

★WELCOA's News & Views

Dr. Paul Terry Shares...

Successful Partnerships In Employee Wellness:

A Focus On **Integration** And
Achieving **Best-In-Class** Outcomes



For more interviews,
visit www.welcoa.org



WELCOA's News & Views

Successful Partnerships In Employee Wellness: A Focus On Integration And Achieving Best-In-Class Outcomes

An Expert Interview with
PAUL TERRY, PHD

ABOUT **DR. PAUL TERRY**



As chief science officer of StayWell, Paul Terry directs client support, program evaluation, research and industry leadership and ensures the highest quality in program development and delivery. Additionally, Paul leads strategic planning and market presence, and provides consulting expertise on customer programs.

Prior to StayWell, Paul was the president and CEO of the Park Nicollet Institute, the research and education division of Park Nicollet Health Services in Minnesota. He also was a member of the health education faculty at St. Cloud State University and Hamline University.

Paul, a former Senior Fulbright Scholar, has recently earned the title, "America's Greatest Thinker", from The Great American Think-Off. He is a past president of the Minnesota Public Health Association and serves as an editor of the American Journal of Health Promotion. Widely published in professional journals, Paul co-authored patient publications that have won awards of excellence. He co-authored four books including "Well Advised: Your Guide to Making Smart Health Decisions". Paul holds a Ph.D. from the University of Minnesota and a master's degree from Minnesota State University at Mankato, where he was honored with the Distinguished Alumni Humanitarian Award.

ABOUT **RYAN PICARELLA, MS, SPHR**



As WELCOA's President, Ryan brings immense knowledge and insight from his career that spans over a decade in the health and wellness industry. He is a national speaker, healthcare consultant, and has designed and executed award winning wellness programs. Known for his innovative and pragmatic approach to worksite wellness, Ryan looks forward to furthering the WELCOA mission and vision and continuing to position the organization for success for the future.

Ryan Picarella can be reached at rpicarella@welcoa.org.



There is growing evidence that a key component of a best practices approach to providing an employee wellness program is that of integrating and coordinating wellness successfully into an overall health benefits strategy. This means that all of the players that contribute to employee health like wellness providers, employee assistance program professionals, health care providers, insurance brokers and safety experts, to name a few; all of them need to play well together in the companies sandbox.

In this expert interview, WELCOA President Ryan Picarella sits down with Dr. Paul Terry, Chief Science Officer of StayWell, to discuss how to forge successful partnerships in employee wellness. By focusing on integration, Dr. Terry shares the art and science of partnering to achieve best-in-class outcomes.



Q I consider it a given that successful employee health programs depend on successful partnerships between employers, employees and their various service providers. What do you look for in a good partnership?

Dr. Paul Terry: Whether I'm consulting with a company leader or during those occasional times when I still serve as a health coach for our clients, the process involves robust, goal-oriented interaction. A coaching participant's job is candid sharing about readiness to change, barriers to change and the development of smart goals. Similarly, a worksite wellness leader's job is to set a clear vision and detailed objectives for their programs. My job is intense listening, profound empathy and weighing in with my knowledge and experience in support of goal attainment.

The good news in employee health management is that the field is growing, which means new potential partners for employers to choose from. The challenge for decision makers is increasingly related to deciding between what's trendy and comparing those choices against what has been proven to work in producing population-level outcomes. For example, it's alluring for an employer to believe that simply focusing on employee behaviors will drive outcomes. But credible partners will advise that it's simply not that easy, that it takes investments in individual, social and organizational factors when the

“The good news about employee health management is that the field is growing, which means new potential partners for employers to choose from.”



Learn more about culture by registering for WELCOA's 2015 Certification Series

➤ Visit welcoa.org/services/learn/certification-schedule/



goal is sustainable behavior change. StayWell research and that of other leaders in behavioral economics shows that too much focus on individual choices can actually create resistance to behavior change. Simply put, pushing for healthy behavior change in a toxic environment is naïve. If there is incongruence between what the culture supports and what is asked of individuals, a choice-based program devolves into victim blaming.

