

# Communication and Engagement: Incentivizing Prevention and Health Promotion

## EMPLOYER COMMUNICATION FACT SHEET #1

### Effective Health Communication: Guidance for Employers

The purpose of this health communication fact sheet is to provide employers with strategies that will help them successfully communicate benefit offerings and benefit changes to their employees. It includes sections on how to design effective health communication campaigns, and assist employees with the open enrollment process. This fact sheet also provides guidelines for assisting beneficiaries who have language barriers or limited health literacy.

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#### Effective Health Communication: The Basics

Effective health communication is the cornerstone of the healthcare delivery system.<sup>1</sup>

**Health communication** takes place in many different settings. People read, talk, and write informally about health in their homes, at work, and at school. They also discuss health issues with their health care providers. Health communication helps individuals become more aware of the health risks they face, understand preventive measures they can use to lower these risks, and identify avenues to obtain help when issues arise. Overall, the ability to communicate about health improves people’s attitudes toward their health.<sup>2</sup>

*Healthy People 2010*, the document that lays out the nation's health and health care goals, provides a guide for developing policies to identify health threats, prevent disease, and promote healthy lifestyles.<sup>1</sup> The two major goals of *Healthy People 2010* are to<sup>3</sup>:

1. Increase the quality and years of healthful living; and
2. Eliminate health disparities.

Meeting the goals of *Healthy People 2010* depends on effective health communication. For example, to be healthy, people need to understand the importance of eating a nutritious diet, exercising regularly, quitting smoking, limiting alcohol consumption, eliminating drug use, and practicing safe sex. Consumers also need to learn how to obtain health coverage, select care providers, and access and properly use the healthcare delivery system.

*Healthy People 2010* outlines 11 major attributes of effective health communication.<sup>1</sup>

### Attributes of Effective Health Communication

- **Accuracy:** The content is valid and without errors of fact, interpretation, or judgment.
- **Availability:** The content is delivered or placed where the audience can access it. Placement varies according to audience, message complexity, and purpose.
- **Balance:** Where appropriate, the content presents the benefits and risks of potential actions or recognizes different and valid perspectives on the issue.
- **Consistency:** The content remains internally consistent over time and is also consistent with information from other sources.
- **Cultural Competence:** The design, implementation, and evaluation process accounts for special issues for select population groups (for example, ethnic, racial, and linguistic) and also education levels and disability.
- **Evidence base:** Relevant scientific evidence that has undergone comprehensive review and rigorous analysis to formulate practice guidelines, performance measures, review criteria, and technology assessments for telehealth applications.
- **Reach:** The content gets to or is available to the largest possible number of people in the target population.
- **Reliability:** The source of the content is credible and the content itself is kept up-to-date.
- **Repetition:** The delivery of and access to the content is continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations.
- **Timeliness:** The content is provided or available when the audience is most receptive to, or in need of, the specific information.
- **Understandability:** The reading or language level and format (including multimedia) are appropriate for the specific audience.

**Source:** U.S. Department of Health and Human Services. *Healthy People 2010: Health Communication*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office; November 2000. p.3.

### Communication Challenges Associated with Limited Health Literacy

**Health literacy** is the capability to read, understand, and act on health information. Unfortunately, as many as 90 million American adults (half of the adult population) are encumbered with low health literacy, and are unable to understand basic health information.<sup>1,4</sup> Literacy skills are a stronger predictor of health status than age, income, employment status, education level, or racial/ethnic group.<sup>5</sup> Low health literacy is a public health emergency, which is not fully recognized by health policy makers and healthcare providers.<sup>1</sup>

While people with low health literacy may have access to health information, they often fail to use the information properly or at all. Compared to people with intermediate or proficient health literacy skills, people encumbered with low health literacy are more likely to<sup>2, 6</sup>:

- Fail to enroll in health coverage programs.
- Lose their health benefits.
- Fail to make certain that their dependents are covered.
- Neglect to seek preventive health care such as immunizations.
- Make medication and treatment errors because they cannot understand or follow patient instructions.
- Use costly emergency department services as their primary source of health care.
- Be hospitalized.
- Remain in the hospital for longer periods of time because they cannot care for themselves at home.

#### Quick Facts<sup>6</sup>:

- 90 million American adults (half of the adult population) have low health literacy.
- 11 million adults are illiterate in English.
- Most health-related material is written at the 10th grade reading level or higher, yet the average reading level in the United States is equivalent to the 8th grade, and 20% of adults read at the 5th grade level or below.
- 50% of African Americans and Hispanics read at or below the 5th grade reading level.

As a result, people with very low literacy skills (those who read at the 2nd grade level or lower) tend to incur healthcare costs that are four times higher than people with better reading skills.<sup>1</sup>

To improve health care and contain costs, healthcare purchasers, health plans, and providers must face the issue of low health literacy. Employers should instruct their health plan administrators to develop inexpensive and practical methods for helping beneficiaries with low literacy skills to read, grasp, and use basic health information.

### What is Health Literacy: Literacy Levels of Adults in America

#### Below Basic

- Searching a short, simple text to find out what a patient is allowed to drink before a medical test.
- Signing a form.
- Adding amounts on a deposit slip.

