

SmartHealth Effectiveness

4th Quarterly Report

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SmartHealth Effectiveness



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Executive Summary

This report shows the final results for 2016 participation in SmartHealth, compared with 2015. As indicated in the 3rd Quarterly Report, the SmartHealth program increased registration during 2016; however, fewer participants completed their Well-being Assessments (WBA) and incentive qualification declined. Nevertheless, the information from the Well-being Assessments presented in the 3rd Quarterly Report indicates that the program (1) is working for those who are registered and participating and (2) is meeting its primary objectives to maintain and improve overall employee well-being, improve the productivity of the workforce, and contribute to state agencies' capacities to accomplish their missions.

Registration was up 4.5 percent—increasing from 51,407 in 2015 to 58,166 in 2016. While the absolute increase is roughly 7,000 new registrants, when “churn” is taken into account (individuals leaving state employment and therefore leaving the SmartHealth program), the program added more than 10,000 new registrants in 2016.

WBA completions declined from 48,452 in 2015 to 37,057 in 2016. Incentive qualifications declined from 31,277 in 2015 to 24,894 in 2016. Even with these declines, over 61 percent of registered SmartHealth subscribers completed their WBA and 43 percent qualified for the \$125 incentive. Preliminary 2017 results (as of March 6, 2017) show a 34 percent increase in WBA completions over the same period in 2016.

As reported in the 3rd Quarterly Report, the program appears to positively impact participants. Limeade conducted a cohort analysis for 2015 and 2016, comparing the average WBA (self-reported) scores for participants who started in 2015 and continued in 2016. The cohort who identified themselves as having one or more health risks showed improvement in their health scores across all 34 dimensions of well-being in 2016.

Also, participants who started with high well-being appear to maintain their well-being. Across the entire cohort, well-being scores stayed the same or improved in 29 out of 34 well-being dimensions (see the 3rd Quarterly Report at <http://www.hca.wa.gov/sites/default/files/2eshb-2376-smarthealth-q3.pdf>).

Known obstacles continue to challenge the program's ability to reach and engage eligible employees. These include the inability to reach all eligible members through email and the complex structure of state government that includes 450 separate work organizations with distinct cultures.

In 2017, we will encourage continuous engagement from agency leadership; support wellness coordinators by providing them with aggregate participation data and turnkey communications; and provide ongoing value to registered subscribers, particularly after the deadline to qualify for the financial incentive has passed. We will also offer small incentives when participants go beyond 2,000 points and quarterly promotional campaigns linked to specific activities.



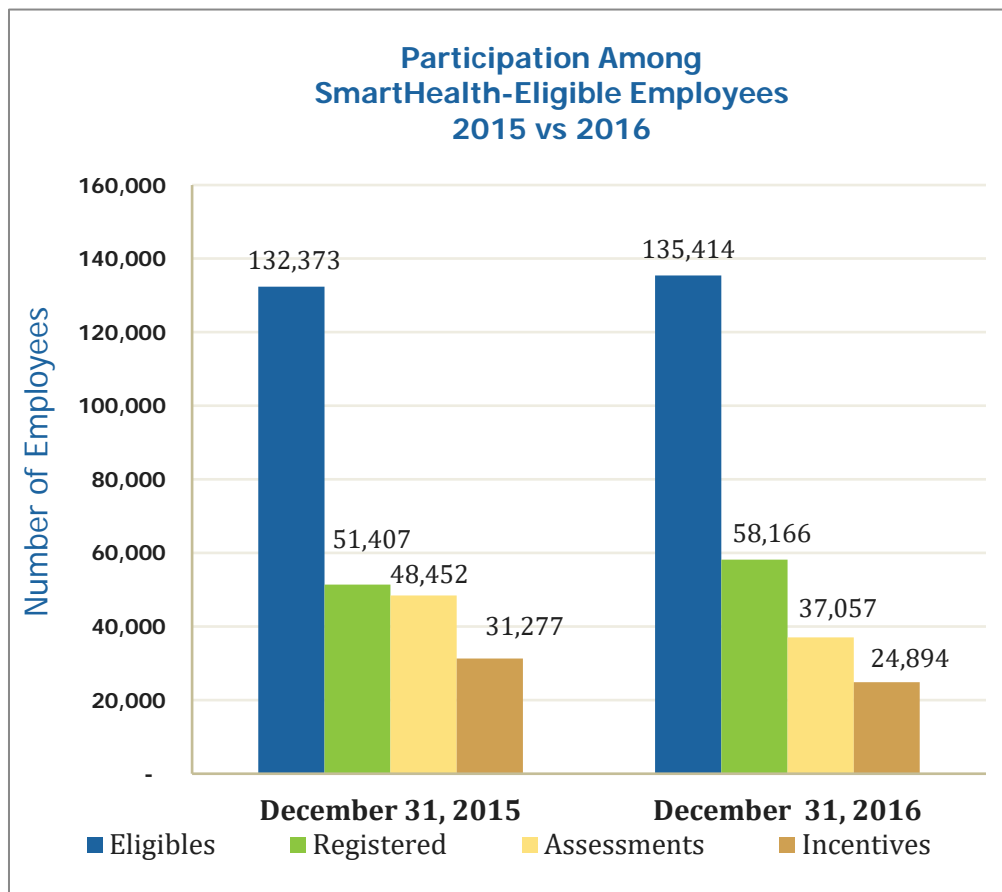
Comparing Participation in 2016 and 2015

Overview

Registrations for the SmartHealth program increased in 2016; nearly 20 percent of SmartHealth participants in 2016 were new. While 3,700 previously-registered participants left SmartHealth-eligible status in 2016, 10,767 new participants registered. This resulted in *7,000 net new registrations in 2016*.