The conclusion section of one of our recent employee health best practices studies is entitled **“one size does not fit all.”** We did a factor analysis of best practices components, such as the use of wellness champions, incentives or leadership support, and found that individual choices are mitigated by attributes like age, gender and culture. For some, having social support is more important than having more program choices; for others, cues to action built into their environment are more related to making changes than simply offering program choices. So a good partnership is one where all of these factors are put on the table. The employer’s work on culture, environmental cues and social supports is every bit as vital as the wellness vendor’s work in providing effective behavior change interventions and supports.

(Further reading: “Analyzing Best Practices in Employee Health Management.” JOEM, April 2013.)

Q2 I know you are a stickler about taking a science-based approach to program design. At the same time, the demand for ever-more sophisticated solutions, and the employer’s appetite for trying new things in employee health benefits, has never been greater. How do you balance your partners’ readiness to experiment with your advocacy for using evidence-based guidelines?

PT: The first decision I made when I agreed to serve as an Editor of the *American Journal of Health Promotion* was to change my section’s subtitle to “Ideas for Improving Health Outcomes” because I, too, see an amazing appetite for trying new things, and I am jazzed by new media, behavioral economics, game theory and the awesome potential of social networks. My articles for the journal include both tested and untested ideas. Take social support as one example: some would have you believe that social support is primarily achieved through online social networks. But social support is too vital a component in behavior change to be relegated to a one-size—or one modality—fits-all approach.

“A good partnership is one where all of these factors are put on the table.”

Are You On SWELL?



➤ Log in to connect with other WELCOA members: <http://swell.welcoa.org>

Given the undisputed correlation between strong social support and successful behavior change, experienced wellness providers have designed a myriad of tools, tested over many years, to support worksites in bringing robust social supports to employees making behavior changes. Investments in social media represent one exciting approach but, given scant evidence concerning whether social media will improve health, we also advise employers that a wide range of social supports, such as contests, peer-to-peer learning, group programs, wellness champions, onsite coaches and other social supports all are part of a [comprehensive best-practices](#) approach.

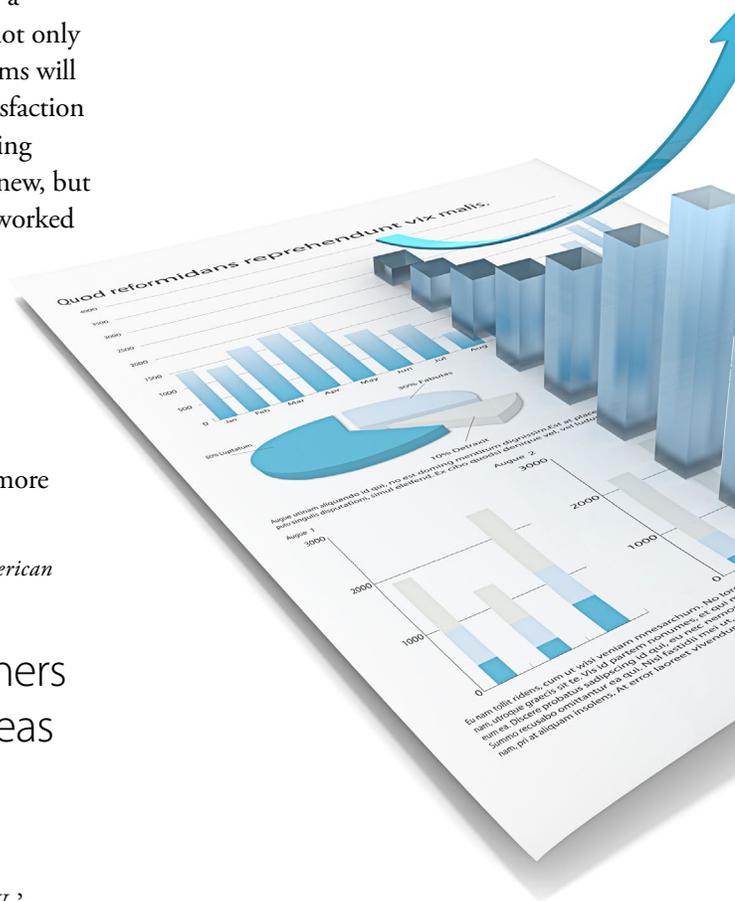
Experimentation is important, and progressive employers frequently make decisions based on incomplete information, including immature science. I have worked with leadership teams, for example, who have felt health spending is a serious business threat and who have reinvented benefits in record time. Some decisions may be evidenced-based while others are pure instinct. Advancing significant changes requires excellent communications methods to advance new approaches like a full-replacement consumer-driven health plan. Communicating how a company's new wellness program aims to support overall company goals, not only health related goals, requires good information concerning how the programs will improve business performance through greater employee performance, satisfaction and engagement in their work and the company's mission. Usually balancing innovation with evidence simply means being data-driven. Try something new, but be conscientious and transparent about testing what works. I've seen and worked with companies who make health related policy changes, revamp their health benefits, increase financial incentives, and work on their culture along with implementing wellness offerings and they have data to show how they slowed health benefits costs when national trends showed costs rising more than 6%. Some can even parse the data to show which of their efforts are most likely influencing each of these goal areas. So as much as I think it's important that science informs practice, I wish there were many more examples like this where practice can be informing our science agenda.

