

Lessons From Health Coaching... Incentives Done Right



...by **Paul Terry**

Serving as a health coach for Mavis has been a lesson in the power, as well as the limitations, of incentives. Mavis unabashedly admits that our relationship wouldn't have happened without the incentive her employer offered for coaching sign-up. Now, judging from her cheery hello when I call, I think we've put our arranged first encounter behind us and we're on to the kind of behavior change work that no amount of incentives could inspire.

Mavis is a young working mom with a 12-year-old boy, a 9-year-old girl, and (unlike the lack of support I often hear about) an understanding, helpful husband. Newly diagnosed with hypertension, she breezily cited her doctor's orders and assured me she wouldn't have much problem taking meds and avoiding salt. Like most clients I coach who have a chronic condition, Mavis also believes the hardest part is lifestyle management. That is, taking the pills is easy compared to changing unhealthy behaviors. Indeed, she believes she wouldn't need the pills if she could make more progress on exercise and diet.

"I'm chained to my computer all day," she explained. "I'm worried about job security in this economy so I put in extra hours. Add cleaning and cooking and there's hardly any time left for family. I'd love to exercise more, but I can't take any more time away from my kids."

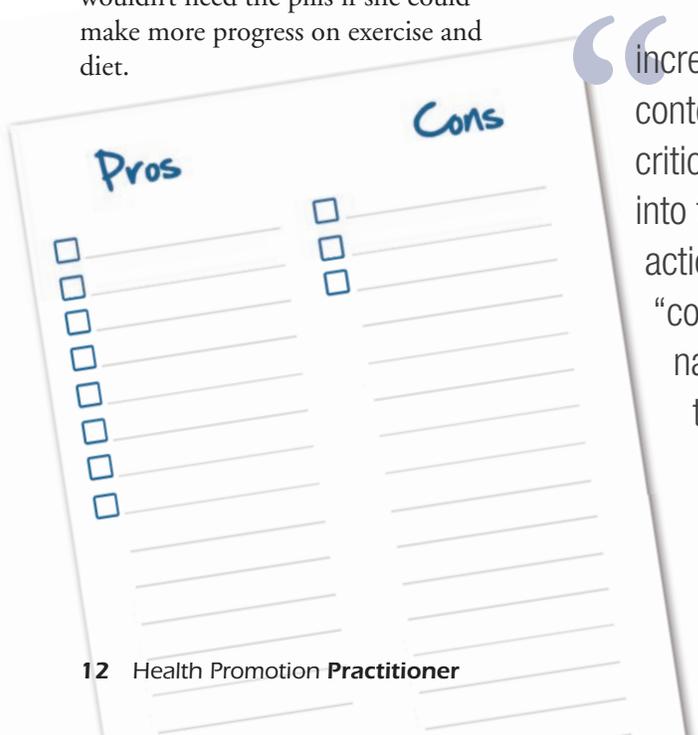
Mavis is caught in a classic conflict between competing aspirations. If making healthy behavior changes were simply a function of aligning positive reinforcements with desired behavior, Mavis would be off and running. Indeed, Mavis is eloquent and convincing in her ability to cite the benefits of exercise: she covets the energy she knows it can bring, wants to be there for the long term for her family, and — her most compelling reinforcement — she actually enjoys physical activity and misses it!

So what gives? Her personal needs, of course, because she puts family first and time away from the kids has been too high a price to pay to exercise.

In James Prochaska's book detailing his Transtheoretical Model of behavior change, "Changing for Good," one of the most edifying sections is about "principles of progress." He describes finding, through extensive research: "like some latter day Pandora... a potent principle of behavior change hidden for centuries." His data showed a measurable, predictable balance that needs to be achieved between behavior change benefits and costs. Specifically, he found that increasing "pros" when contemplating change is critical in moving successfully into the preparation and action stages, but reducing "cons" is also vital in navigating toward long-term change. For many, like Mavis, the costs or "cons" of change may overwhelm the benefits, despite how otherwise accessible they appear.

If not for her employer's introduction of an incentive, Mavis would have lost her lifestyle change impetus and resigned herself to medical management as her most practical choice for dealing with hypertension. But, as recent research by my colleagues at StayWell illustrates, participation to employer had created the most effective type of incentive by linking participation to eligibility for a health insurance premium discount. The StayWell study, published in ACSM's *Health and Fitness Journal*, showed benefit-integrated incentives to be more effective than trinkets or cash-based incentives. Our future research will focus on the role of communications and culture as well as our belief that combining these variables with the right mix of incentives will produce the highest rates of participation as well as mediating behavior change.

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For participants who enroll in coaching based on extrinsic incentives versus intrinsic motivation, I urge small goals — so we can work from an early win to transcend financial rewards and solidify the “pros.” Mavis would have nothing to do with such modest first steps.

“Hey, small stakes got me into this game,” Mavis teased. “But now I’m all in, so I want to be held accountable for some real progress.”

Mavis apparently subscribes to Michelangelo’s observation that “the greater danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it.” When coaching those who believe in their ability to

accomplish what they set their mind to do, we encourage bigger, more rewarding objectives.

I’m gladly following her lead as Mavis fashions clever goals to combine new exercise plans with kid time. It’ll be 2 evenings doing Hoola-Hoops™ with her little girl and weekend mornings enticing her son to join her for exercise videos before breakfast. It’s a target she may miss, but — like a latter day Pandora — she’s surely opening a box with wonders her family can discover together.

Paul Terry, PhD



Anderson, D.R., Grossmeier, J ; Seaverson, E., Snyder, D., “The Role of Financial Incentives in Driving Employee Engagement in Health Management.” ACSM’s *Health and Fitness Journal*, Vol. 12, No.4, July/August 2008.

When Cash Incentives Backfire

Just when we thought the craziness of paying people to change health behaviors was fading away, a recent client reminded us... not yet. They’ve created an elaborate reward system that relies on individuals recording health activities for a full year.

If you’re a long-time reader of the *Practitioner*, you know we think giving people money to engage in wellness activities is shortsighted to say the least. Here’s why:

- Money gets spent on bills, fast food, gas, and other consumables. Once it’s gone, there’s no visible reminder of the accomplishment.
- Over time, cash incentives are viewed as part of normal compensation. The first year it’s a novelty, a chance for a few extra dollars. But then there’s not a lot of motivation to do more, and the money is expected.
- Once in place, systems are hard to change without upsetting those who liked them in the past — there’s nothing more demotivating than money out of your pocket. So if the program isn’t working, you have to up the ante to get them to buy in.
- It’s difficult to recognize or celebrate the awarding of money tastefully and without making some people feel slighted.

That should be enough for any thoughtful HR executive to conclude it’s not the road to choose. Nevertheless, stories of a \$100 incentive producing 99% participation in this or that abound — reinforcing the notion that if high participation is important, the shortest route is to pay for it.

But longer term, cash incentives have an even greater risk: producing the exact opposite behavior intended:

- *The reward is too small.* People don’t mind being manipulated if you make it worth their while. But if the reward is little they’ll ignore it at best and view any attempts at appealing to the importance of healthy habits as disingenuous at worst.
- *The reward is too big.* The money becomes the focus, not the behavior, so the individual never internalizes that good health is its own reward. If the reward goes away or is reduced (as almost always happens), the behavior ends as well. An exceptionally generous incentive is sometimes coupled with close supervision/accountability. But this can create an atmosphere of distrust and sullen employees.

In a perfect world, your organization would foster a culture that values personal responsibility for health and supports wellness opportunities among all employees because it’s good for them and the organization. Injecting money into the system only confuses the issue and may in fact hurt your ability to improve the health of your population.