#### Basic

- Using a television guide to find out what programs are on.
- Comparing the ticket prices for two events.

#### Intermediate

- Consulting reference materials to find out which foods contain a certain vitamin.
- Identifying a specific location on a map.
- Calculating the total cost of ordering medical supplies from a catalog.

#### Proficient

- Comparing viewpoints in two editorials.
- Interpreting a table about blood pressure, age, and physical activity.
- Computing and comparing the cost per ounce of food.

**Source:** Partnership for Clear Communication. *What is health literacy?* Available at: <http://www.p4chc.org/health-literacy.aspx>. Accessed July 2, 2007.

### *Communication Challenges Associated with Racial and Cultural Language Barriers*

Racial and cultural language barriers are a growing challenge for healthcare purchasers, health plans, and providers. Language barriers make it difficult to explain healthcare benefits, programs, and policies to employees and other beneficiaries. Also, language barriers sometimes cause minority employees to feel they are misunderstood, or that their needs are being ignored or neglected.<sup>7</sup>

**As the U.S. workforce becomes more diverse, employers will need to address health disparities and low health literacy problems.**

Currently, racial and ethnic minorities represent approximately 34% of the U.S. population. By the middle of the century, racial and ethnic minorities will represent 50% of the population.<sup>8</sup> Unfortunately, due to deficiencies in health education and care, members of these groups experience a lower life expectancy, higher infant death rates, and an undue burden of preventable chronic diseases such as heart disease.<sup>9</sup>

To address racial and cultural disparities, the healthcare delivery system must increase its cultural and linguistic competence. Cultural competence is a set of policies, attitudes, beliefs, and behaviors that enable healthcare purchasers, health plans, and providers to work effectively with other races, ethnic groups, and cultures.<sup>1,9</sup>

Linguistic competence is the ability of people who speak the dominate language of a region to communicate with individuals who speak another language. Linguistic competence also involves written communication.<sup>9</sup>

### **How to Educate Beneficiaries About Health Benefits**

Employers have a responsibility to educate their employees about the health coverage options they offer. Employees have a right to receive clearly presented health and benefit information, and assistance reading health materials when required.

More specifically, employers are responsible for informing employees about<sup>10</sup>:

- What benefits are covered in their health plan(s).
- Cost-sharing requirements and arrangements.
- Procedures for resolving complaints and appealing decisions.
- Licensure, certification, and accreditation status.
- Methods for measuring consumer quality and satisfaction.
- Composition of the provider network.
- Obtaining referrals to specialists.
- Use of emergency care services.
- Price, quality, and safety of health care provided by employer-sponsored plans.

The Employer Retirement and Income Security Act of 1974 (ERISA) requires health plan administrators to give plan participants specific information about the benefits to which they are entitled, including covered benefits, plan rules, financial information, and documents about the plan's operation and management. This information must be provided on a regular basis, either in writing or on request.

One important document that participants are legally entitled to receive automatically is a plan summary or summary plan description (SPD). Generally, SPDs:

- Outline healthcare services covered in the plan.
- Describe how services are provided and how the plan(s) operate.
- Describe how benefits are calculated.
- Explain the portion of costs for which the plan is responsible, and the portion of costs for which the participant (i.e., the beneficiary) is responsible (e.g., copays or coinsurance).
- Include information about how participants and providers should file claims.

ERISA specifically requires that SPDs include the following types of information:

- Cost-sharing provisions, including premiums, deductibles, and coinsurance/copayment amounts.
- Annual or lifetime caps or other limits on covered benefits.
- The extent to which preventive services are covered under the plan.
- Whether, and under what circumstances, existing and new drugs are covered under the plan.
- Whether, and under what circumstances, coverage is provided for medical tests, devices, and procedures.
- Provisions governing the use of network providers, the composition of provider networks and whether, and under what circumstances, coverage is provided for out-of-network services.
- Conditions or limits on the selection of primary care or specialty providers.

The provision of this information is intended to educate beneficiaries and make them aware of their healthcare options. In turn, employees and other beneficiaries are responsible for accessing covered healthcare services; they are also expected to practice healthy behaviors. More specifically, beneficiaries are responsible for<sup>10</sup>:

- Making an effort to develop and sustain good health habits such as exercising daily, not smoking, and eating a healthy diet.
- Learning about what their health plan covers, as well as the health plan options offered.
- Reading written information provided by their employer that explains their healthcare coverage.
- Obtaining additional information if they have questions or concerns.
- Being actively involved in making decisions about their health care.
- Paying their premiums and copays in a timely fashion.
- Following the rules and regulations that govern their healthcare coverage.
- Reviewing healthcare information, and following the instructions of their care provider prior to undergoing a procedure or starting a new medication regimen.
- Following the correct protocol if a dispute arises with the employer or a healthcare provider.