(Further reading - Terry, P.E., "Innovation and the Vital Role of Discernment." The American Journal of Health Promotion. May/June 2012. doi: 10.4278/ajhp.26.5. tabp. P. 1-12.)

Q3 How do you know when other partners or collaborators are bringing new ideas to the table that can truly produce positive outcomes?

PT: The time-honored approach is to subject your ideas to peer review. We're knowledge workers, after all, and the coin of the realm is scientific publication. But unlike an academic center, research at StayWell is not only about discovery and dissemination of new knowledge. We do studies primarily to fuel our innovation agenda. But producing original research is a pretty high bar for many organizations so, short of that, I'd at least ask about what theories or prior research a new approach is borrowing from. Theories are based on years of accumulated

“Usually **balancing innovation** with evidence simply means being **data-driven.**”



evidence about the process of behavior change. For example, those with a limited portfolio of offerings might suggest that a focus on baby steps for individuals will lead to population-level health improvement. This fits with one theory but defies many other equally important theories about what it takes to sustain change. Goals that are responsive to a person's current life circumstances are more effective than a one "small" size fits all approach. All change is self-change, and no one knows what we're capable of doing better than ourselves. My research that compared a consumer activation approach against a traditional approach to worksite health promotion affirms the aphorism that if you "teach me to fish, I'll eat for a lifetime."

What's more, research from StayWell and many others over many decades shows that seminal life events are significantly related to success or failure at behavior change. It's important to match the right-sized goals for a person at a meaningful time in their life. Too often, "baby steps" aren't nearly enough and can be deemed as unresponsive, at best, and irresponsible at worst. For example, Dean Ornish, a cardiologist who showed how lifestyle interventions can actually reverse heart disease, was a major proponent of full immersion experiences as the catalyst needed for sustainable behavior change. Family changes, job changes, a change in health status, or, as everyone knows, even a new calendar year can affect the type of goal that a person is ready to tackle. "Learned helplessness" is a syndrome that can result from the wrong-sized goals, either too small or too large. Learned hopefulness comes from taking on the right thing at the right time for you.

(Further reading: The Activate Study, 2011)

Q4 A successful partnership is built on trust and good partners will deliver on promises and be transparent about failures. What happens in a good partnership when the going gets tough?

PT: Let me draw a parallel again to a successful health coaching partnership. I judge a partnership first and foremost on whether my client is advancing toward his or her goals. When they get side tracked, which is almost inevitable, it's usually time to reexamine expectations and make adjustments to our plan. One misconception about behavior change is that it's about trial and error when, in reality, there is a predictable, albeit, often arduous path.

When we set expectations up front with an employer partner, we level with them about how few organizations have the wherewithal to employ all of our recommended best practices. It's our way of saying that a comprehensive approach takes real commitment and, yes, the going sometimes gets tough. The most egregious promise from the new entrants to this field is that behavior change is easy. To be sure, employee access to support needs be easy, but sustainable behavior change is almost never easy.

