have restarted you or supported your continuation in the program? Would an incentive help? If so, what kind of incentive?

### ***Health Care Purchasing Decisions***

- What factors do you consider when purchasing health care – be it a health insurance plan, a doctor's visit, or a drug or medical procedure?
- Do you think all doctors and hospitals are of the same quality?
- How do you define “quality” care?
- Where do you find information on quality?
  - What if your employer provided resources for you to find information on quality providers and treatments? How would you feel about that? Would you use the resources?
  - Is it appropriate for employers to use incentives to motivate employees to choose specific drugs, procedures, doctors and hospitals that are shown to be more effective (i.e., of a higher quality) than other options? Why or why not?
- What about the role of your employer in encouraging [X]? *[Facilitator: Take each topic one by one: preventive care, health risk assessment, health coach, disease management program.]*
  - Should your employer provide an incentive for you to participate in [X]? If so, what kind of incentive?
  - What if you don't participate in [X], is it appropriate for your employer to take away an incentive? *[Facilitator: Provide an example, if needed, such as “remove the discount on your prescription drug co-pays if you don't follow the disease management program.”]*
- Are programs that help you manage your health and costs attractive when you're looking at a company?
  - Do they also help to build employee loyalty? If so, which ones specifically?

### ***Communication***

- What information and tools do you need to help you manage your health and the cost of your health care?
- Who do you trust most to provide you with information and tools to manage your health and the cost of care?
- What's the best way for you to receive this information?



***Wrap-up***

- Based on everything we have discussed, what is the one thing your company can do that will help you the most when it comes to managing your health status *and* the cost of your health care?



## Participant Survey – Overall Results

### Your Views on Health Care Focus Group Participant Survey

The following survey is designed to jumpstart your thinking for our discussion on health and wellness benefits. *Your responses will be completely confidential.*

- Location 1 = Managers (8 participants)
- Location 2 = Union (9 participants)
- Location 3 = Non-Union (7 participants)
- Location 4 = Management (3 participants)
- Location 5 = Management (3 participants)
- Location 6 = Non-Management (6 participants)
- Location 7 = Field Sales and Management (5 participants)
- Location 8 = Non-Management (8 participants)
- Location 9 = Diabetes Management Participants (5 participants)
- Total participants: 54

#### 1. Demographic Information

- Gender:  Male 61.1%  Female 37%
- Age:  Under 25 7.4%  25 – 50 72.2%  51 – 65 18.5%  
 Over 65 0%
- Marital Status:  Single 44.4%  Married 53.7%
- Dependent Children:  Yes 51.9%  No 42.6%
- Education Completed:  Grade School 1.9%  High School 61.1%  
 Undergraduate 7.4%  Graduate/Post Graduate 27.8%
- Total Household Income (Before Taxes):  Less than \$25,000 1.9%  \$25,000 - \$49,999 29.6%  
 \$50,000 - \$74,999 20.4%  \$75,000 - \$99,999 11.1%  \$100,000+ 29.6%
- General Health Status:  Poor 3.7%  Average 14.8%  Good 55.6%  Excellent 22.2%

#### 2. Health Care Plan Features (check one box for each row)

Plan Feature	I don't know what this is.	We have this feature at our company, but I don't participate.	We don't have this feature at our company, but I would participate if we did.	We have this feature, and I participate mostly because of...	
				Monetary incentive	Personal motivation
Free preventive care services (such as an annual physical, blood tests and screenings for diseases)	<input type="checkbox"/> 29.6%	<input type="checkbox"/> 9.3%	<input type="checkbox"/> 24.1%	<input type="checkbox"/> 0%	<input type="checkbox"/> 37%
Onsite health screenings	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 25.9%	<input type="checkbox"/> 27.8%	<input type="checkbox"/> 1.9%	<input type="checkbox"/> 22.2%
Print health assessment survey	<input type="checkbox"/> 51.9%	<input type="checkbox"/> 9.3%	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 3.7%	<input type="checkbox"/> 13%
Online health assessment survey	<input type="checkbox"/> 29.6%	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 5.6%	<input type="checkbox"/> 22.2%
Coaching to answer my questions about how to manage a health condition (telephone or online)	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 38.9%	<input type="checkbox"/> 18.5%	<input type="checkbox"/> 7.4%	<input type="checkbox"/> 13%
Access to a nurse over the phone to help me handle an immediate health problem or question	<input type="checkbox"/> 16.7%	<input type="checkbox"/> 33.3%	<input type="checkbox"/> 29.6%	<input type="checkbox"/> 1.9%	<input type="checkbox"/> 18.5%
"Centers of Excellence" or special hospitals for the	<input type="checkbox"/> 50%	<input type="checkbox"/> 9.3%	<input type="checkbox"/> 27.8%	<input type="checkbox"/> 1.9%	<input type="checkbox"/> 9.3%