Registrations carry over from year to year, even for those who choose not to participate. This explains why registrations were higher than in the previous year while the number of those taking the Well-being Assessment and qualifying for the incentive were lower.

Chart 1: Participation, 2015 to 2016 Comparison



Charts 2 and 3 compare participation across age groups between 2015 and 2016. While registrations increased, Well-being Assessment completion and qualification for the financial incentive decreased. Note: Participant totals by age differ from actual registration totals due to incomplete data; not all participants reported their age.

Chart 2: 2015 Participation, by Age

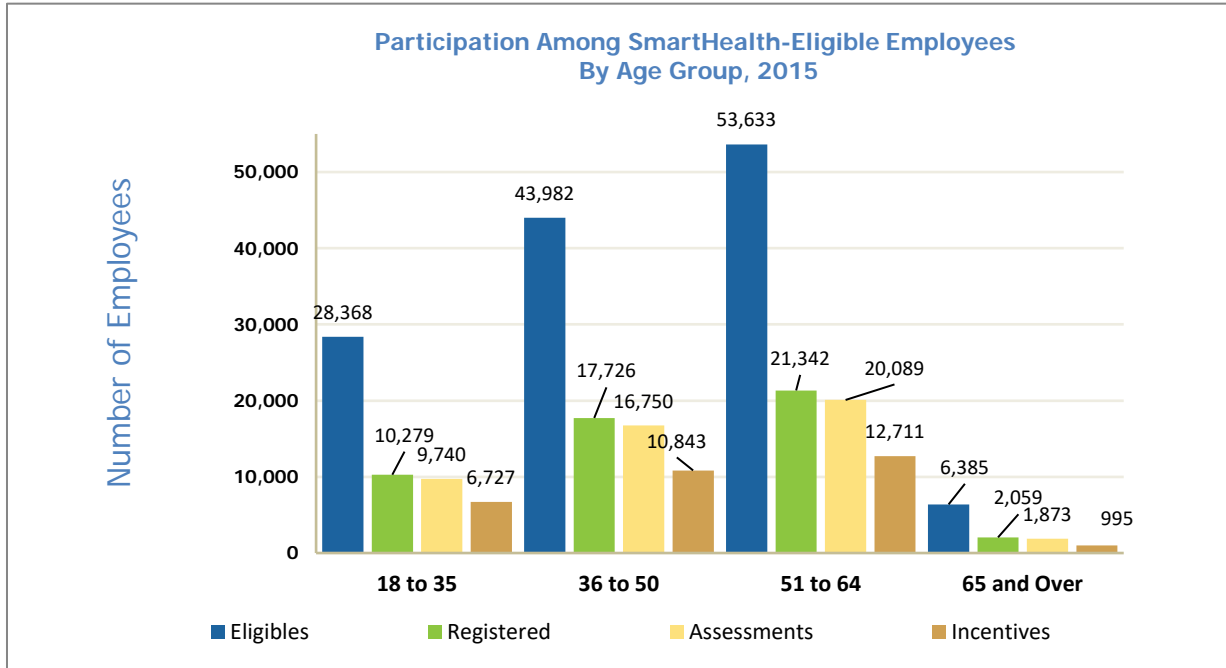
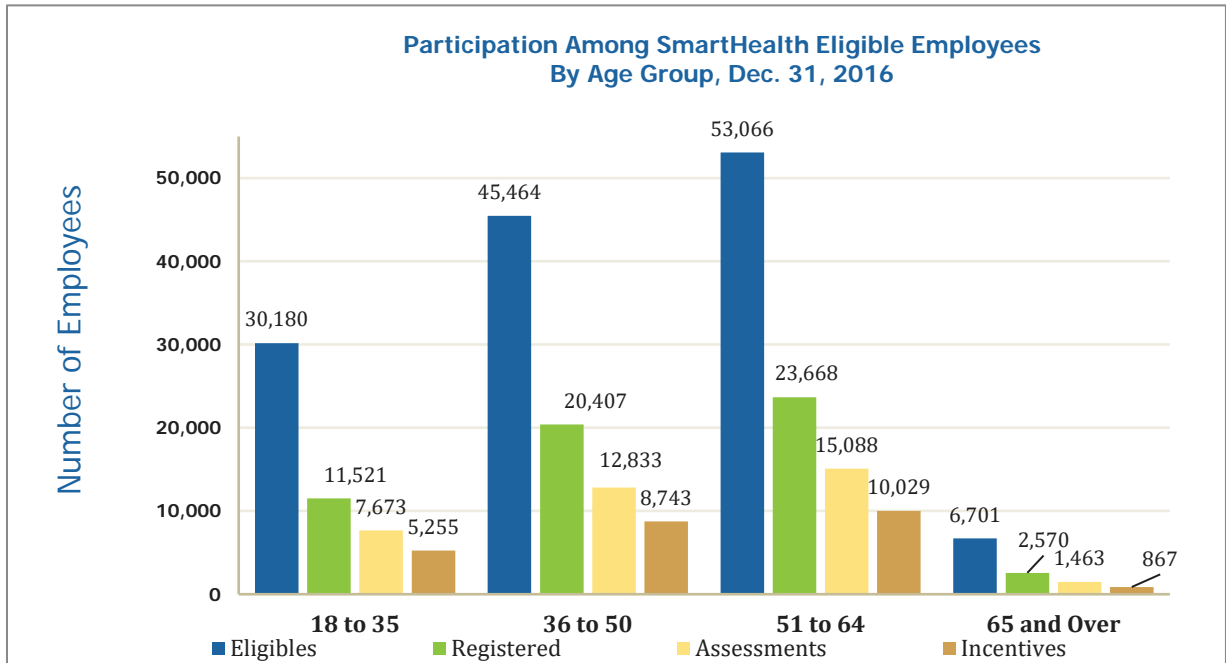


Chart 3: 2016 Participation, by Age



Charts 4 and 5 compare participation by gender between 2015 and 2016. Overall, more women participated in SmartHealth than men, and at a higher percentage. During 2016, 50 percent of SmartHealth-eligible women registered and 32 percent completed their Well-being Assessments. During that same period, 35 percent of men registered and 20 percent completed their Well-being Assessments. Note: Participant totals by gender differ from actual registration totals due to incomplete data; not all participants reported their gender.