## **How to Help Beneficiaries Select a Health Plan: Open Enrollment Education Opportunities**

Open enrollment is a period of time each year when employers: (a) permit new employees to enroll in a health plan, and (b) allow employees to make changes to their current medical coverage. During open enrollment employees may decide to change plans, add or drop a dependent, or add an optional program such as a dental plan.<sup>11</sup>

Employers can assist employees during open enrollment by distributing materials that explain new health plan options and changes to existing benefits. To facilitate employees selecting the plan option that best meets their family's needs, employers should provide information about the following:

- A general summary of what benefits are covered by the plan.
- Limits on coverage, as well as limits on coverage for certain disorders.
- Preexisting condition clauses that restrict coverage for a specific period of time.
- Coverage for preventive services, procedures, and medications.
- Extent of medication coverage, particularly for new drugs.
- Cost-sharing (i.e., premium contribution, deductible, copayment, or coinsurance requirements).
- Consumer-directed health plans (high-deductible health plans) or other non-traditional plan types.

Ten methods that employers can use to improve their open enrollment communication strategies are<sup>12</sup>:

- Communicate frequently with employees regarding their health coverage options, but avoid overwhelming employees with information. Give employees ample time to absorb new information, ask questions, and express concerns.
- Use simple terms to explain any changes.
- Thoroughly explain the goals and rationale of healthcare benefits to managers and business leaders, so that they can then effectively explain health plans to employees.
- Be ready to answer questions and face challenges from management and employees regarding changes.
- Be honest and direct when discussing health benefits, especially if employees are facing cost increases for their coverage.
- Discuss the “5 C’s” of enrollment with employees. The “5 C’s” include cost, coverage information, changes to plans, comparisons to last year’s plans and options, and current options.
- Provide information to employees about the healthcare providers that will be available to them in new or revised plan options.
- Provide testimonials from other employees about their experiences with changes in healthcare coverage.
- Use a variety of methods to communicate with employees; for example, use the Web, printed materials, and face-to-face discussions.

Some groups of employees will need additional assistance during open enrollment, particularly those with mental or physical disabilities, low or fixed incomes, parents of children with special health care needs, elderly people, non-English speakers, and those with limited health literacy. Without special assistance from employers, these vulnerable groups may miss open enrollment periods, have large gaps in their coverage, or lose their coverage altogether.<sup>10</sup>

### **How to Use Health Communication Campaigns to Change Beneficiary Behavior**

The purpose of health communication campaigns is to help beneficiaries learn how to use information to improve their current health and prevent future health problems. To develop a successful health information campaign, the National Cancer Institute (NCI) recommends that employers take the following steps<sup>13</sup>:

- Identify the major goal and objectives of the healthcare campaign.

- Decide on the group of beneficiaries that the employer wants to reach with their message.
- Develop the healthcare message so that it meets the goal and objectives of the campaign.
- Set up criteria for evaluating the campaign, and the degree to which it is successfully conveying its message.
- Pretest the message on a segment of the audience, and revise it as necessary.
- Implement the campaign, and monitor the audience to make certain that people are receiving and understanding the healthcare message that the employer wants to convey.
- Ensure that health communication campaigns address the educational needs of employees with literacy issues, language barriers, and cultural beliefs that differ from mainstream beliefs.

Successful health communication depends on multidimensional education approaches. There are many different communication methods that employers and health plans can use to engage beneficiaries. In order to address the unique learning needs of specific groups, an audience-centered perspective should be at the foundation of all communication efforts.<sup>1</sup>

An audience-centered perspective is one that reflects the lives and values of each targeted group. Characteristics that employers should consider when deciding on a communication approach include<sup>1</sup>:

- Primary language(s).
- Ability to read and retain health information.
- Education.
- Access to (and ability to use) a computer and the internet.
- Age.
- Gender.
- Income level.
- Ethnicity.
- Sexual orientation.
- Cultural beliefs and values.
- Physical and mental functioning.
- Experience with the healthcare system.
- Attitudes toward different types of health problems and treatments.
- Willingness to use different types of health services.

Methods used by communication campaigns and programs include paid advertising; printed materials such as fact sheets, pamphlets, booklets, and magazines; media outlets such as television, cable television, radio, newspapers, direct mail, and billboards; talk shows and educational television shows; public relations groups; and interactive digital media channels.<sup>13</sup> More and more, health information is being disseminated via digital technologies such as the internet and CD-ROMs. By using the World Wide Web, health educators can target specific audiences, and effectively communicate health-related information.<sup>10</sup>

Interactive digital media channels allow employers and health plan administrators to deliver health information to carefully selected audiences and receive feedback from audience members. These media channels are used to<sup>13</sup>:

- Send e-mail messages to select audiences.
- Post information about health-related campaigns on busy internet sites.
- Advertise health communication campaigns on the internet.

- Obtain feedback from selected audiences via the internet.
- Involve selected audiences in personalized, interactive activities.
- Communicate with partners and peers concerning progress involving health communication campaigns.