“One **misconception** about **behavior change** is that it's about **trial and error**, when, in reality, there is a **predictable, albeit, often arduous path.**”



An obvious example is one I'd encounter daily as a health coach working with obese participants who'd say "weight loss has been a lifetime struggle for me." Similarly, those with experience providing successful coaching to smokers know their clients have attempted to quit countless times. To suggest to most adults that change is easy is beyond insensitive, it's hucksterism. I've wondered whether this new myth that change is easy is spawned from a misuse of behavioral economics research showing that very small changes resulting from recurrent environmental cues can lead to a shift in cultural norms for such things as taking more breaks at work or choosing a piece of fruit instead of a candy bar.

None of the "change is easy" research relates to significant weight loss sustained over a meaningful period. In fact, the opposite of "change is easy" has been clearly established. In the leading national registry for obesity, those who are successful at significant and sustained weight loss have dramatically changed their lives, including daily weight monitoring, intentionality about social supports and a new lifestyle that includes, on average, an hour of physical activity per day. To suggest "change is easy" may work on late-night infomercials, but health professionals even nominally familiar with current research understand that "quick and easy" does not apply to real behavior change.

What makes me enthusiastic about the future of our field, though, is that, when the going gets tough, we have better resources than ever before to assess and overcome barriers. Our research into best practices in employee health management shows that systematic delivery using a comprehensive approach consistently yields significant behavior change at the population level.

(Further reading: Best Practices in program evaluation, 2010.)

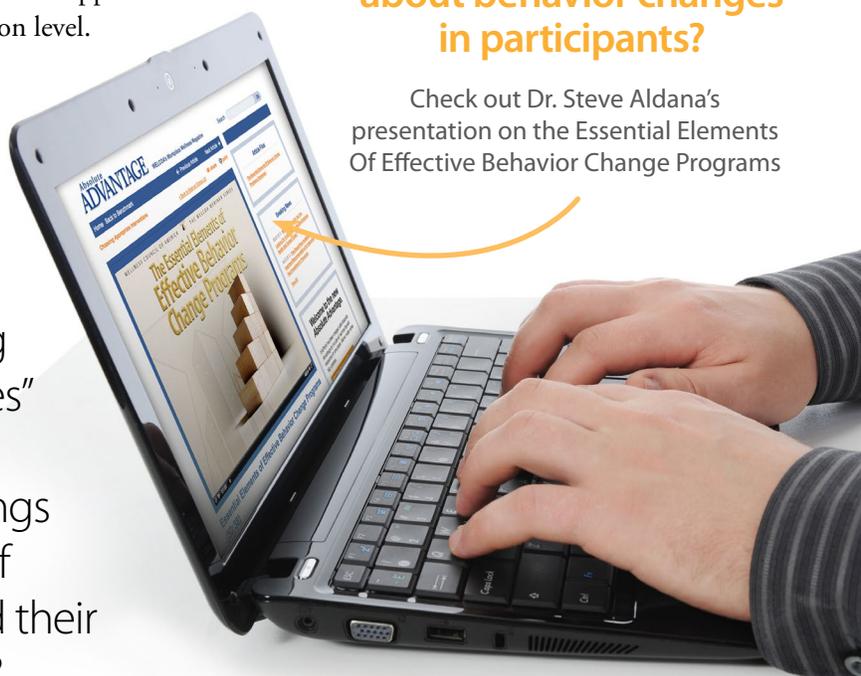
Q5 Yes, I have seen that much of StayWell's research agenda over the past years has been about defining, analyzing and showing the connection between "best practices" in health promotion and related program results. Have your study findings influenced your view about the roles of the various partners, the employer, and their employees in a successful partnership?

PT: If there's one thing we've learned above all else, it is that there are no magic bullets. Not to belabor the point, but one size doesn't fit all when it comes to fine-tuning these various roles. Some employers are already ensconced in building a healthy culture, so a focus on initiatives targeted at individuals

What makes me **enthusiastic** about the **future** of our field, though, is that, when the going gets tough, we have **better resources** than ever before to **assess and overcome barriers.**"

Looking for more information on how to bring about behavior changes in participants?