Chart 4: 2015 Participation, by Gender

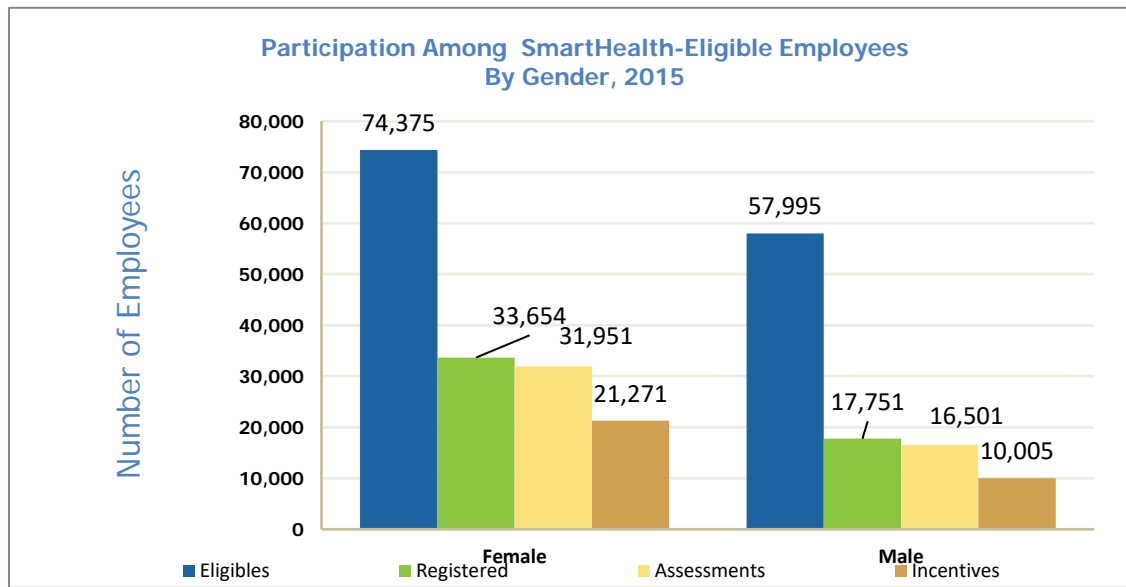
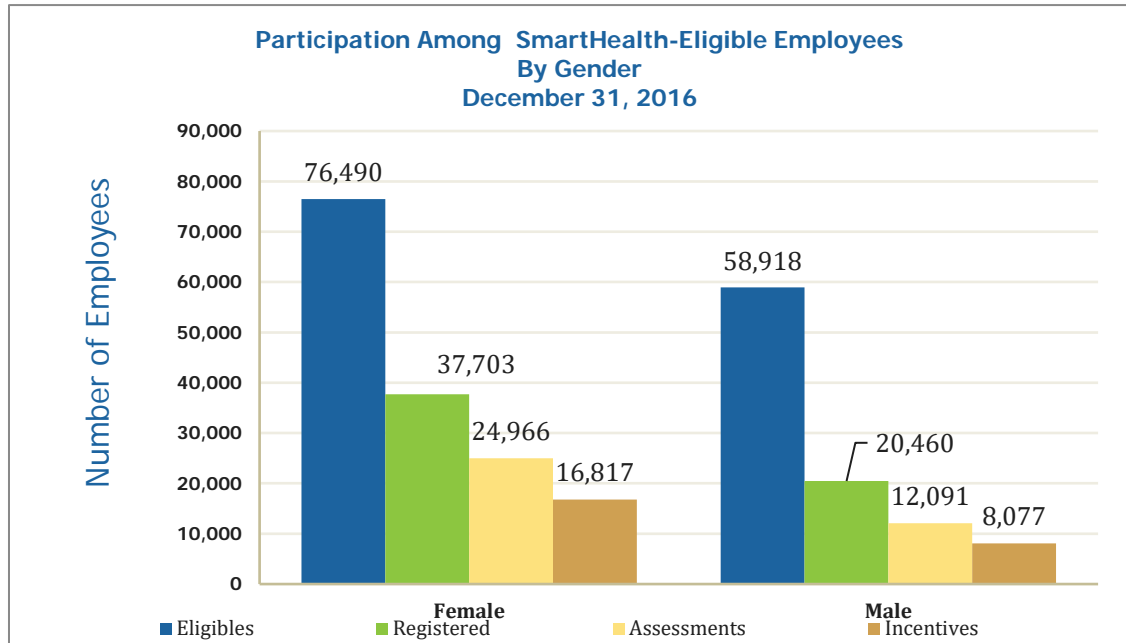


Chart 5: 2016 Participation, by Gender



Participation by employer type, as measured by Well-being Assessment completion and incentive qualification, declined from 2015 to 2016 (see Charts 6 and 7). The largest decrease, 31 percent, was among eligible individuals in higher education institutions. Agencies experienced a smaller 18 percent decrease.