There are many types of interactive digital media channels available. The following box describes some of the better known internet and multimedia channels.<sup>13</sup>

### Interactive Media Channels

- **CD-ROMs:** Computer disks that can contain a large amount of information, including sound, video clips, and interactive devices.
- **Chat rooms:** Places on the internet where users hold live typed conversations. The “chats” typically involve a general topic. To begin chatting, users need chat software, most of which can be downloaded from the internet for free.
- **Electronic mail (e-mail):** A technology that allows users to send and receive messages to one or more individuals on a computer via the internet.
- **Interactive television:** Technologies that allow television viewers to access new dimensions of information (e.g., link to websites, order materials, view additional background information, play interactive games) through their television during related TV programming.
- **Intranets:** Electronic information sources with limited access (e.g., websites available only to members of an organization or employees of a company). Intranets can be used to send an online newsletter with instant distribution or provide instant messages or links to sources of information within an organization.
- **Kiosks:** Displays containing a computer programmed with related information. Users can follow simple instructions to access personally tailored information of interest and, in some cases, print out what they find. A relatively common health application is placing kiosks in pharmacies to provide information about medicines.
- **Mailing lists (listservs):** E-mail–based discussions on a specific topic. All the subscribers to a list can elect to receive a copy of every message sent to the list, or they may receive a regular “digest” disseminated via e-mail.
- **Newsgroups:** Collections of e-mail messages on related topics. The major difference between newsgroups and listservs is that the newsgroup host does not disseminate all the messages the host sends or receives to all subscribers. In addition, subscribers need special software to read the messages. Many web browsers, such as Internet Explorer, contain this software. Some newsgroups are regulated (the messages are screened for appropriateness to the topic before they are posted).
- **Websites:** Documents on the World Wide Web that provide information from an organization (or individual) and provide links to other sources of internet information. Websites give users access to text, graphics, sound, video, and databases. A website can consist of one webpage or thousands of web pages. Many health-related organizations have their own websites.

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**Source:** U.S Department of Health Services, U.S National Institutes of Health, National Cancer Institute. *Pink Book - Making Health Communication Programs Work*. Bethesda, MD: Office of Communications; 2001. p.11.

Throughout the campaign, employers should evaluate their selected audiences to make certain that the health information goals of the campaign are being met. Evaluating a health communication campaign helps employers determine the success of the campaign, decide on changes that must be implemented while the campaign is in progress, and plan changes to future campaigns.<sup>13</sup> Evaluation of health communication campaigns should be a continuous process, and not an afterthought.

### *How to Evaluate the Pros and Cons of Different Communication Methods*

To evaluate the pros and cons of different communication methods, it is important to answer these questions about each communication method<sup>14</sup>:

- Does this method reach and influence the intended audience?
- Is this method appropriate for conveying the health message to the intended audience?
- How many individuals and groups will be able to receive the health message by using this method?
- Will this method be affordable? Is it a wise use of company resources?
- Will the message be accurate and up-to-date? How difficult will it be to update key information?
- What benefits does this method have in comparison to other methods?

Large groups may learn most successfully from television and radio. Depending on their literacy level, people may also learn from brochures, patient instruction sheets, and books. CD-ROMs and the internet provide an excellent method for learning about health, provided the intended audience has access to computers.

While interactive digital media offers many advantages to users who want to learn about health, there are drawbacks. For example, some health-related websites may be inaccurate or biased.<sup>1</sup> Employers who promote health-related information on the internet must ensure that the organization that is disseminating health information is credible, and that users can trust the information.

Employers who use health-related websites to educate their employees should carefully research the qualifications of the organization that developed the website. Employers should check each health website for the following information<sup>13</sup>:

- The exact purpose of the website. Avoid sites that are used for advertising and commercial purposes.
- The original source of the health-related information that is presented on the site.
- How the website protects the privacy and confidentiality of people who are consulting the site.
- Measures for evaluating the site.
- Methods for updating the site, and the frequency of updates.

Healthcare information is usually more credible if it is gathered on websites that end in gov, edu, or org. These domain suffixes identify the type of organization; for example, government organizations, universities, and nonprofit groups that focus on education and research.<sup>14</sup>

### ***How to Assist Beneficiaries with Limited Health Literacy***

Recall that health literacy is the capability to read, understand, and act on health information. Low health literacy, on the other hand, involves difficulty reading, understanding, and acting on health information.<sup>4</sup> Approximately 90 million American adults are encumbered by low health literacy, and thus do not benefit from health information.<sup>4</sup>

According to the 2003 National Assessment of Adult Literacy (NAAL), almost 45% of people in the United States have basic or below basic literacy skills<sup>4</sup>:

- The NAAL categorizes Below Basic as the ability to perform only the most simple and concrete literacy skills such as:
  - Adding amounts on a bank deposit slip.

- Searching in a simple text to find out what a patient is allowed to drink before a medical test.
- The NAAL categorizes Basic skills as the ability to perform simple and everyday literacy activities such as:
  - Using a TV guide to find out what programs are on at a specific time.
  - Comparing ticket prices for two events.

Several companies and organizations, in addition to Federal health agencies, have begun to tackle health literacy problems. For example, Pfizer Inc's goal is to produce healthcare materials at the 6th grade level. At this level, about 75% to 80% of adult Americans will be able to read the materials easily.<sup>2</sup> Pfizer advises writers and designers to adhere to the following five clear health communication principles when creating healthcare materials<sup>2</sup>:

1. Explain the purpose and limit the content.
2. Involve the reader.
3. Make it easy to read.
4. Make it look easy to read.
5. Select visuals that clarify and motivate.