Check out Dr. Steve Aldana's presentation on the Essential Elements Of Effective Behavior Change Programs



➤ **WELCOA Members: Log on to Absolute Advantage to download the slides and watch the presentation: absoluteadvantage.org/article/?article=889**

makes sense. For others, to repeatedly target those at risk in a culture otherwise conducive to unhealthy practices is a setup for frustration. Generally, offering timely, tailored and relevant health education opportunities to a willing and able population can inspire action. But in some settings too frequent or too many unsolicited offerings can be an irritant. Smart program designs distinguish between touch points that are needed to “agitate” for voluntary action and nagging that is basically an “irritant.” Simply stated, when I tell you what you should do, I am irritating and you are likely to protest. Conversely, if I understand what you are ready to work on and I remind you of the gaps between where you are and where you want to be, I am a constructive agitator for change. Studies concerning peer support, particularly in the field of smoking cessation, clearly show that being supportive of effort, including supportive worksite policies, can increase success, while nagging about lack of progress significantly reduces quit attempts.

StayWell has long taken a whole-person approach because experience shows that being sensitive to a person’s current most pressing concern will inevitably give rise to future work on those changes they may have long resisted. StayWell’s health coaches are trained across all risk areas and our virtual, web-based offerings are also seamlessly integrated across all related health areas because interest in one area routinely spawns readiness for learning and goal-setting in a related area. So a successful partnership involves seamless integration between the needs of the population and the capabilities of all of the vendor partners. An authentic partnership is one where the employer is sensitive to how the culture can support what employees are ready and willing to change, the employee is engaged and accountable both in improving health practices and offering social support for others, and the vendor partners bring proven methods for cueing action, tailoring offerings and supporting change.

Q6 Wellness program engagement has been a watchword for several years now when it comes to evaluating whether partnerships are working. How do you define “engagement” and what should partners be discussing if employee engagement is lacking?

PT: In recent years, the answer to that question too often starts with a discussion of financial incentives. That’s why I have dedicated several journal issues of *The Art of Health Promotion* over the past years to the subjects of motivation and performance. One theory that invariably gets discussed by experts who understand motivation is “self-determination theory.” The concept

Terry, P., Davis, P., Weglietner, T., Myster, J. “Executives Discuss Employee Productivity and Performance: Is Health a Means to that End?” and “Editor’s Desk: The Performance Issue.” *The American Journal of Health Promotion*. May/June. 2014. DOI: 10.4278/ajhp.28.5 tahp. P. 1-6.

“Smart program designs distinguish between touch points that are needed to “agitate” for voluntary action and nagging that is basically an “irritant.””

Find Out The 5 Great Reasons Why You & Your Employees Will Love The All-New Spark16 Healthletter!

» welcoa.org/store/product/healthletters



is as it sounds: all change is ultimately self-change and the job of health promotion professionals starts with a clear understanding of the values, needs and preferences of the individual. Some incentives can increase participation, but sometimes incentives can actually decrease engagement. At StayWell, we have sponsored industry-leading studies to demonstrate the differences between extrinsic motivators like financial incentives and intrinsic motivation that grows from working toward the right goal of the right size at the right time. Before the release of StayWell's research, for example, estimating participation in screenings or health assessments was guesswork. StayWell research was the first to measure the relationship between the size of a financial incentive and the size of the increases in participation. Still, participation should not be confused with engagement. One of our recent studies showed, for the first time, how financial incentives (extrinsic reinforcement) at the workplace can play a role in reducing intrinsic motivation, a finding that was already established in educational settings.

It surprises me how seldom wellness providers employ interest surveys. Instead, when engagement is lacking, strategy turns to "what haven't we tried yet to get people to do what we want them to do?" When engagement is lacking, the first question partners need to discuss is what do employees value and want from their wellness programs?"

Q7 Picking up on your conviction that seamless integration between service providers is one of the tests of a successful partnership, how do various providers integrate their individual approaches with the needs and values of the customers? How do good partners integrate what they know about the science of behavior change with what the organization knows about itself?