Chart 6: 2015 Participation, Employer Type

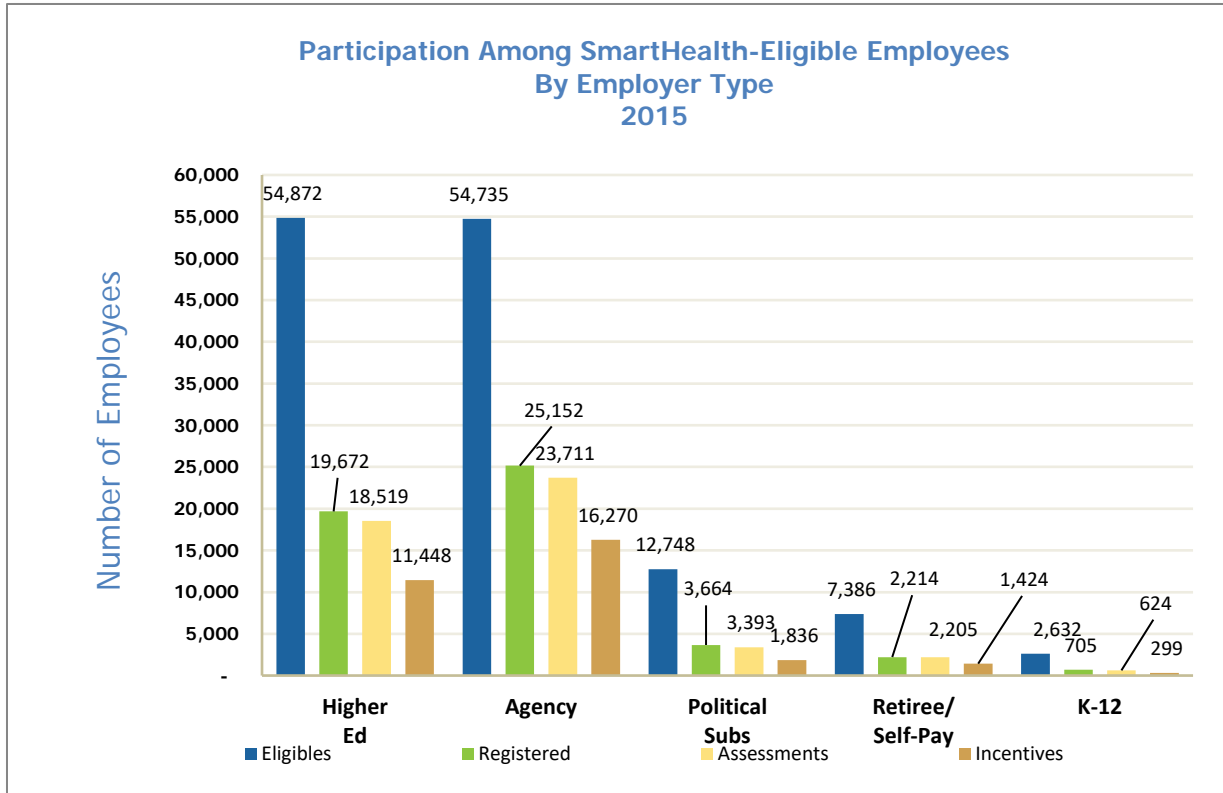
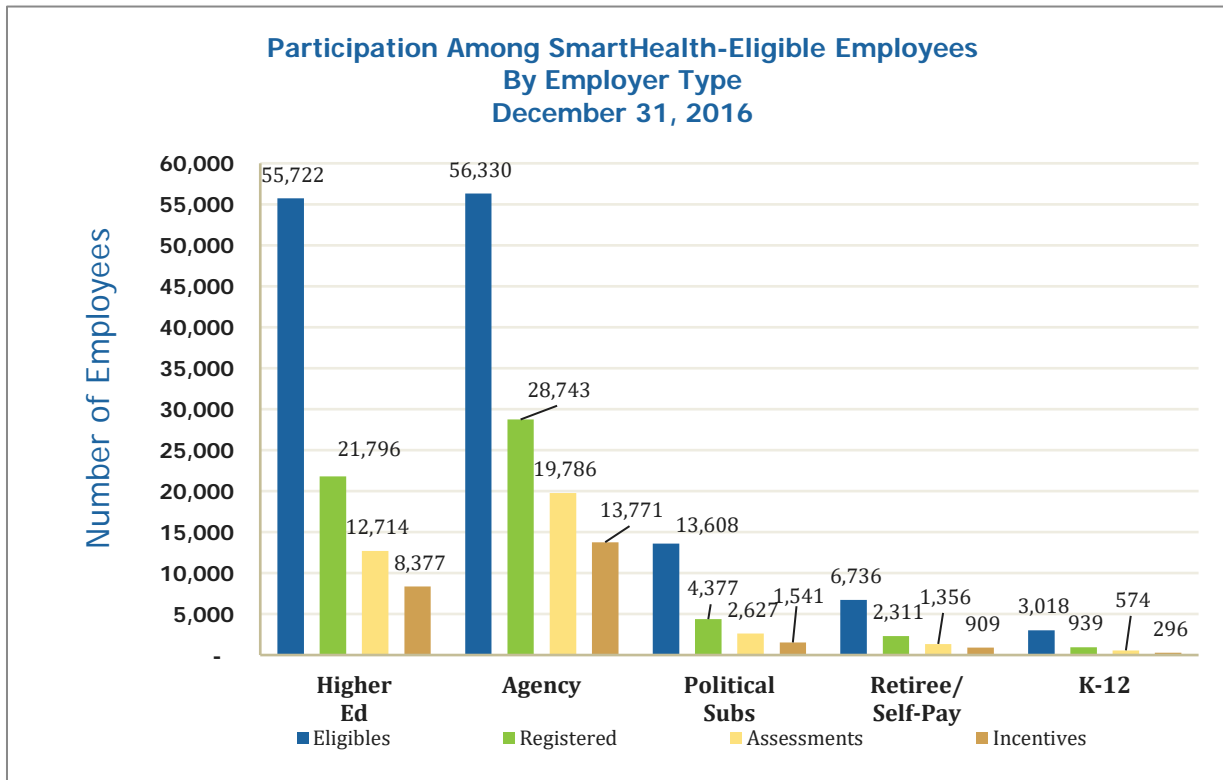