Strategies for making patient health education materials more readable and understandable include the following<sup>2</sup>:

- Use the active voice, everyday words, and a conversational style. Create and intersperse scenarios with characters and dialogue to make the materials more interesting.
- Avoid complex words; for example, use doctor instead of physician, shot instead of injection.
- Qualify or illustrate value judgment words such as regularly, heavy, and excessive. These words can mean different things in different contexts.
- Clarify concept phrases such as controlled room temperature, normal range, pros and cons, food groups, and diet. A person may have a general notion of room temperature, but may not know that the phrase represents a fairly broad range.
- Provide examples for the more complicated words and concepts.
- Break-down complex topics into smaller, simpler sections that readers can digest more easily.
- Avoid long, complicated, convoluted sentences and paragraphs.
- Provide simple pictures and layouts. Avoid blurry, unclear visuals.

### ***How to Assist Beneficiaries with Racial, Ethnic, or Language Barriers***

Helping employees with racial, ethnic, and language barriers understand health information in order to engage them in healthcare decision-making is one of the greatest challenges facing benefit managers. Employers can use the following strategies to address racial and ethnic health disparities<sup>10</sup>:

- Provide educational materials about health and medical benefits in languages other than English.
- Provide interpreters for individuals who do not speak English during open enrollment.
- Train benefits and human resource staff in transcultural communication techniques.
- Develop ways to monitor improvements in educating employees from diverse cultures.
- Document improvements in the care and treatment of racial and ethnic minorities and share the results with employees.

## Summary Points:

- Effective health communication is the cornerstone of the healthcare delivery system.
- The purpose of health communication campaigns is to help beneficiaries learn how to use information to improve their health and prevent future health problems.
- Employers can assist employees in selecting appropriate coverage by distributing materials that explain new health plan options and changes to existing benefits.
- Employers are learning to provide health information using a wide variety of communication methods. As a result, employers are beginning to meet the challenge of becoming better educators and communicators.
- To improve health and contain costs, healthcare purchasers, health plans, and providers must face the issue of low health literacy.
- Employers and health plans should be able to communicate successfully with beneficiaries from different cultures and ethnic groups who speak different languages.
- Employers and employees should be able to talk with each other about health-related concerns, and find solutions that meet the needs of all parties.

## Additional Resources

National Network of Libraries of Medicine, Health Literacy Organizations and Programs

<http://nnlm.gov/outreach/consumer/hlthlit.html#A7>.

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# 5

# Communication and Engagement: Incentivizing Prevention and Health Promotion

## EMPLOYER HEALTH COMMUNICATION FACT SHEET #2

### Engaging Beneficiaries in Health Promotion

The purpose of this health communication fact sheet is to provide employers with strategies that will help them effectively engage their beneficiaries in child health promotion. It includes information on using incentives to increase participation in existing and new health promotion programs, and tips on how to make existing programs more inclusive of families.

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## Engaging Parents in Child Health Promotion

Protecting and promoting the health of children is extremely important. Healthy children are better able to learn and grow; and the health habits they learn, such as exercising and eating a balanced diet, carry into adulthood.

Parents play a critical role in protecting the health of children. They decide when their children need health care and where they will ask for it. They are also responsible for purchasing and dispensing medications and other prescribed treatments.

In the past, children became ill, were disabled, or died due to infectious diseases such as smallpox, measles, and polio. These diseases no longer pose a major threat to children's health in the United States, because effective immunizations and hygiene practices are in place. However, there are new threats to children's health including obesity, diabetes, asthma, and mental illness. These new threats require creative solutions.

In order to combat preventable health problems, employee engagement is necessary. Because children are not able to access healthcare services or make informed healthcare decisions independently, parents must be educated and motivated on their behalf. The first step towards ensuring that beneficiaries use their healthcare benefits to protect and promote the health of their family is benefit education.

## Steering Employees to the Right Benefit

### *Benefits Awareness*

Health benefit programs can only be effective if employees and their families know how to use covered services and where to go to get care. Employees need to receive accurate, easily understood information to help them make informed decisions about their health plan options, and choice of providers and facilities.

Recently, employers have embraced the concept of **employee engagement** and have increased communication around open enrollment and appropriate benefit use. Employers typically offer a range of communication and education opportunities around benefit enrollment and health plan selection, including:

- On-line support tools
- E-mail
- Electronic newsletters
- Customer service assistance
- Health fairs
- Printed information
- Bulletin boards
- Paper newsletters
- Paycheck stuffers

For more information on beneficiary education and communication, please refer to Fact Sheet #1.

### *Helping Employees Select A Healthcare Provider*

Many beneficiaries do not have a medical home or a regular source of care for their family and need assistance in selecting a primary care provider. Network or plan changes may require beneficiaries who have an existing relationship with a provider to select a new provider or facility from time to time. Limited health literacy and lack of experience challenge many families in finding and building a relationship with a quality provider. Employers should assist employees in finding a medical home by providing information on provider characteristics, quality metrics, and other important variables such as location and office hours.