**Midwest Business Group on Health**  
Powerful Connections, Vital Solutions

**Participant Survey – Overall Results (cont.)**

Plan Feature	I don't know what this is.	We have this feature at our company, but I don't participate.	We don't have this feature at our company, but I would participate if we did.	We have this feature, and I participate mostly because of...	
				Monetary incentive	Personal motivation
treatment of certain health conditions					
Disease Management/ Condition Management programs to help me understand and manage a disease	<input type="checkbox"/> 33.3%	<input type="checkbox"/> 27.8%	<input type="checkbox"/> 18.5%	<input type="checkbox"/> 5.6%	<input type="checkbox"/> 13%
Medical Plan with a Health Savings Account (HSA)	<input type="checkbox"/> 22.2%	<input type="checkbox"/> 48.1%	<input type="checkbox"/> 9.3%	<input type="checkbox"/> 14.8%	<input type="checkbox"/> 3.7%
Medical Plan with a Health Reimbursement Account (HRA)	<input type="checkbox"/> 33.3%	<input type="checkbox"/> 31.5%	<input type="checkbox"/> 18.5%	<input type="checkbox"/> 9.3%	<input type="checkbox"/> 7.4%
Premiums ("contributions") for medical coverage based on your pay level	<input type="checkbox"/> 38.9%	<input type="checkbox"/> 7.4%	<input type="checkbox"/> 27.8%	<input type="checkbox"/> 9.3%	<input type="checkbox"/> 13%
Lower premiums ("contributions") for medical coverage because you don't use tobacco	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 5.6%	<input type="checkbox"/> 55.6%	<input type="checkbox"/> 1.9%	<input type="checkbox"/> 13%
Lower costs (e.g., premiums, copays) for medical coverage because of actions you take to improve your health	<input type="checkbox"/> 20.4%	<input type="checkbox"/> 0%	<input type="checkbox"/> 53.7%	<input type="checkbox"/> 7.4%	<input type="checkbox"/> 14.8%
Lower medical costs if you choose a provider in a high-performance network	<input type="checkbox"/> 25.9%	<input type="checkbox"/> 11.1%	<input type="checkbox"/> 33.3%	<input type="checkbox"/> 13%	<input type="checkbox"/> 13%
Lower copay on generic drugs	<input type="checkbox"/> 5.6%	<input type="checkbox"/> 11.1%	<input type="checkbox"/> 14.8%	<input type="checkbox"/> 38.9%	<input type="checkbox"/> 25.9%
Mail-order service for maintenance prescriptions	<input type="checkbox"/> 14.8%	<input type="checkbox"/> 37%	<input type="checkbox"/> 7.4%	<input type="checkbox"/> 25.9%	<input type="checkbox"/> 9.3%

**3. Have you been offered cash, reduced co-pays, products, gift cards or other incentives to complete a health assessment survey or participate in a wellness program?**

- No 59.3%     Yes 35.2%    If yes, what was the incentive?  
 [Location 1: 200; reduced copays; 200 off premium; money off monthly cost]  
 [Location 2: reduced copays]  
 [Location 3: 200 off premium; gym membership; 200 off a year]  
 [Location 7: owner's manual book; health and wellness book]  
 [Location 8: a book; book; wellness book]  
 [Location 9: reduced copays]

**4. What do you believe would help you manage your and your family's health? (Check all that apply.)**

- Classes covering various health topics 44.4%
- Online self-training tools 38.9%
- Onsite medical clinic 25.9%
- Onsite personal trainer / health coach 27.8%
- Onsite weight management programs, such as Weight Watchers, Jenny Craig, etc. 31.5%
- Onsite group exercise classes 16.7%
- Hands-on classes such as healthy cooking 31.5%
- Educational materials mailed to the home 31.5%
- Educational materials e-mailed to me 27.8%



**Participant Survey – Overall Results (cont.)**

- Tobacco cessation support 13%
  - Access to a physician or a nurse to ask private questions by phone or by e-mail 40.7%
  - Other? \_\_\_\_\_ 1.9%
- [Location 3: dental program]

