



Influence of Incentive Design and Organizational Characteristics on Wellness Participation and Health Outcomes

An October 2020 study published in JOEM identified four shifts in financial incentive strategies in workplace well-being initiatives and compared the influence of those strategies in combination with organizational characteristics on participation and population-level health outcomes.

The study relied on aggregated, de-identified data from three national suppliers of health and well-being (HWB) incentive administration services. The final study sample included 174 organizations that ranged in size from 95 to 24,940 employees. Each organization in the study had baseline and follow-up data related to the structure of incentives provided, employee participation in HWB program components, incentives earned, and population-level health outcomes. Information was also provided on the HWB supports in place at the beginning of the study period. The elapsed time covered by the study ranged from 1 year to 7 years, with a mean of 3 years.

Four patterns emerged in incentive designs used by the companies:

- Incentives focused on participation (participation-focused);
- Incentives focused on health improvement or outcomes (outcomes-focused);
- Incentives focused on a combination of participation and outcomes (combination); and
- Incentives that started with a focus on participation and then shifted to a focus on outcomes (participation-to-outcomes).

While most employer well-being initiatives used a mix of outcomes- and participation-focused incentives, the most successful also invested in creating and sustaining a more supportive workplace health culture. All four design types were associated with improved population-level measures of low density lipoprotein (LDL), three with improved blood pressure, and two with improved fasting glucose. None of the incentive plan types were associated with improved body mass index.

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