PT: Yes, it's the question that captures why it's so vital that companies be informed consumers of wellness services, because if a vendor only sells hammers, every company's problems look like nails to them. When I've heard a wellness vendor suggest that it's just about getting started on something, anything, regardless of the person's current health issues, it makes me wonder if they simply don't have the tools needed to assess the health issues a person is most concerned about or have the capacity to flex according to a population's changing needs and priorities. For example, if a new entrant to the field only offers virtual coaching, I'd be particularly

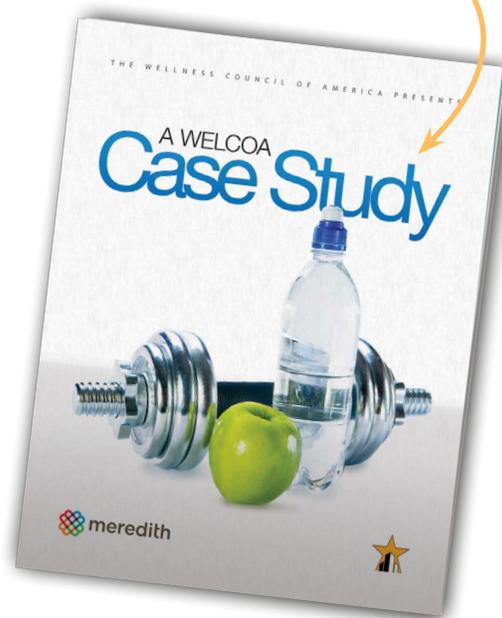
Seaverson ELD, Grossmeier J, Miller TM, Anderson DR. The role of incentive design, incentive value, communications strategy, and worksite culture on health risk assessment participation. *Am J Health Promotion*. May-Jun 2009; 23(5):343-352

Gingerich SB, Anderson DR, Koland H. Impact of Financial Incentives on Behavior Change Program Participation and Risk Reduction in Worksite Health Promotion. *American Journal of Health Promotion*. 2012;27(2):119-122.

“When **engagement** is **lacking**, the first question partners need to discuss is what **employees value** and want from their **wellness programs.**”

WELCOA Case Studies

Meredith Corporation shares the secrets to its wellness program success



➤ Download your free copy by visiting: www.welcoa.org/resources/meredith-corporation-shares-secrets-wellness-program-success

skeptical if they tout it as better than phone-based health coaching. Behavior change coaching, in any modality, must be tailored according to learner preferences and the size of the problem they want to solve. Any modality—phone, online or face-to-face—may be the best one for a certain person at a certain time. Each modality has a different “dose/response,” and the key to providing offerings that are cost-effective and that can still produce an ROI is to match low dose (less costly and web-based) to those with low acuity or small goals, and higher dose (more costly but more impactful personalized health coaching) to those with high acuity and/or more significant behavior change goals. The very limited research to date on virtual coaching, for example, suggests it is best used to affect very modest changes. And since even small changes can have benefits if spread across very large populations, StayWell has recently researched the efficacy of a tracking device-based fitness program when abetted by our portal’s tracking systems.

Q8 Can you say more about the role of data in informing the partner integration process? How much emphasis should collaborators place on measurement and evaluation and, alternatively, how much of good program integration and development is a function of old-fashioned trial and error?

PT: Good managers of any enterprise employ what one leadership scholar characterizes as “loose/tight” properties. In the case of organizing employee health management offerings, smart organizations stay very tight with respect to the goals they are trying to accomplish. We stay disciplined about metrics in employee participation, satisfaction, risk change and, ultimately, return-on-investment targets. Progressive partners stay “loose” however, in the path they will take to achieve those targets. That’s where trial and error comes in. If you’re focused on what you’re specifically trying to achieve, you’re quick to regroup if things aren’t working and eager to build on those things that are working.

That doesn’t mean every vendor needs to offer a full spectrum of services. But if the employer purchaser is looking for both wellness and condition management programs, along with consultation on building a healthy culture, they will require detailed reporting on all phases of the program from enrollment to behavior change to economic impact. This denotes a level of flexibility and willingness to share and integrate data with other

“Good managers of any enterprise employ what one leadership scholar characterizes as “loose/tight” properties.”