Benefit education materials should include a list of qualified healthcare providers, each with a name, telephone number, and the following information<sup>1</sup>:

- Primary care or specialty status.
- Education, board certification status, and years in practice as a physician and as a specialist, if so identified.
- Experience with performing certain medical or surgical procedures.
- Consumer satisfaction, clinical quality, and service performance measures.
- Geographic location and whether the facilities are accessible to the disabled.
- Hospital privileges.
- Whether or not the practice is accepting new patients.
- Languages spoken and availability of interpreters.
- Provider compensation, including base payment method and additional financial incentives.

**For more information on the medical home concept, please refer to Part 4.**

### *Helping Employees Understand Levels of Care*

#### **Emergency Services: Appropriate Use**

Fear often drives parents with sick children or injured family members to the emergency room (ER). Someone with an average knowledge of medicine and health cannot always define life-threatening conditions. Further, many beneficiaries may not be able to determine which types of injuries or illness their primary care provider is equipped to handle. It may be helpful to provide information in routine benefit communication materials on the signs and symptoms of health problems that necessitate ER use. Employers should also clearly define the consequences of inappropriate ER use (e.g., high copayment). Many employer-sponsored plans provide coverage for urgent care facilities.

**Education on the difference between ER and urgent care services is an important way to help employees and their dependents make the right decision when choosing a care facility.**

#### **Emergency Room Symptoms**

Appropriate symptoms or conditions for the ER include:

- Excessive or uncontrolled bleeding.
- Possible fracture.
- Serious burns.
- Choking.

- Chest pain – possible sign of heart attack or severe asthma attack.
- Shortness of breath – possible sign of heart attack, severe asthma attack, or a severe allergic reaction.
- Sudden or severe abdominal pain – possible sign of heart attack, appendicitis, aortic aneurysm, injury, or accident.
- Sudden confusion, loss of consciousness, or any change in mental status – possible sign of stroke, meningitis, shock, dehydration, carbon monoxide poisoning, accident, or injury.
- Convulsions.
- Unconsciousness.

Conditions that may be confusing to beneficiaries include:

- Severe vomiting.
- Severe eye pain with redness.
- Wounds requiring stitches.
- Broken bones and cuts from accidents or falls.

## Incentivizing Prevention and Health Promotion

Employers are in a unique position to engage employees and their families in seeking proper health care through education and incentives.

Over the past 10 years, employers have invested in incentive programs to increase employee participation and engagement in health programs, encourage compliance with treatment protocols, and adopt healthy behaviors. Research has shown that incentives, when properly applied, are effective at promoting participation in a variety of activities.

Percentage of Large Employers who Offered Incentives in 2008	
Completing a health assessment	31%
Participating in a behavior modification program	18%
Participating in a disease management program	13%

**Source:** Mercer Health & Benefits. *National Survey of Employer Sponsored Health Plans: 2008 Survey Report*. New York, NY: Mercer Health & Benefits; 2009.

### Designing Effective Incentives: An Overview

**Incentives** (e.g., cash incentive for completing a health assessment) can help unbalance the status quo and encourage healthier behaviors. **Disincentives** (e.g., premium surcharges for tobacco use or failure to complete a health assessment) may be effective in limiting undesirable behavior.

Effective incentives share the following characteristics:

- Participation is easy.
- The purpose of the incentive makes sense.
- The rules are simple and fair.
- The rewards are perceived as attainable, sufficient, and desirable.
- The intended outcomes are measurable (e.g., reduce BMI, receive immunization).

Incentives can be attached to any type of program, policy, or benefit. Incentives have been proven to increase participation in health assessments, wellness programs, and disease management programs. They may also be effective at encouraging the active involvement of parents and caregivers in child health promotion.

**Employers are in a unique position to engage employees and their families in seeking proper preventive care through education and incentive programs.**

### *Incentive Examples*

Incentives can be tangible or financial. Tangible incentives are products (e.g., bike helmet) or opportunities (e.g., paid time off, healthy cooking class) that are given in full or part to a participant in a program. Financial incentives are monetary in nature (e.g., cash incentives, reimbursements, partial payments). Examples of both types of incentives are provided below.

### **Tangible (Non-Monetary)<sup>2</sup>**

- ***Special prizes*** encourage employees to participate in company-sponsored health and wellness events (e.g., gift certificates, personal electronics, or paid days off).
- ***Fitness center discount program.*** Provide free or discounted family memberships at local fitness clubs. There are many different types of health and fitness centers. Some are single focused, i.e., weight lifting or aerobics only, while others offer a full array of services. Which type is best depends on the needs and interests of the family. Discounts remove financial barriers and encourage participation.
- ***Offer free or discounted health-related items.*** Providing free health-related items as incentives for participation or compliance with programs can increase participation and retention rates. Items should directly correspond to the intended health behavior. For example, provide a free baby car seat to employees who participate in a healthy pregnancy or injury prevention class.

