

TOP Solutions

October 2011

Communicating with Employees about Preventive Services: Tips and Techniques



**National
Business
Group on
Health**

I will prevent disease whenever I can, for prevention is preferable to cure.

— Modern Hippocratic Oath

Introduction

Prevention has long been touted as an effective approach to reducing health care costs through early detection and intervention. Prevention also makes good business sense. By preventing illness and disability, employers can help ensure a healthy, productive and engaged workforce. While the number of people going to their primary care doctor for preventive services has increased over the last ten years, it remains discouragingly low for particular services and populations. Current use of preventive services is roughly 60% – 70% of what is clinically recommended in the Patient Protection Affordability Care Act (PPACA), though this varies widely by service (See Table 1).¹

This Top Solutions outlines the current rates of select preventive services and recommends ways employers can enhance communications about preventive services in order to improve employee uptake.

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Table 1: Current Use of Select Preventive Services

Preventive Service	Recommendation	Utilization Rate (U.S. Population)
Zoster (Shingles) Vaccine	One vaccination for all adults beginning at age 60	8% received vaccine ²
Hepatitis B Screening	Screen all pregnant women	37% of pregnant women screened ²
Human Papillomavirus Vaccine	<ul style="list-style-type: none"> Females 11-12 years: First dose. Second dose within 2 months of first dose. Third dose within 8 months of first dose. 	38% of females aged 11-12 completed the three-dose series ²
Flu Vaccine	Annual vaccine for people beginning at 6 months old	41.2% received seasonal flu vaccine ²
Osteoporosis Screening	Routine screening for women beginning at age 60 among those at risk for fractures	<ul style="list-style-type: none"> 44% of female population over 60 at risk; 14% of women at risk actively treating osteoporosis³
Colorectal Cancer Screening	Screen for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75	50% of eligible adults screened within the last 5 years ⁴
Breast Cancer Screening	Mammogram for all women every 1-2 years for women aged 40 and older	65.18% of eligible women received a mammogram ⁵
Hearing Screening	Screen all newborns between 3-5 days old	73% screened ²

Note:

²Centers for Disease Control and Prevention. "Final estimates for 2009–10 Seasonal Influenza and Influenza A (H1N1) 2009 Monovalent Vaccination Coverage – United States, August 2009 through May, 2010." http://www.cdc.gov/flu/professionals/vaccination/coverage_0910estimates.htm Accessed September 16, 2011.

³Ballard K. Women's use of hormone replacement therapy for disease prevention; results of a community survey. *Br J Gen Pract.* 2002 October; 52(483): 835–837.

⁴Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. http://www.cdc.gov/cancer/colorectal/statistics/screening_rates.htm. Accessed September 16, 2011.

⁵National Center for Health Statistics. *Health, United States, 2009, With Special Feature on Medical Technology.* Hyattsville: MD. [http://www.cdc.gov/nchs/data/09.pdf](http://www.cdc.gov/nchs/data/hus/09.pdf). Accessed September 16, 2011.

Costs of Prevention and Disease

Chronic diseases are the primary drivers of direct health care costs, lost productivity and increased disability. The global economic impact of the five leading chronic diseases — cancer, diabetes, mental illness, heart disease and respiratory disease — could reach \$47 trillion worldwide over the next 20 years.⁶

Each year, an estimated 39 million workdays in the U.S. are lost to obesity-related illnesses. Overweight and obesity-attributable costs range from \$175 per year for overweight male employees to \$2,485 per year for grade-II obese female employees; approximately 30% of the total costs result from increased absenteeism.⁷

Hypertension is one of the 10 most expensive health conditions for U.S. employers.^{8,16} A study found that the overall economic burden of illness to employers was higher for hypertension than for nine other conditions — \$392 per eligible employee per year.⁹

What is the impact of PPACA?

In March 2010, President Obama signed the [Patient Protection and Affordable Care Act](#) (PPACA) into law. PPACA is a large and complex change to health care management. Many of the details regarding timelines and implementation are unclear. A major change for employers is a requirement for any health plan taking effect after September 23, 2010 to cover at 100% and no cost-sharing the [U.S. Preventive Services Task Force A and B recommendations](#), [Centers for Disease Control and Prevention immunization recommendations](#), and other [preventive services health screenings](#).