Chart 7: 2016 Participation, Employer Type



Charts 8 and 9 (next two pages) show the percentage of eligible participants completing the well-being assessment during 2016, broken out by agency and by institution of higher education. Engaging senior leadership at these organizations is key to reaching SmartHealth participation goals. Twenty-one out of the forty-seven agencies either met or exceeded the 2016 completion rate goal of 45 percent. Two of the twenty-one exceeded the long-term completion goal of 65 percent. All 21 have SmartHealth-engaged leadership and wellness coordinators who participate with Washington Wellness. Clearly, the work organization is the most influential unit for increasing participation.



Chart 8: 2016 Well-being Assessment Completion Rates, by Agency

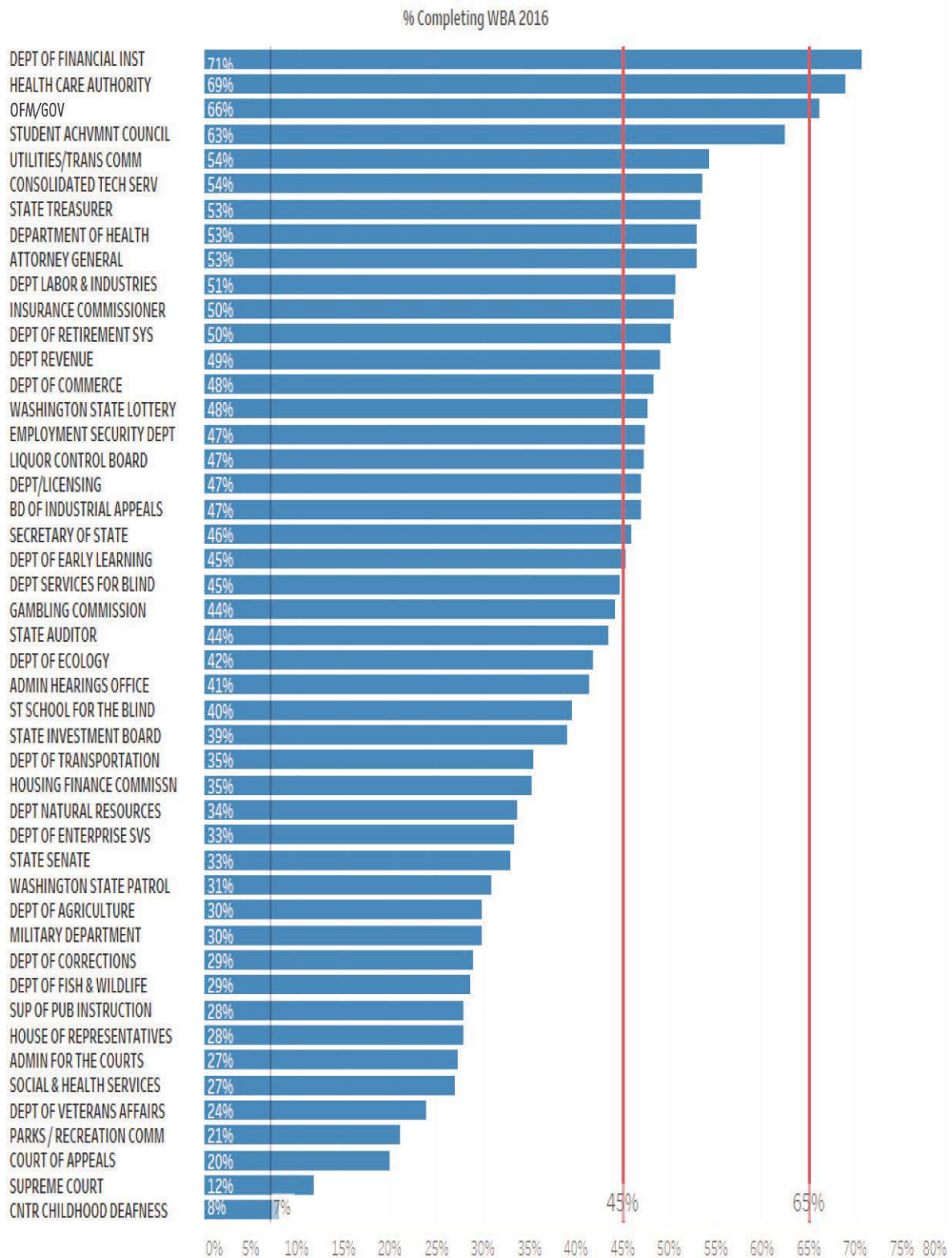
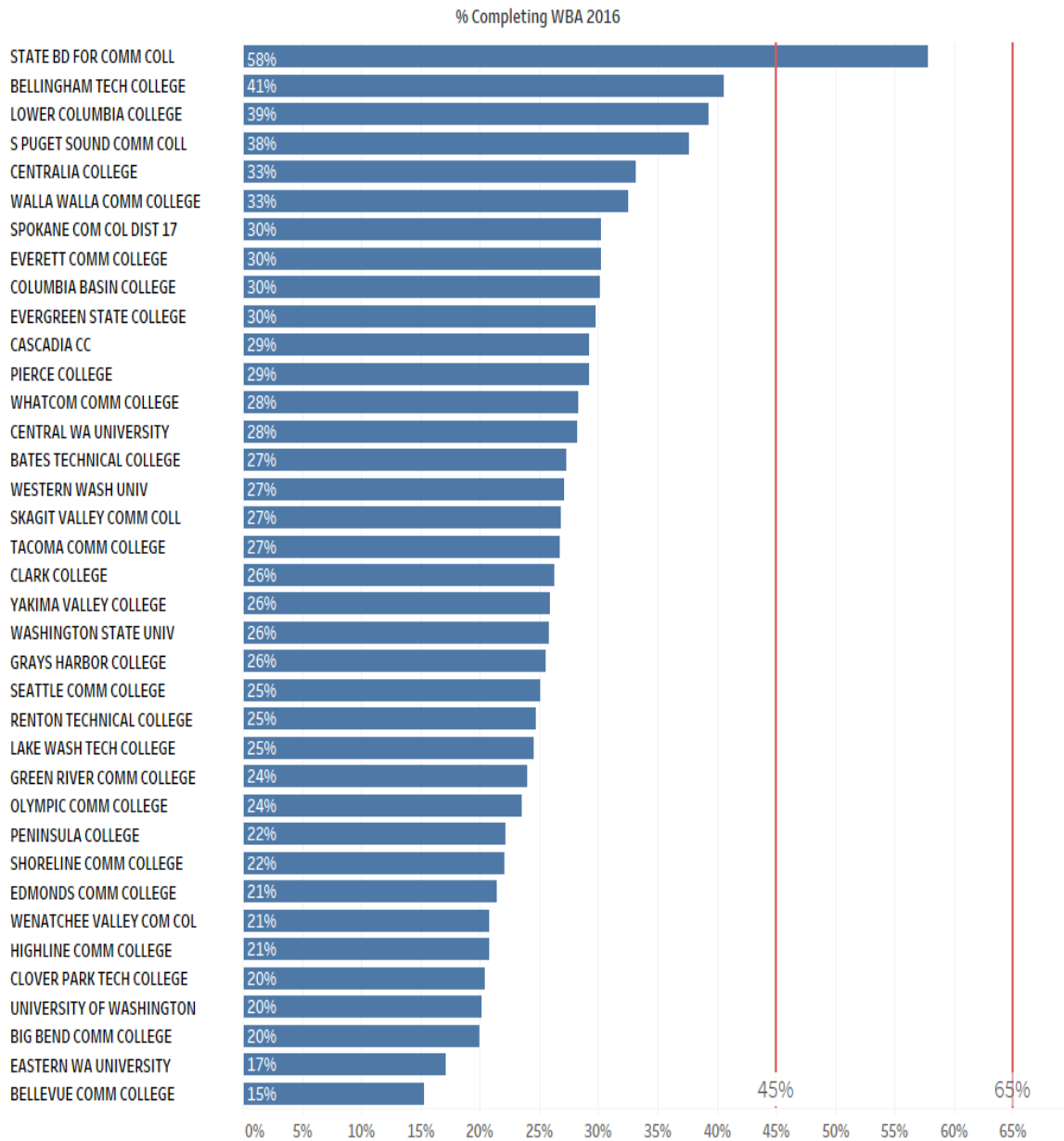