**5. How do you make decisions on health care purchases? (Rank the following, with 1 being the most important factor.)**

- By cost
  - 1 = 31.5%
  - 2 = 24.1%
  - 3 = 11.1%
  - 4 = 7.4%
- By what my doctor recommends
  - 1 = 57.4%
  - 2 = 9.3%
  - 3 = 14.8%
  - 4 = 3.7%
- By what my friends, family, colleagues recommend
  - 1 = 13%
  - 2 = 18.5%
  - 3 = 25.9%
  - 4 = 11.1%
  - 5 = 1.9%
- By what the news/research says
  - 1 = 3.7%
  - 2 = 14.8%
  - 3 = 13%
  - 4 = 35.2%
- Other decision factor: \_\_\_\_\_
  - 1 = 3.7%
  - 4 = 1.9%
  - 5 = 50%

[Location 8: how easy it is to go to the doctor. I hate referrals.]  
 [Location 9: experts Bessie Berdusis clinical pharmacist specializing in diabetes]

**6. If some of your colleagues receive an incentive for behavior change (such as quitting smoking) or managing their health (such as being consistent in taking their asthma medication), how do you feel about this? (Check one.)**

- It's okay. I don't need the incentive. Personal motivation works for me. 13%
- It's okay. Some folks need more motivation to get healthy. 24.1%
- It's okay but I hope I also get the chance to earn some extra money or reduce my health costs. 48.1%
- It's not fair that they get a bonus for lifestyle behaviors that I already practice. 13%



## Participant Survey — Management vs. Non-Management

- **Survey responses suggest key differences between managers and non-managers.**
  - Managers report better health status and greater participation in benefit programs (including those with VBBD features) based on personal, rather than monetary, motivation.
- **Hypothesis:** With their higher incomes, education levels and positions of authority, managers may feel more in control of their work and personal situation. Does this feeling of control affect their level of trust in the “system” and their confidence in taking an active role in it (e.g., proactively seeking information; following doctor’s orders, etc.)? Access to care and ability to pay (i.e., more disposable income) are contributing factors that would need to be explored as well.
- **Recommendation:** Consider managers as a key target audience for benefit programs, including those with VBBD features. Also work with managers to promote such programs to their employees.



**Midwest Business Group on Health**  
Powerful Connections, Vital Solutions

**Participant Survey — Management vs. Non-Management (cont.)**

**Your Views on Health Care – Managers and Non-Managers**  
**Focus Group Participant Survey**

The following survey is designed to jumpstart your thinking for our discussion on health and wellness benefits.  
*Your responses will be completely confidential.*

Location 1 = Managers (8 participants)  
Location 2 = Union (9 participants)  
Location 3 = Non-Union (7 participants)  
Location 4 = Management (3 participants)  
Location 5 = Management (3 participants)  
Location 6 = Non-Management (6 participants)  
Location 7 = Field Sales and Management (5 participants)  
Location 8 = Non-Management (8 participants)  
Location 9 = Diabetes Management Participants (5 participants)  
Total participants: 54

**1. Demographic Information**

- Gender:  Male Managers 67%; Non-Managers 60%  
 Female Managers 33%; Non-Managers 40%
- Age:  Under 25 Managers 0%; Non-Managers 13%  
 25 – 50 Managers 83%; Non-Managers 70%  
 51 – 65 Managers 17%; Non-Managers 17%  
 Over 65 Managers 0%
- Marital Status:  Single Managers 28%; Non-Managers 57%  
 Married Managers 72%; Non-Managers 43%
- Dependent Children:  Yes Managers 56%; Non-Managers 54%  
 No Managers 44%; Non-Managers 46%
- Education Completed:  Grade School Managers 0%; Non-Managers 3%  
 High School Managers 33%; Non-Managers 77%  
 Undergraduate Managers 17%; Non-Managers 3%  
 Graduate/Post Graduate Managers 50%; Non-Managers 17%
- Total Household Income (Before Taxes):  
 Less than \$25,000 Managers 0%; Non-Managers 3%  
 \$25,000 - \$49,999 Managers 6%; Non-Managers 45%  
 \$50,000 - \$74,999 Managers 19%; Non-Managers 24%  
 \$75,000 - \$99,999 Managers 6%; Non-Managers 14%  
 \$100,000+ Managers 69%; Non-Managers 14%
- General Health Status:  Poor Managers 6%; Non-Managers 0%  
 Average Managers 0%; Non-Managers 24%  
 Good Managers 50%; Non-Managers 62%  
 Excellent Managers 44%; Non-Managers 14%