The overall economic impact of the flu in the U.S. is more than \$87 billion each year, of which employers absorb \$76.7 million due to missed work and other indirect costs like health care.¹⁰ There is ample evidence that preventive services provide positive value to employers; that is, preventive services provide substantial health benefit per dollar spent net of any savings (See Tables 2 and 3).¹¹

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Table 2: Top 5 Clinical Services With Potential to Save the Most Life-Years³

Clinical Service	Life-Years Saved Per 10,000 People Per Year of Intervention
Childhood Immunizations	1,233.1
Smoking cessation advice & assistance	97.5
Provider discussing daily aspirin use with patient	63.0
Breast cancer screening	45.0
Colorectal cancer screening	40.8

Note: Table 2 assumes 90% utilization of USPSTF recommended services based on a 2006 U.S. population.³

Table 3: Top 5 Clinical Services that Produce Net Medical Savings³

Clinical Service	Annual Net Medical Savings Per Person Per Year
Childhood Immunizations	\$267.00
Flu Vaccine	\$67.00
Provider discussing daily aspirin use with patient	\$66.00
Smoking cessation advice & assistance	\$40.00
Vision screening for adults	\$17.00

Note: Table 3 assumes 90% utilization of USPSTF recommended services based on a 2006 U.S. population.³

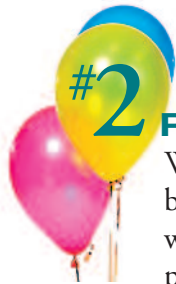
Employer Recommendations

#1 **Focus on the Kids.**

There is higher utilization of preventive services among children than adults.² Even if employees are not prioritizing their health, they often are deeply invested in their children's health. Framing communications around family values can improve awareness and interest. One large employer developed a campaign for smoking cessation that emphasized how children are affected by secondhand smoke. The company mailed copies of the [Surgeon General's 2010 Tobacco Report](#) to employees' homes, and included messages about the harms of tobacco use, such as: 'Do your kids ever cough? Do they suffer from asthma? Do they have frequent earaches? Smoking may be the cause.' Employers can also provide employees with prevention information focused on children's health. Here is an example of a [Flu Flyer for Parents](#).

Between September 2010 - August 2011, 74 children died from the flu - 77% of whom were never fully vaccinated. Each year only 50% of eligible children receive the flu vaccine.

— Centers for Disease Control and Prevention, *MMWR*, September 2011



#2 **Personalize Prevention Reminders.**

Wellness vendors and health plans already keep beneficiary data on birth date and gender that can be used to develop personalized reminders about recommended screenings – alongside birthday wishes.¹² Personalized reminders can be shared via email, set to pop up upon login to a wellness portal or mailed home – all without an employer accessing protected health information.

Employers have found higher rates of utilization among employees when information was tailored to the beneficiary's age and health risks.¹³

#3 **Target Your Demographics.**

Employers will often cater to specific demographics when addressing different workforce populations. Targeting information to different audiences can improve how a message is received and acted upon. (See Figures 1–4)

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Figure 1. Flu Vaccine Promotional Materials, Targeted at Skeptical Adults.

No More Excuses You Need a Flu Vaccine

"Oh, the flu isn't so bad...right?"



Wrong. The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, *even healthy people* can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

"But what if the flu vaccine makes me sick? I can't risk missing work or school."



The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that's much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to go to the hospital.

"I'm Healthy I don't need a flu vaccine."



Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get the flu and become very ill from it. Flu viruses are unpredictable, and every season puts you at risk. Besides, you might be around someone who's at high risk from the flu...a baby...your grandparents, or even a friend. *You don't want to be the one spreading flu, do you?*

"Wait a minute I got a flu vaccine once and still got sick."



Even if you got a flu vaccine, there are still reasons why you might have felt flu-like symptoms:

- You may have been exposed to a non-flu virus before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses.
- Or you might have been exposed to flu after you got vaccinated but before the vaccine took effect. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year's vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.