Chart 9: 2016 Well-being Assessment Rates, by Higher Education Institution



Charts 10 and 11 summarize the previous charts, showing the change in the percentage of members qualifying for the incentive in each category from 2015 to 2016.

Chart 10: 2015 Incentive Qualification

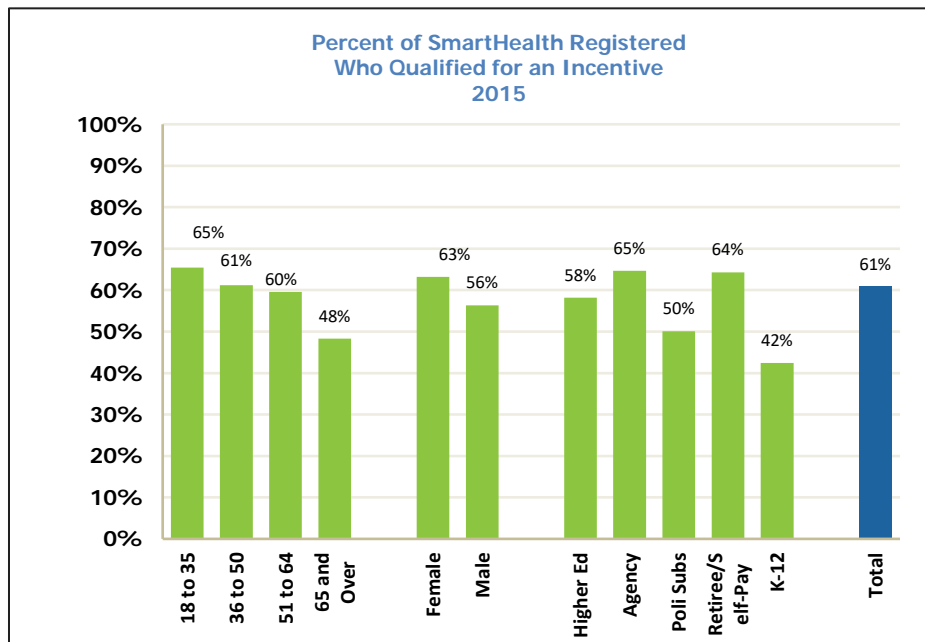
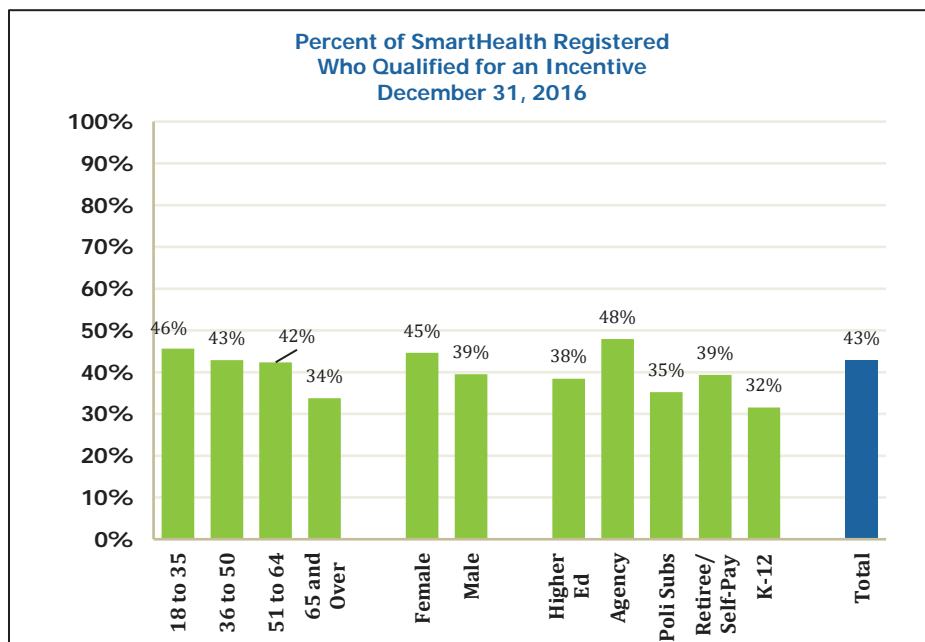


Chart 11: 2016 Incentive Qualification



Charts 12 and 13 show the points earned totals for participants who qualified for the incentive in 2015 and 2016. While overall participation dropped, many who achieved the incentive went on to earn additional points. To encourage participants to continue earning points after they earn their incentives, in 2017 we will change incentive levels and add new incentives for reaching levels 2 and 3.

Chart 12: 2015 Participant Point Totals

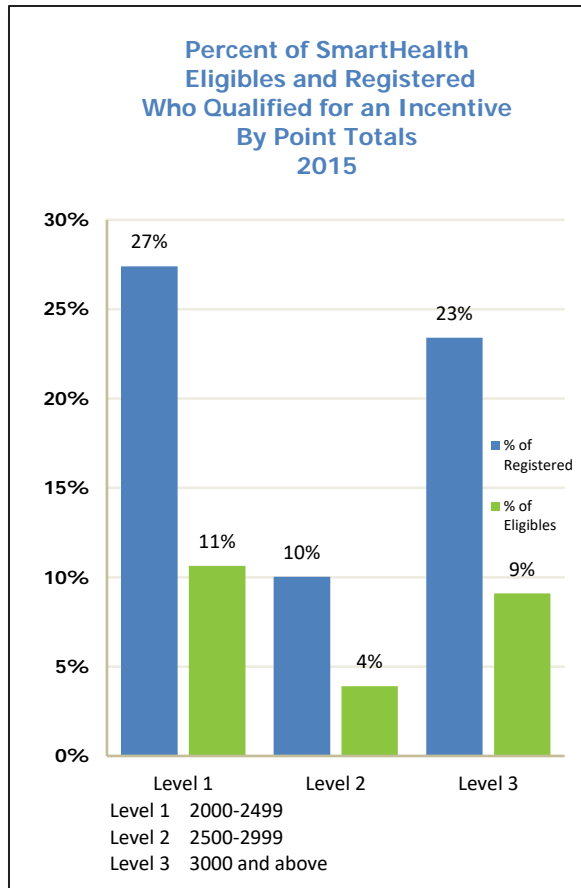
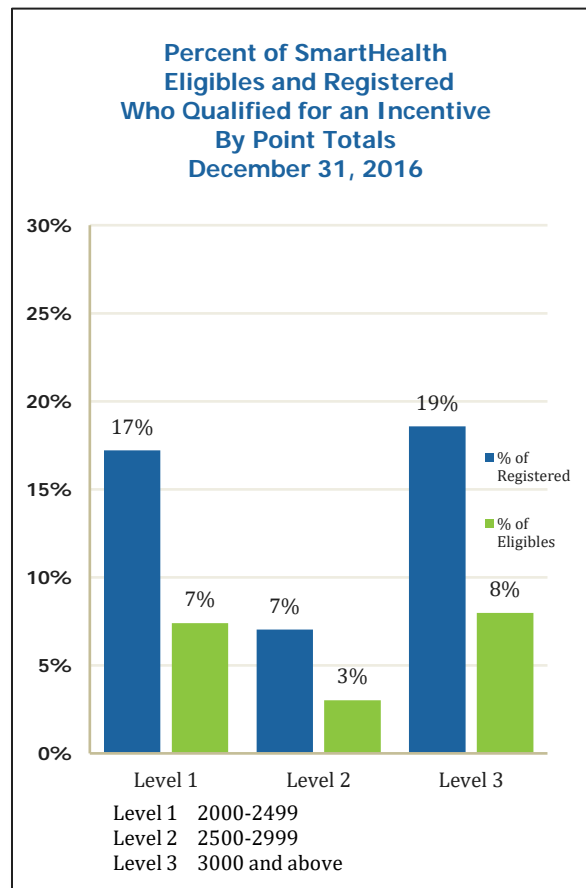