### **Financial Incentives and Tax Benefit Solutions<sup>2</sup>**

- ***Offer to pay*** part of each employee's premium for participation in a company-sponsored wellness program, a disease management program, or completion of a health assessment.
- ***Provide a cash incentive.*** Pay employees a fixed amount (e.g., \$50 or \$100) for completing a health assessment on family health risks or participating in a parenting class.
- ***Make a contribution to an employee's health-related savings account*** (examples below).

**Health reimbursement accounts (HRAs), health savings accounts (HSAs), and flexible spending accounts (FSAs)** all provide opportunities to engage beneficiaries in healthcare decision-making. These accounts allow employees to manage “healthcare dollars” and make resource allocation decisions. Employer contributions to some types of savings accounts can be tied to participation in health promotion programs or activities and thus function as a financial incentive. Employers should provide beneficiaries with information on the rules and regulations governing the use of these funds.

### **Health Reimbursement Accounts (HRAs)**

HRAs are medical care reimbursement plans established by employers that can be used by employees to pay for health care. HRAs are funded solely by employers. Employers typically commit to contribute a specified amount of money for premiums and medical expenses incurred by employees or their dependents.

### **Health Savings Accounts (HSAs)**

HSAs are savings accounts created by individuals to pay for health care. An individual may establish an HSA if he or she is covered by a “qualified health plan” which is a plan with a high deductible (\$2,200 for family coverage in 2008).<sup>3</sup> Both employers and employees can contribute to an HSA, up to an annual limit equal to the lesser of the deductible in the HSA-qualified health plan, or a statutory cap. Employee contributions to the HSA are made on a pre-income tax basis, and some employers arrange for their employees to fund their HSAs through payroll deductions. Employers are not required to contribute to HSAs established by their employees, but if they elect to do so their contributions are not taxable to the employee. Interest and other earnings on HSA dollars are not taxable. Employers can assist their employees by identifying HSA options, facilitating applications, and negotiating favorable fees from HSA vendors.

### **Flexible Spending Accounts (FSAs)**

FSAs are tax-free savings accounts that cover things health plans often do not such as nonprescription drugs, eyeglasses, child care, and other qualifying expenses. Employers set the ceiling on how much workers can withhold. The funds should equal projected use because they do not roll over into the next year.

### **Health Assessments<sup>4</sup>**

A health assessment is a survey and/or physical examination that assesses a person’s health status, health risk behaviors, family history, and personal medical history. The results of the assessment provide a picture – in the form of a score, inventory list, or narrative – of the health risks a person faces (such as high blood pressure, obesity, or elevated cholesterol), and the risky behaviors that could jeopardize their health (such as excessive drinking, physical inactivity, or failing to wear a seat belt). The assessment may also predict the risk of future negative events such as a heart attack. Health assessments can be administered to employees and beneficiaries, including adult dependents.

With this information, employers can tailor disease prevention, disease management, and health improvement programs to address the needs of employees and their dependents. For example, if the results show that a substantial number of adolescent dependents smoke, an employer may choose to provide a teen-tailored smoking cessation program.

### **Disease Management Programs**

Disease management programs offer an opportunity for coordinated care services, case management, and education. When considering disease management programs for children, employers should remember that the chronic conditions that affect children are different from those that affect adults. Many are the result of **congenital** (meaning present at birth) or **environmental factors**. Common disease management programs for children include:

- Asthma management.
- Autism.
- Congenital disorders and disabilities such as cerebral palsy and muscular dystrophy.
- Juvenile or type I diabetes.
- Lead poisoning treatment and management.
- Management of mental health disorders (depression, anxiety, bipolar disorder, attention deficit with hyperactivity disorder, eating disorders, etc).
- Obesity or weight management.
- Rheumatoid diseases, such as juvenile arthritis.

To encourage the appropriate use of disease management services by chronically ill children and their families, employers should:

- Revise or restructure program content to reflect the unique needs of children and adolescents. For example, adult-focused weight management programs can be adapted for children and adolescents.
- Work with disease management vendors and review program enrollment to ensure child and adolescent participation.
- Encourage parental involvement in disease management activities.
- Reward participants for their adherence to the program.

Disease Management Programs	2008
Health Website	81%
Case management	79%
Nurse advice line	76%
Health assessment	65%
Health advocacy	47%
Targeted behavior modification	39%

**Source:** Mercer Health & Benefits. National Survey of Employer Sponsored Health Plans: 2008 Survey Report. New York, NY: Mercer Health & Benefits; 2009.

### Healthy Pregnancy Programs

Healthy pregnancy programs offer women the healthcare services and education they need to support a healthy pregnancy. Prenatal services, which include screenings for serious complications such as gestational diabetes, preeclampsia, and Rh(D) incompatibility are essential healthcare services and should occur as early in pregnancy as possible.

To increase compliance with prenatal care programs, employers should offer robust preconception, prenatal, and postpartum care benefits and<sup>2</sup>:

- Review claims for timely prenatal care visits and appropriate screenings.
- Review enrollment in employer-sponsored or employer-endorsed prenatal education programs.
- Encourage pregnant beneficiaries and their partners to attend classes on child safety, parenting, labor and delivery, and related topics. Employers may want to consider offering incentives for participation (e.g., child car seat, breast pump).