National Center for Immunization and Respiratory Diseases 

CS2756-A

"It's too late for me to get protection from a flu vaccination this season."



Flu seasons are unpredictable. They can begin early in the fall and last late into the spring. As long as flu season isn't over, it's not too late to get vaccinated, even during the winter. Getting a flu vaccine is the best way to protect yourself and your family.

If you miss getting your flu vaccine in the fall, make it a New Year's resolution—flu season doesn't usually peak until January or February and can last until May. The flu vaccine offers protection for you all season long.

"I'll get vaccinated only if my family and friends get sick with flu."



If you wait until people around you get sick from flu, it will probably be too late to protect yourself. It takes about two weeks for the flu vaccine to provide full protection, so the sooner you get vaccinated, the more likely it is that you will be fully protected once the flu begins to circulate in your community. Flu vaccines are easy to find. They are offered in various locations like your doctor's office, chain pharmacies, grocery stores, and health clinics.

"I hate shots."



The very minor pain of a flu shot is nothing compared to the suffering that can be caused by the flu. The flu can make you very sick for several days; send you to the hospital, or worse. For most healthy, non-pregnant people ages 2 through 49 years old, the nasal-spray flu vaccine is a great choice for people who don't like shots. Either way, a shot or spray can prevent you from catching the flu. So, whatever little discomfort you feel from the minor side effects of the flu vaccine is worthwhile to avoid the flu.

"I got a flu vaccine last year, so I don't need another one."



Your body's level of immunity from a vaccine received last season is expected to have declined. You may not have enough immunity to be protected from getting sick this season. You should get vaccinated again to protect yourself against the three viruses that research suggests are likely to circulate again this season.

"I don't trust that the vaccine is safe."




Flu vaccines have been given for more than 50 years and they have a very good safety track record. Flu vaccines are made the same way each year and their safety is closely monitored by the Centers for Disease Control and Prevention and the Food and Drug Administration. Hundreds of millions of flu vaccines have been given safely.

For more information, visit
<http://www.flu.gov>
<http://www.cdc.gov/flu>
 or call
800-CDC-INFO





A study among health care workers found that visual material displayed throughout the workplace strongly influenced the acceptance of influenza vaccination.¹⁴

Figure 2. Men's Health Screenings Promotional Materials, Targeted at Men Over 40



real men wear gowns

They're counting on you to be there. For all the big moments. And all the little ones. Don't miss a single one. Many potentially deadly diseases can be treated if you catch them in time. For a complete list of all the tests you need and when you need to get them, visit ahrq.gov/realmen. Then go to your doctor and get them. Because real men take care of the people they care about. That's why real men wear gowns.



Men are 25% less likely than women to have visited the doctor within the past year.¹⁵

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Figure 3. Obesity Prevention Promotional Materials, Targeted at Overweight Adults



Each year, 39 million workdays in the U.S. are lost to obesity-related illnesses.⁷

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Figure 4. Stroke Prevention Promotional Materials, Targeted at African Americans



STROKE TARGETS BY COLOR.

Know where you stand. The odds are African Americans are twice as likely to suffer a stroke as white Americans.

Beating the odds isn't about winning, it's about living.

You have the power to end stroke. 1-888-4-STROKE / StrokeAssociation.org

Ad Council

 **POWER TO END STROKE.**
You are the Power

Photographed by Sean Kennedy Santos

#4**Prominently Post Prevention Information.**

Though people may know generalities about preventive services, chances are they aren't aware of the specific services that they are entitled to receive. Broadly share information on which specific preventive services your plans cover at no- or low cost. Create posters, cafeteria table cards and hallway flyers. Include preventive services information in newsletters, open enrollment information and mailings to the home. One best practice is to list "\$0 preventive services" on the copays section of health insurance cards.

#5**Provide and Promote On-Site Flu Clinics.**

Vaccinated working adults have 43% fewer days of sick leave and 44% fewer physician visits because of respiratory illness than employees who do not receive the flu vaccine.¹⁶ Workplace vaccination efforts are also cost-saving for employers. The average cost of vaccination was lower in mass vaccination (\$17.04, in 2004 dollars) and pharmacy (\$11.57, in 2004 dollars) settings than in scheduled doctor's office visit (\$28.67, in 2004 dollars).¹⁷ Offering an on-site or near-site flu clinic also provides an opportunity to vaccinate children and spouses. The "Successful Communications for an On-site Flu Vaccine Program" featured below addresses one successful communications campaign to increase participation in a work site flu shot program.