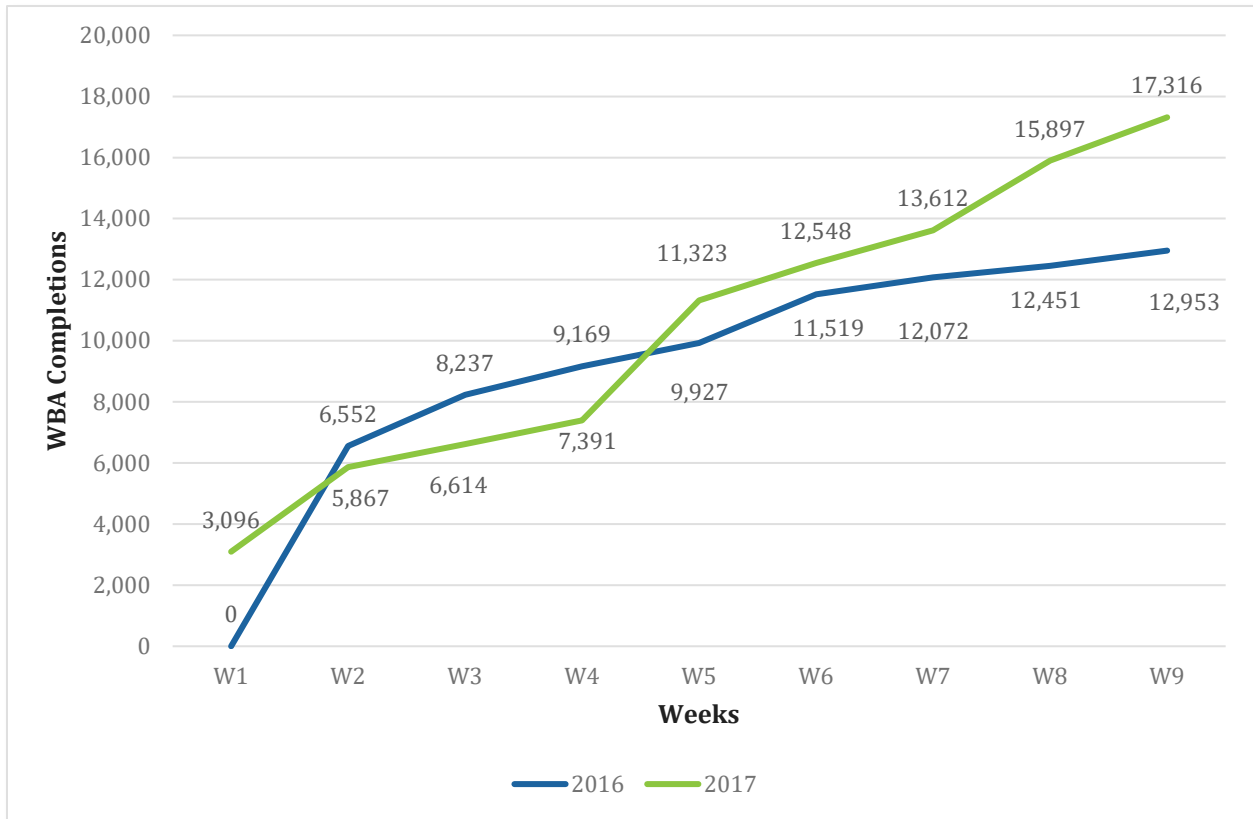
Chart 13: 2016 Participant Point Totals



Early 2017 Participation Results

Chart 14 shows the very early results from the first nine weeks of 2017, compared with 2016, showing a 34 percent increase in WBA completions for the same time period. We attribute the 2017 increase to our improved outreach efforts described below.

Chart 14: Early Results, 2016 and 2017 WBA Completion, 1st Nine Weeks of Year



2017 Outreach Plan

Our 2017 SmartHealth outreach plan focuses on:

- Encouraging continuous engagement from agency leadership to build and strengthen a culture of wellness;
- Supporting wellness coordinators by providing them with aggregate participation data and turnkey promotions and communications; and
- Providing ongoing value to registered subscribers through personalized activities based on their Well-being Assessment results.



To increase participation in 2017, we will also provide quarterly incentives for individuals to complete their Well-being Assessment, earn their incentive, and to continue past the 2,000 point level. Instead of holding drawings for sporting events, we will shift to offering Amazon and REI gift cards and other small incentives. We believe these approaches will motivate a larger percentage of our population. We are also adding incentives for wellness coordinators to engage with both their agency leadership and their SmartHealth-eligible colleagues.

Conclusions

As discussed in the previous report (dated December 30, 2016), the SmartHealth program is positively impacting those who register and participate. While participation in 2016 was mixed—registration increased, but WBA completion and qualification for the incentive declined—the program continues to reach and engage a majority of eligible members. HCA and Limeade, the SmartHealth program vendor, continue to adjust and improve the program for all users. To accomplish our goals—increasing reach (registration) and engagement (WBA completion and incentive qualification)—we have developed a comprehensive 2017 outreach plan to provide more frequent rewards and greater communication with wellness coordinators and agency leadership.