Certain women are at high risk for pregnancy complications due to existing chronic health problems (e.g., diabetes, obesity, lupus), a history of pregnancy complications (e.g., preeclampsia, preterm birth), genetic or congenital conditions affecting the fetus (e.g., Down syndrome, neural tube defects), environmental factors (e.g., exposure to lead or mercury), behavioral or lifestyle choices (e.g., alcohol, tobacco, drug use), or other issues. These women may benefit from pregnancy-tailored disease management programs or high-risk pregnancy management programs. Such programs typically provide health coaches, tailored education, flexible benefits, and other care management services that improve the quality, comprehensiveness, and coordination of available services.

### **Well-Child Care**

Well-child care is preventive healthcare for children and adolescents, birth to age 21 years. It includes growth monitoring, immunizations, developmental and other screening services, and anticipatory guidance (education for parents). Screenings identify children in need of further assessment and diagnosis, and provide an opportunity for referrals for early intervention services. All children and adolescents need well-child care.

Employers can encourage their employees to keep up-to-date on well-child care by offering incentives for the appropriate and timely use of recommended healthcare services. For example, an incentive for parents whose children have received all of the recommended immunizations in a particular time period could include:

- A bike helmet.
- Safety covers for electrical outlets.
- Age-appropriate books.
- A financial contribution to a HSA or HRA.

### **Wellness Programs**

Many employers are implementing in-house health and **wellness programs**. The mission of a wellness program is to improve the health status of employees and promote productivity by:

- Increasing employees' awareness of healthy lifestyle choices.
- Increasing employee awareness of health risks.
- Providing support to employees in making healthy lifestyle choices.
- Assisting in the development of supportive workplace environments in order to meet health promotion goals.

Employers have many opportunities to expand existing employee wellness programs to be inclusive of families. For example:

- Encourage employees to bring their adolescents to worksite gyms on special family days.
- Host a family safety class that provides guidance on car seat fitting, bike safety, 'baby-proofing' a new home, or food safety.
- Provide kid-friendly incentives for family health programs, such as physical activity-focused toys or games (e.g., jump rope) or books about sports.

### Designing Effective Incentives: Employer Guidance<sup>2</sup>

Incentive programs can effectively engage beneficiaries in healthcare decision-making and encourage them to take a proactive role in improving their health status. Incentive programs hold great promise for improving health and stabilizing healthcare costs. However, in order to reach their potential, these programs must be well designed and appropriate for the population in which they are implemented.

The following advice can help employers develop and implement a successful disease prevention, disease management, or health improvement incentive program for children and adolescents:

#### Research the population:

- When considering children and adolescents as participants in a disease prevention, disease management, or health improvement incentive program, remember that the healthcare needs and personal motivators of children are different from those of adults. For example, children and adolescents may be motivated by smaller rewards than adults, or prefer a tangible reward, such as a health-related item (e.g., jump rope, bike helmet) compared to a monetary reward. Sometimes incentives should be directed at an adult parent rather than the child.

#### Develop a program:

- The goal of offering incentive programs is to increase and maintain participation. Make sure that the actions required to receive an incentive are doable (e.g., a 10-pound weight loss). Also, ensure that the required program or activity is accessible to all employees and dependents. Whenever possible, remove financial barriers by making the programs free or low cost.

#### Evaluate and revise:

- Remember that behavior change is difficult and takes time. However, even small changes (such as increasing the number of children who eat the recommended five fruits and vegetables a day) can make an impact on overall health.
- To keep incentive programs attractive, employers should consider rotating incentives. For example, to encourage employees to take a health assessment each year, an incentive program could be structured as follows:
  - Year 1: Financial incentive (e.g., \$100 premium credit for completion).
  - Year 2: Tangible incentive (e.g., health-related sports equipment).
  - Year 3: Financial incentive (e.g., \$100 health-related gift card).

### Health and Wellness Programs in the Community<sup>2</sup>

To raise awareness of the importance of health promotion, employers may want to partner with public agencies to co-sponsor community-wide events such as a walk-jogathon, 5K race, or health fair. Employers gain allies in the community by partnering with public agencies (such as State health departments), community organizations, and local schools. Examples of partnerships include:

- Sponsorships of local sports teams for children and adolescents.
- Scholarships for employees' dependents who excel in areas of health promotion, athletic achievement, or involvement in civic-minded activities that focus on health.

By supporting community-level interventions, employers can improve the overall health and safety of the communities in which they live, thereby improving the health and quality of life of current and future employees.

## Summary Points

- Health benefit programs can only be effective if employees and their families know how to use covered services and where to go to get care. Employees need to receive accurate, easily understood information to help them make informed decisions about their health plan options, and choice of providers and facilities.
- Employers are in a unique position to engage employees and their families in seeking preventive care through education and incentive programs.
- Incentive programs can effectively engage beneficiaries in healthcare decision-making and encourage beneficiaries to take a proactive role in improving their health status. Research has also shown that incentives, when properly applied, are effective at increasing participation in a variety of health promotion and disease prevention activities.
- Employers can tailor existing programs and policies to be inclusive of families and respond to the unique needs of children, adolescents, and pregnant women.

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