Successful Communications for an On-site Flu Vaccine Program¹⁰

Employer Info: Large vaccine manufacturer – 244 acres, 22 buildings, 1,500 employees plus on-site contractors, some 24/7 operations

Goal: Increase employee immunization rate from 35% the previous year to 50%

Program Tagline: "Protect yourself, your loved ones and your colleagues. Get an influenza immunization and reduce the risk of transmitting the disease."

Employee-Cited Barriers to Receiving Vaccination:

- Perceived lack of need
- Concerns about reactions to the vaccine
- Skepticism about efficacy
- Lack of concern for health
- Access
- Cost
- Convenience

Approach: The employer arranged 15 on-site immunization clinics over 5 weeks. Immunizations were offered between 10 a.m. – 8 p.m. to accommodate schedules. Each site created a children's playroom with activities and toys. Snacks and beverages were available to encourage families to attend, and nurses used a portable immunization cart for ease of practice and mobility.

Successful Communications for an On-site Flu Vaccine Program¹⁰ (continued)

Communication Methods:

- Email blasts sent to all employees and contractors
- Internal newsletter featured the program multiple times
- Automatic reminders of clinic dates and times placed on employee calendars
- Information about the program and flu facts posted on company intrane
- Closed-circuit television screens showed information about flu and vaccination times
- Tent cards with vaccine information placed on cafeteria tables
- Posters and banners displayed in visible locations
- Flu fact cards placed in mailboxes
- Lunch 'n learns held with physicians on staff (standing room only)

Results:

- 66% of employees were immunized by the end of the program, compared to 34% the previous year
- Most commonly cited method for learning about the immunization program: email (45%), employee newsletter (22%), company intranet (14%) and posters (11%).

Employee Feedback: Bringing vaccinations to employees communicated a message that the company recognized and valued employees' time, efforts and contributions. Ninety-nine percent of employees felt comfortable receiving the vaccines at the workplace.

#6

Incent Prevention.

Many employers already offer incentives for avoiding tobacco products, completing health assessments, joining gyms and other behaviors. Employees can be rewarded the same way for using preventive services. One company experienced a 62% increase in participation for on-site preventive services facilities after offering a premium reduction for employee participation.

#7

Use Personal Stories.

People are often more motivated to change behavior after hearing experiences from someone they know or are familiar with compared to hearing a story from someone they don't know. At one company, a senior leader's spouse was diagnosed with terminal lung cancer. In response, the senior leader videotaped a speech talking about the spouse's diagnosis, their struggles and challenges with the disease. Within five days, 275 employees signed up for the company's tobacco cessation program. Additionally, the video speech prompted other employees to start sharing their own health-related stories and the company now uses employee spokespersons to promote health and wellness programs. Other employers use "well-being captains" and "wellness champions" to serve as models for behaviors and prevention campaigns. These personal stories are incorporated into newsletters, posted on the company intranet or wellness portal, and may be featured in health campaigns. (See Figure 5).

Figure 5. Sample Wellness Champion Personal Story from Employer Newsletter**Thomas Jones, Vice President of Government Services**

I am motivated to stay in shape and be healthy, but as I have gotten older, what I used to do is not enough. In the last year, I started using a phone app that tracks calories. I increased my exercise regimen to 5 days a week and signed up for a race. I am maintaining my goal weight and decreased my body fat by 4%. I also got some good advice from the Wellness Coaches, who helped me make the educated changes I needed to get the results I was looking for. For me, staying healthy and in shape is a lifelong commitment.