Check Out WELCOA's Wellstream:
The Online Personal Health Assessment
Visit getwellstream.com

The screenshot displays the Wellstream website interface. At the top, the Wellstream logo is on the left, and navigation links for 'welcome', 'about wellstream', 'demo', 'faq', and 'contact' are on the right. The main content area features a central image of a computer monitor displaying the 'Personal Health Assessment' form. Below the monitor is a login section for existing participants with fields for 'username' and 'password', and a 'LOG IN TO YOUR ACCOUNT' button. A link for 'Don't have an existing account? Try the demo' is also present. To the right of the login section, there are three featured sections: 'How Wellstream Works' (describing the assessment as user-friendly), 'Review Sample Reports' (highlighting reporting capabilities), and 'Take A Test Drive' (offering a free, no-obligation test drive). Below these is a 'Pricing Information' section stating Wellstream is one of the most affordable assessments. At the bottom, there are sections for 'Get Started Today' and 'Need More Information?'. The footer contains copyright information for 2014 Wellstream Online, L.L.C.



suppliers, such as the health plan case manager or the pharmacy benefits manager. Employer purchasers should expect transparency from vendors about limitations and set expectations during the selling process concerning data access, analytic capabilities and the depth of reporting.

Q9 I know that StayWell often teams up with the benefits consulting community on behalf of designing and delivering employee health programs to mutual clients. What have you learned about how benefits consultants judge wellness providers?

PT: Part of the fun of being back on the vendor side of the table is that you get to work with such a wide variety of partners. Just as employer leaders and worksite cultures vary widely, so do the capabilities and focus areas of benefits and human resources consultants. Most have fairly well-tuned nonsense detectors, and many of the examples that I've mentioned of unproven promises will get called out by experienced consultants. Good consultants are keen on understanding stakeholder relationships at all levels of the organization, and they are entrusted with helping to select the best partners for delivering specific services. In that role, they are looked to for leadership in anticipating provider integration opportunities or challenges.

Often the consultant has already guided the employer in establishing a long-term health care strategy that includes a solid health management component. In those cases StayWell's role is to support the strategy with tactics to achieve overall objectives. In other cases, StayWell works alongside the consultant to understand the long-term health care strategy the employer has established, and it's our job to determine

“**Good consultants** are keen on understanding **stakeholder relationships** at all levels of the organizations, and they are **entrusted** with helping to select the **best partners** for delivering **specific services**.”

Stay in-the-know with the latest from WELCOA!



More than 45,000 business and health leaders receive our weekly Well-Informed newsletter. Entirely FREE, this weekly newsletter will keep you up-to-date on the latest in building high-performance organizations.

welcoa.org/services/connect/join-list/



responsibilities in delivering program elements to achieve both short-term objectives and the long-term strategy. After goals and strategies have been established, in whatever partnership role we're playing, we routinely advocate for vendor summits where we have the chance to interact with all of the stakeholders on behalf of employees.

Q10 The goal of a vendor summit is primarily to maximize the user experience of the employee as the customer of health benefits offerings. I know that you have been in the lead role, as well as in a support role, at vendor summits. Let me turn the tables and ask you about the user experience of the vendors at a vendor summit participant. Anything you would do differently in summits if the planning and execution were entirely up to you?

PT: Yes, for sure, as much as summits are about improving the employee user's experience, we need to improve on getting the end user, the employee's perspective. The obvious solution is simply to invite more employees, both activated and disinterested consumers of our services, as summit participants. Too often, I've seen vendor participants focus on hand-offs, as if our job is about anticipating every potential referral opportunity and designing smart flow of employee traffic. To counter the air traffic controller and gatekeeper mentality, having employees participate in the vendor summit would foster more discussion about how to engage them, and, ultimately, have the employee as the key leader in decision-making. In an era of big data where we all want more transparency and access to information, I agree with behavioral economists who suggest we need to become more like curators than experts. Instead of gatekeepers of knowledge, we need to be facilitators.

I trust that having employees at the table would improve strategy-setting in each of the components of a good vendor summit. For example, I think it's best to share the client's health care data as a catalyst for discussion, and the employee perspective will shift the focus from the prevalence of disease to the experience of a person living with the disease. Similarly, a summit should focus on the unique demographics of a company as it informs recommendations, and employees can be the arbiters of how recommendations would be received among the rank and file. As a health coach, my goal is to have my clients become independent of me, not dependent on me. I'm delighted when I'm hearing more frequent change talk and when they show they are mastering change skills. Over time, successful summits should be increasingly about how the employees are becoming activated health care consumers astute at managing their health benefits with the vendors of these services listening intently and adapting accordingly. 