**Midwest Business Group on Health**  
Powerful Connections, Vital Solutions

**Participant Survey — Management vs. Non-Management (cont.)**

**2. Health Care Plan Features (check one box for each row)**

Plan Feature	I don't know what this is.	We have this feature at our company, but I don't participate.	We don't have this feature at our company, but I would participate if we did.	We have this feature, and I participate mostly because of...	
				Monetary incentive	Personal motivation
Free preventive care services (such as an annual physical, blood tests and screenings for diseases)	<input type="checkbox"/> Managers 21% Non-Managers 37%	<input type="checkbox"/> Managers 11% Non-Managers 9%	<input type="checkbox"/> Managers 26% Non-Managers 17%	<input type="checkbox"/> Managers 0% Non-Managers 0%	<input type="checkbox"/> Managers 42% Non-Managers 37%
Onsite health screenings	<input type="checkbox"/> 6% 30%	<input type="checkbox"/> 22% 30%	<input type="checkbox"/> 22% 30%	<input type="checkbox"/> 6% 0%	<input type="checkbox"/> 44% 10%
Print health assessment survey	<input type="checkbox"/> 47% 55%	<input type="checkbox"/> 6% 14%	<input type="checkbox"/> 21% 17%	<input type="checkbox"/> 0% 2%	<input type="checkbox"/> 26% 7%
Online health assessment survey	<input type="checkbox"/> 21% 34%	<input type="checkbox"/> 11% 31%	<input type="checkbox"/> 16% 17%	<input type="checkbox"/> 5% 8%	<input type="checkbox"/> 47% 10%
Coaching to answer my questions about how to manage a health condition (telephone or online)	<input type="checkbox"/> 16% 28%	<input type="checkbox"/> 37% 41%	<input type="checkbox"/> 5% 21%	<input type="checkbox"/> 5% 10%	<input type="checkbox"/> 37% 0%
Access to a nurse over the phone to help me handle an immediate health problem or question	<input type="checkbox"/> 10% 23%	<input type="checkbox"/> 37% 30%	<input type="checkbox"/> 16% 33%	<input type="checkbox"/> 5% 0%	<input type="checkbox"/> 32% 14%
"Centers of Excellence" or special hospitals for the treatment of certain health conditions	<input type="checkbox"/> 58% 52%	<input type="checkbox"/> 21% 3%	<input type="checkbox"/> 0% 39%	<input type="checkbox"/> 0% 3%	<input type="checkbox"/> 21% 3%
Disease Management/ Condition Management programs to help me understand and manage a disease	<input type="checkbox"/> 28% 43%	<input type="checkbox"/> 39% 27%	<input type="checkbox"/> 11% 20%	<input type="checkbox"/> 0% 3%	<input type="checkbox"/> 22% 7%
Medical Plan with a Health Savings Account (HSA)	<input type="checkbox"/> 16% 31%	<input type="checkbox"/> 37% 55%	<input type="checkbox"/> 16% 3%	<input type="checkbox"/> 26% 8%	<input type="checkbox"/> 5% 3%