#8**Develop Positive, Action-Oriented Campaigns.¹⁸**

Communications should address the three vehicles for behavior change: knowledge, attitudes and beliefs. Broaching the subject as matter-of-factly as possible is best: in one study, a pre-populated chart outlining which preventive services the patient needed yielded a greater utilization rate than basic background information about all preventive services.¹⁹ Linking your preventive care messages to national campaigns, such as promoting mammograms during National Breast Cancer Awareness Month, also reinforces the importance of seeking out preventive care services. In addition, avoid appeals that play on employees' fears about preventive screenings; research has shown that people avoid screenings due to fear of the unknown.²⁰ Instead, employers should instill confidence in employees with positive, action-based messages, such as "know your numbers."

Be Creative!

A large retailer launched a Quit Smoking campaign for employees by framing messages around Earth Day. Posters cited cigarettes as a major source of ocean litter and air pollutant. Print materials included images of sick sea creatures, landfills and ill birds.

#9**Simplify Access to Primary Care Providers.**

Evidence shows that primary care (in contrast to specialty care) helps prevent illness and death, and is associated with a more equitable distribution of health.²¹ One company implemented a targeted mailing to high-risk employees' homes in which they listed three primary care physicians (PCP) and pediatricians in the employees' zip codes. They saw a 41% increase in PCP enrollment and 25% increase in preventive screenings in one year. If mailings are not feasible, this information could also be sent via email.

Challenges to Tracking Preventive Services Use

Even when employers communicate well and employees seek preventive care at recommended intervals, it is often difficult to track the data for several reasons, including:

- 1. Not all data is easily captured.** For instance, annual flu vaccines, low-dose aspirin therapy and iron supplements are priced affordably and can be easily accessed outside a medical setting and may not be submitted with an insurance claim.³
- 2. Claims coding may be incomplete.** Some preventive services, even if they occur within a medical setting, may not be coded as a “preventive service.” A well-child visit, for instance, will likely incorporate several preventive screenings, but the claims data will only capture the visit, not any specific services.³
- 3. Procedure codes may not differentiate procedures sufficiently.** For instance, a urinalysis is recommended for pregnant women to screen for bacteriuria. But the same procedure code is used for all women with symptoms of a urinary tract infection – at which point the urinalysis is coded as diagnostic, not preventive.³
- 4. “At risk” populations are hard to define.** Many A & B recommendations include services for “at risk” populations that are very specific (i.e., women over 45 years old with increased risk of heart disease), yet the definition of “at risk” is difficult to screen for.³
- 5. Historically, some plans didn’t cover all preventive services.** Before PPACA, providers may have coded preventive services under a covered service in order to get paid. Though this activity will likely decrease, the habit still exists and the retrospective data will contain these hidden preventive services.³
- 6. Screening can turn into testing.** For example, a routine colonoscopy screening may identify polyps that require removal during the visit, at which point the screening becomes a treatment on the claims data. Any service that changes from screening to diagnostic is difficult to identify.³

With these challenges in mind, employers can work with their health plans and vendors to consider how to better track and analyze claims data to more accurately reflect employee usage.

Communicating with employees about the availability and benefits of preventive care in a way that encourages action remains an important initiative among employers.

Resources

- National Business Group on Health. [*An Employer's Guide to Preventive Services Website*](#).
- National Business Group on Health. [*Top Solutions - Free Is Not Enough: How to Educate Employees on Preventive Health Services Plan Design*](#). (Members only)
- National Business Group on Health. [*Health Reform \(Patient Protection and Affordable Care Act\) Implementation and Communications Toolkit*](#). (Members only)

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Written by:

Penney S. Berryman, M.P.H.

Senior Analyst, National Business Group on Health

About the National Business Group on Health

The Business Group is the only non-profit organization devoted exclusively to representing large employers' perspectives on national health issues and providing solutions to its members' most important health care and health benefits challenges. The Business Group fosters the development of a safe health care delivery system and treatments based on scientific evidence. Members share strategies for controlling costs, improving patient safety and quality of care, increasing productivity and supporting healthy lifestyles.

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Top Solutions

National Business Group on Health

20 F Street NW, Suite 200 • Washington, DC 20001

Phone (202) 558-3000 • Fax (202) 628-9244 • www.businessgrouphealth.org

Helen Darling, President and CEO, National Business Group on Health

Groff Creative, Inc., Design