To counter the **air traffic controller** and **gatekeeper mentality**, having employees participate in the vendor summit would **foster more discussion about how to engage them**, and, ultimately, have the employee as the **key leader in decision-making.**"

Earn A "Well Workplace" Award



Learn more about the Well Workplace Awards welcoa.org/services/recognize/well-workplace-awards/

Further Reading

“Analyzing Best Practices in Employee Health Management.” *Journal of Occupational and Environmental Medicine*, April 2013

Terry, P.E., Fowles, J., Harvey, L., Xi, M. “The ACTIVATE Study: Results from a group randomized controlled trial comparing a traditional worksite health promotion program with an activated consumer program.” *American Journal of Health Promotion*. Nov/Dec. 2011, Vol.26, No. 2, e64-e73.

Terry, P.E., Anderson, D. R. (2011). Finding common ground in the use of financial incentives for employee health management: A call for a progress-based approach. *American Journal of Health Promotion*, Sept. 2011, Vol. 26, No. 1, ev-evii.

Terry, P.E., Seaverson E.L., Stauffer M., Gingerich, S.; A Comparison of the Effectiveness of a Telephone Coaching Program and a Mail-Based Program, *Health Education and Behavior*. October 27, 2010.1177

Terry P, Grossmeier, J, Mangen, D., Gingerich, S. Analyzing Best Practices in Employee Health Management: How age, gender and program components relate to employee engagement and health outcomes. *Journal of Occupational and Environmental Medicine*. Vol. 55, No. 4, doi: 10.1097/JOEM. April 2013. P. 378-392.

Seaverson, et. al, *Incentives and Participation.*

Gingrich, et. al, *Incentives and Coaching.*

Grossmeier, J., Terry, P.E., Cipriotti, A., Burtaine, J., “Best Practices in Evaluating Worksite Health Promotion Programs” *American Journal of Health Promotion*: Vol. 24, No.3, TAHP1-9.2010

Terry, P.E., Seaverson, E., Grossmeier, J., Anderson, D.R., “Association Between Nine Quality Components and Superior Worksite Health Management Program Results” *Journal of Occupational and Environmental Medicine*, Vol. 50, No.6, June, 2008.

Seaverson ELD, Grossmeier J, Miller TM, Anderson DR. The role of incentive design, incentive value, communications strategy, and worksite culture on health risk assessment participation. *Am J Health Promotion*. May-Jun 2009; 23(5):343-352

Gingerich SB, Anderson DR, Koland H. Impact of Financial Incentives on Behavior Change Program Participation and Risk Reduction in Worksite Health Promotion. *American Journal of Health Promotion*. 2012;27(2):119-122.

Terry, P.E., Parry, T., Nyman, J., Kelley, B. “Return on Investment Case Study: The Visionary CEO and the Dubious CFO.” *The American Journal of Health Promotion*. Sept/Oct. 2012. DOI: 10.4278/ajhp.27.1 tahp. P. 7-11.

Terry, P.E., “Do Health Promotion Professionals have the Wherewithal to change Organizational Culture?” *The American Journal of Health Promotion*. July/August 2012. DOI : 10.4278/ajhp.26.5. tahp DOI: 10.4278/ajhp.26.6 tahp. P. 1-12.

Terry, P.E., “Innovation and the Vital Role of Discernment.” *The American Journal of Health Promotion*. May/June 2012. DOI : 10.4278/ajhp.26.5. tahp. P. 1-12.

Jessica Grossmeier, Ph.D., MPH; Erin Seaverson, MPH; David J. Mangen, Ph.D.; Steven Wright; Karl Dalal; Chris Phalen; Daniel Gold, Ph.D., “Impact of a Comprehensive Population Health Management Program on Health Care Costs,” *Journal of Occupational & Environmental Medicine (JOEM)*. Vol. 55, No. 6, June 2013.

Not a member?
Click here to start
your WELCOA
membership today!

welcoa.org/membership/benefits-membership





17002 Marcy Street, Suite 140 | Omaha, NE 68118
402.827.3590 | welcoa.org

For more great resources like this,
become a WELCOA Member today.
Visit welcoa.org/joinfr

* DISCOUNT APPLIES TO NEW INDIVIDUAL MEMBERSHIPS

Enjoy a secret
saving by using
discount code:

JOINFR