**Midwest Business Group on Health**  
Powerful Connections, Vital Solutions

**Participant Survey — Management vs. Non-Management (cont.)**

Plan Feature	I don't know what this is.	We have this feature at our company, but I don't participate.	We don't have this feature at our company, but I would participate if we did.	We have this feature, and I participate mostly because of...	
				Monetary incentive	Personal motivation
Medical Plan with a Health Reimbursement Account (HRA)	<input type="checkbox"/> 32% 40%	<input type="checkbox"/> 21% 30%	<input type="checkbox"/> 21% 17%	<input type="checkbox"/> 21% 3%	<input type="checkbox"/> 5% 10%
Premiums ("contributions") for medical coverage based on your pay level	<input type="checkbox"/> 32% 45%	<input type="checkbox"/> 0% 13%	<input type="checkbox"/> 26% 28%	<input type="checkbox"/> 16% 7%	<input type="checkbox"/> 26% 7%
Lower premiums ("contributions") for medical coverage because you don't use tobacco	<input type="checkbox"/> 21% 25%	<input type="checkbox"/> 0% 11%	<input type="checkbox"/> 53% 54%	<input type="checkbox"/> 5% 0%	<input type="checkbox"/> 21% 10%
Lower costs (e.g., premiums, copays) for medical coverage because of actions you take to improve your health	<input type="checkbox"/> 16% 29%	<input type="checkbox"/> 0% 0%	<input type="checkbox"/> 53% 54%	<input type="checkbox"/> 5% 7%	<input type="checkbox"/> 26% 10%
Lower medical costs if you choose a provider in a high-performance network	<input type="checkbox"/> 21% 36%	<input type="checkbox"/> 5% 14%	<input type="checkbox"/> 32% 36%	<input type="checkbox"/> 16% 7%	<input type="checkbox"/> 26% 7%
Lower copay on generic drugs	<input type="checkbox"/> 0% 11%	<input type="checkbox"/> 16% 11%	<input type="checkbox"/> 10% 18%	<input type="checkbox"/> 37% 36%	<input type="checkbox"/> 37% 24%
Mail-order service for maintenance prescriptions	<input type="checkbox"/> 6% 25%	<input type="checkbox"/> 28% 43%	<input type="checkbox"/> 10% 7%	<input type="checkbox"/> 39% 18%	<input type="checkbox"/> 17% 7%

**3. Have you been offered cash, reduced co-pays, products, gift cards or other incentives to complete a health assessment survey or participate in a wellness program?**

- No **Managers 61%; Non-Managers 62%**
- Yes **Managers 39%; Non-Managers 38%**

If yes, what was the incentive?  
 [Location 1: 200; reduced copays; 200 off premium; money off monthly cost]  
 [Location 2: reduced copays]  
 [Location 3: 200 off premium; gym membership; 200 off a year]  
 [Location 7: owner's manual book; health and wellness book]  
 [Location 8: a book; book; wellness book]  
 [Location 9: reduced copays]



## Participant Survey — Management vs. Non-Management (cont.)

4. What do you believe would help you manage your and your family's health? (Check all that apply.)

- Classes covering various health topics  
Managers 47%  
Non-Managers 45%
- Online self-training tools  
47%  
31%
- Onsite medical clinic  
21%  
28%
- Onsite personal trainer / health coach  
26%  
28%
- Onsite weight management programs, such as Weight Watchers, Jenny Craig, etc.  
37%  
24%
- Onsite group exercise classes  
21%  
18%
- Hands-on classes such as healthy cooking  
37%  
31%
- Educational materials mailed to the home  
37%  
28%
- Educational materials e-mailed to me  
32%  
21%
- Tobacco cessation support  
11%  
10%
- Access to a physician or a nurse to ask private questions by phone or by e-mail  
42%  
38%
- Other? \_\_\_\_\_

5. How do you make decisions on health care purchases? (Rank the following, with 1 being the most important factor.)

- By cost  
1 = Managers 29%; Non-Managers 59%  
2 = 36%; 27%  
3 = 14%; 14%  
4 = 21%; 0%
- By what my doctor recommends  
1 = Managers 67%; Non-Managers 61%  
2 = 11%; 13%  
3 = 17%; 22%  
4 = 5%; 4%
- By what my friends, family, colleagues recommend  
1 = Managers 25%; Non-Managers 16%  
2 = 25%; 32%  
3 = 44%; 32%  
4 = 6%; 16%



**Midwest Business Group on Health**  
Powerful Connections, Vital Solutions

## Participant Survey — Management vs. Non-Management (cont.)

5 = 0%; 4%

— By what the news/research says

1 = Managers 0%; Non-Managers 11%

2 = 27%; 17%

3 = 13%; 17%

4 = 60%; 55%

— Other decision factor: \_\_\_\_\_

1 = Managers 0%; Non-Managers 6%

2 = 0%; 0%

3 = 0%; 0%

4 = 0%; 6%

5 = 100%; 88%

6. If some of your colleagues receive an incentive for behavior change (such as quitting smoking) or managing their health (such as being consistent in taking their asthma medication), how do you feel about this? (Check one.)

It's okay. I don't need the incentive. Personal motivation works for me.

Managers 21%

Non-Managers 10%

It's okay. Some folks need more motivation to get healthy.

26%

24%

It's okay but I hope I also get the chance to earn some extra money or reduce my health costs.

42%

52%

It's not fair that they get a bonus for lifestyle behaviors that I already practice.

11%

14%